

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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: DENNIS KERSHNER
Phone: (620) 365-3111
CONTRACTOR: License # 5989
Name: FINNEY DRILLING COMPANY
Wellsite Geologist: REX ASHLOCK
Purchaser: COFFEYVILLE RESOURCES LLC

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 #: _____

8/29/2011 8/31/2011 10/12/11
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 031-22988-0000
Spot Description: _____
NE SW SE NW Sec. 1 Twp. 23 S. R. 16 East West
2,195 Feet from North / South Line of Section
1,815 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: COFFEY
Lease Name: BEARD "1" Well #: WSW-1
Field Name: NEOSHO FALLS-LEROY
Producing Formation: BANDERAS SAND

Elevation: Ground: 1015 Kelly Bushing: _____
Total Depth: 1000 Plug Back Total Depth: 944.6'
Amount of Surface Pipe Set and Cemented at: 42.9 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1000
feet depth to: SURFACE w/ 105 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: NO FLUID PUSHED PIT IN
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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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: Shirley Stotler
Title: PRODUCTION CLERK Date: 10/24/11

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: Dg Date: 11/3/11

Operator Name: COLT ENERGY, INC Lease Name: BEARD "1" Well #: WSW-1
 Sec. 1 Twp. 23 S. R. 16 East West County: COFFEY

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 Wireline 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 checked="" type="checkbox"/> Yes <input 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: GAMMA RAY/NEUTRON/CCL	<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 checked="" 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	28	42.9'	PORTLAND	27	
PRODUCTION	6 3/4	4 1/2	10 1/2	944.6'	OIL WELL CEMENT	105	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	810-828'	150GAL 15% HCL	810-828'
		5000# 12/20 SAND	
		1000# 20/40 SAND	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. 10/12/11		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf
		Water Bbls.
		Gas-Oil Ratio

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32799

LOCATION Ottawa KS

FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/1/11	1528	Beard #1 WSW	NW 1	23	16	CF
CUSTOMER Colt Energy Inc.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1112 Rhode Island Rd			506	FREMAJ	Safety	MM
CITY Tola			495	CASKEN	CIC	
STATE KS			505/706	HARREC	KTP	
ZIP CODE 66749			479	DERMAS	DM	

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 960' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 945' DRILL PIPE Baffle TUBING 944' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2" Plug + 4'
 DISPLACEMENT 15 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish rate. Mix + Pump 1 Gal ESA-41 Flush. Mix + Pump
10 BBL Teletale dye. Mix + Pump 105 sks OWC Cement
Cement to Surface. Flush pump + lines clean. Displace
4 1/2" Rubber plug to Baffle in casing w/ 15 BBL city water
pressure to 700 PSI. Release pressure to set float valve.
Shut in casing

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	975 ⁰⁰
5406	50	MILEAGE	495	200 ⁰⁰
5402	948'	Casing footage		N/C
5407	270.38	Ton Miles	479	340. ⁶⁸
5501C	3 hrs	Transport	505/706	336 ⁰⁰
1126	105 sks	OWC Cement		1879 ⁵⁰
1123	4000 Gal	City Water		62 ⁴⁰
4404	1	4 1/2" Rubber Plug		48 ⁰⁰
			6.3%	SALES TAX
				ESTIMATED TOTAL
				125 ⁴⁰
				3968 ⁹⁶

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244082

AUTHORIZATION Rev As block by phone. TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

DRILLERS LOG

API NO: 15 - 031 - 22988 - 00 - 00

OPERATOR: COLT ENERGY, INC

ADDRESS: P.O. BOX 388, IOLA, KS 66749

WELL #: WSW - 1 LEASE NAME: BEARD #1

FOOTAGE LOCATION: 2195 FEET FROM (N) (S) LINE 1815 FEET FROM (E) (W) LINE

CONTRACTOR: FINNEY DRILLING COMPANY

GEOLOGIST: REX ASHLOCK

SPUD DATE: 8/29/2011

TOTAL DEPTH: 1000 P.B.T.D.

DATE COMPLETED: 8/31/2011

OIL PURCHASER: COFFEYVILLE RESOURCES

S. 1 T. 23 R. 16 E. W. LOCATION: NE SW SE NW COUNTY: COFFEY ELEV. GR.: 1011 DF: KB:

CASING RECORD

REPORT OF ALL STRINGS - SURFACE, INTERMEDIATE, PRODUCTION, ETC.

Table with 8 columns: PURPOSE OF STRING, SIZE HOLE DRILLED, SIZE CASING SET (in O.D.), WEIGHT LBS/FT, SETTING DEPTH, TYPE CEMENT, SACKS, TYPE AND % ADDITIVES. Rows for SURFACE and PRODUCTION.

WELL LOG

CORES: # RECOVERED: ACTUAL CORING TIME:

RAN:

Table with 3 columns: FORMATION, TOP, BOTTOM. Lists geological layers from TOP SOIL to LIME with depth markers.

Table with 3 columns: FORMATION, TOP, BOTTOM. Continues geological log from SHALE to SAND & SHALE with depth markers.

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