

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5150
Name: COLT ENERGY, INC
Address 1: P O BOX 388
Address 2: 1112 RHODE ISLAND RD
City: IOLA State: KS Zip: 66749 + 0388
Contact Person: SHIRLEY STOTLER
Phone: (620) 365-3111
CONTRACTOR: License # 33606
Name: THORNTON AIR ROTARY, LLC
Wellsite Geologist: JIM STEGEMAN
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____
Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>7/14/11</u>	<u>7/15/11</u>	<u>DRY/PLUGGED</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 099-24655-0000

Spot Description: _____

NE SE NE SW Sec. 7 Twp. 33 S. R. 18 East West

1,834 Feet from North / South Line of Section

2,818 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: LABETTE

Lease Name: WHEELER Well #: 11-7

Field Name: PRICE

Producing Formation: CHELSEA

Elevation: Ground: 814 Kelly Bushing: ----

Total Depth: 760 Plug Back Total Depth: NONE

Amount of Surface Pipe Set and Cemented at: 21 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: DRY/PLUGGED

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: PIT NOT FILLED AT THIS TIME

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: _____
Title: PRODUCTION CLERK Date: 9/9/11

RECEIVED

SEP 12 2011

KCC WICHITA

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: PJA Dg Date: 9/14/11

Operator Name: COLT ENERGY, INC Lease Name: WHEELER Well #: 11-7
 Sec. 7 Twp. 33 S. R. 18 East West County: LABETTE

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: HIGH RESOLUTION COMPENSATED DENSITY SIDEWALL NEUTRON LOG DUAL INDUCTION LL3/GR LOG	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum DRILLERS LOG ATTACHED
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
SURFACE	12 1/4	8 5/8	24#	21'	PORTLAND	4	
DRY PLUGGED	6 3/4	NONE					

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose: ____ Perforate ____ Protect Casing ____ Plug Back TD ____ Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
	DRY/PLUGGED		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. DRY/PLUGGED
 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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SEP 12 2011

KCC WICHITA

Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	7/14/2011
Date Completed	7/15/2011

Well No.	Operator	Lease	A.P.I #	County	State
11-7	Colt Energy	Wheeler	15-099-24655-00-00	Labette	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			7	33	18 E

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Sean	Oil	4	21' 8 5/8	760	6 3/4

Formation Record

0-2	DIRT	550-561	SHALE		
2-13	CLAY	561-574	SANDY SHALE		
13-98	SHALE	574-608	SAND		
98-104	LIME	584	CORE POINT		
104-116	SHALE	584-604	CORE		
116-135	LIME	608-650	SHALE		
135-138	BLACK SHALE	650-661	SANDY SHALE		
138-142	SHALE	661-662	COAL		
142-152	LIME	662-680	SANDY SHALE		
152-164	SAND	680-760	SHALE		
164-170	SHALE	760	TD		
170-245	SAND				
245-281	SANDY SHALE				
281-304	LIME (PAWNEE)				
304-309	BLACK SHALE				
309-378	SHALE				
310	GAS TEST - NO GAS				
378-415	LIME (OSWEGO)				
415-424	BLL SHALE (SUMMIT)				
424-449	LIME				
449-453	BLK SHALE (EXCELLO)				
453-454	COAL (MULKY)				
454-466	LIME				
460	G.T.-NO GAS / WENT TO WATER				
466-489	SHALE				
489-491	COAL				
491-518	SHALE				
518-519	COAL				
519-549	SHALE				
549-550	COAL				

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