

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 #: _____

<u>8/23/2011</u>	<u>8/25/2011</u>	PENDING PERMIT APPROVAL
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 001-30240-0000
Spot Description: _____
SE NE NE NE Sec. 16 Twp. 24 S. R. 18 East West
4,785 Feet from North / South Line of Section
30 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: ALLEN
Lease Name: CLINE Well #: EI
Field Name: IOLA
Producing Formation: BARTLESVILLE
Elevation: Ground: 968 Kelly Bushing: -----
Total Depth: 9/8 Plug Back Total Depth: 964.20
Amount of Surface Pipe Set and Cemented at: 21.5 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 985
feet depth to: SURFACE w/ 95 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 #: _____

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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: 11/9/11

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: Dlg Date: 11/15/11

Operator Name: COLT ENERGY, INC Lease Name: CLINE Well #: EI
 Sec. 16 Twp. 24 S. R. 18 East West County: ALLEN

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 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/CEMENT BOND/CCL, 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"	24	21.5'	1	8	
LONG STRING	6 3/4"	4 1/2"	10 1/5	964.2'	THICK SET	95	

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 <i>(Amount and Kind of Material Used)</i>	Depth
2	864-872	50GAL HCL	864-872

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TUBING RECORD:	Size: 1 1/2" BRD EUE FIBERGLAS	Set At: 850'	Packer At: NONE	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. PENDING PERMIT APPROVAL		Producing Method: <input type="checkbox"/> Flowing <input 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 Gravity

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 31489
LOCATION Eureka Ks
FOREMAN Steve Ascal

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

FIELD TICKET & TREATMENT REPORT

CEMENT-APT 15-001-30240

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-26-11	1838	Cline #ET	16	24	18E	Allen
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Colt Energy			485	Alan m		
MAILING ADDRESS			479	Joey		
P.O. Box 388			453/267	Jim		
CITY	STATE	ZIP CODE				
Tola	Ks					

JOB TYPE Longstring O HOLE SIZE 6 3/4 HOLE DEPTH 985' CASING SIZE & WEIGHT 4 1/2 10.5"
 CASING DEPTH 968 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5* SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 15 1/2 DISPLACEMENT PSI 200* MIXTOL Bumply 1200* RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 casing Break circulation with 10bbls salt water ahead Pump 45 Ks Gal Flush 20bbls metasilicate pre flush + 2bbls Dia water. Mix 95sk Thick set cement w/ 8" Kol-Seal per 1sk AT 13.5". Washout pump lines. Shut down. Release plug Displace w/ 15 1/2 bbls fresh water. Final pumping pressure 200# Pump Plug to 1200#. Wait 2min Release pressure. Plug held. Good cement returns to surface. 2bbls slurry in pit.
Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	40	MILEAGE	4.00	160.00
1126A	95sk	Thick set cement	18.30	1738.50
1110A	260*	8" Kol-Seal per 1sk	.44	334.40
1118B	200*	Gel Flush	.20	40.00
1111A	100*	metasilicate pre flush	1.90	190.00
1102	50*	CaCl2	.70	56.00
5407	5.2	Tan Mileage Back Truck	mp/c	330.00
5501C	4hr	Water Transport	112.00	448.00
1123	5000 gallons	CITY WATER	15.16/1000	78.60
4404	1	4 1/2 Tap Rubber Plug KGC WICHITA	45.00	45.00
			Subtotal	4394.90
			7.05%	SALES TAX 187.40
			ESTIMATED TOTAL	4582.30

Ravin 3737

AUTHORIZATION

[Signature]

TITLE

043803

DATE 8/26/2011

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



MIDWEST SURVEYS
 LOGGING - PERFORATING - CONSULTING SERVICES
 P.O. Box 68, Osawatomie, KS 66064
 913 / 755 - 2128

GAMMA RAY / CEMENT BOND / CCL

File No. API # 15-001-30,240	Company Colt Energy, Inc.		
	Well Cline No. E-1		
	Field Iola		
	County Allen	State Kansas	
	Location 495' FNL & 30' FEL SE-NE-NE-NE	Other Services	
	Sec 16 Twp. 24s Rge 18e	Elevation	
	Permanent Datum GL	Elevation 957'	K.B. NA
	Log Measured From GL		D.F. NA
	Drilling Measured From GL		G.L. 957'

Date	09-08-2011
Run Number	One
Depth Driller	985.0
Depth Logger	960.2
Bottom Logged Interval	954.5
Top Log Interval	20.0
Fluid Level	18.0
Type Fluid	Water
Density / Viscosity	NA
Salinity - PPM Cl	NA
Max Recorded Temp	NA
Estimated Cement Top	0.0
Equipment No.	107
Location	Osawatomie
Recorded By	Steve Windisch
Witnessed By	John Amerman

RUN	BORE-HOLE RECORD			CASING RECORD				
	No.	BIT	FROM	TO	SIZE	WGT.	FROM	TO
One	12.25"	0.0	21.5	8.625"			0.0	21.40
Two	6.75"	21.5	985.0	4.50"			0.0	966.0

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