

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE  
Form ACO-1 September 1999 Form Must Be Typed**

**ORIGINAL**

**RECEIVED**

Operator: License # 5150  
 Name: COLT ENERGY, INC.  
 Address: P. O. BOX 388  
 City/State/Zip: IOLA, KS 66749  
 Purchaser: FARMLAND INDUSTRIES  
 Operator Contact Person: DENNIS KERSHNER  
 Phone: (620) 365-3111  
 Contractor: Name: RIG 6 DRILLING CO, INC  
 License: 30567  
 Wellsite Geologist: JIM STEGEMAN

Designate Type Of Completion:  
 New Well  ReEntry  Workover  
 Oil  X SWD  SLOW  Temp Abd  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:  
 Operator: \_\_\_\_\_  
 Well Name: \_\_\_\_\_  
 Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
 Deepening  Re-perf.  Conv: to Entr/SWD  
 Plug Back  Plug Back Total Depth  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Entr.?)  Docket No. \_\_\_\_\_  
 \_\_\_\_\_ 2-18-04 \_\_\_\_\_ 3-01-04 \_\_\_\_\_ 5-12-04  
 Spud Date or Completion Date Date Reached TD Completion Date or Recompletion Date

API No. 15-207-26,826-0000  
 County: WOODSON  
 - NE - SE - NW Sec. 23 Twp. 26 S. R. 14 X E W  
3730 feet from S Line of Section  
2940 feet from E Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 Circle one SE  
 Lease Name: LOUK Well #: WDW3  
 Field Name: BIG SANDY  
 Producing Formation: ARBUCKLE  
 Elevation : Ground: UNKNOWN Kelly Bushing: \_\_\_\_\_  
 Total Depth: 2163 Plug Back Total Depth: \_\_\_\_\_  
 Amount of Surface Pipe Set and Cemented at 40 Feet  
 Multiple Staging Cementing Collar Used?  Yes  No  
 If yes, show depth set \_\_\_\_\_ Feet  
 If Alternate II Completion, cement circulated from 1742  
 feet depth to SURFACE w/ 242 sx cement.

**Drilling Fluid Management Plan(Data Collected From Pit)**  
 Chloride Content 1000 ppm Fluid Volume 80 bbls  
 Dewatering method used PUMPED OUT PUSH IN  
 Location of fluid disposal if hauled offsite:  
 Operator Name: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S R \_\_\_\_\_ E W  
 County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**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 this form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well reports shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 with all temporary abandoned wells.

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: 5-20-2004  
 Subscribed and sworn to before me this 20 day of 2004 May  
 2004  
 Notary Public: Amanda Phillips  
 Date Commission Expires: 4/10/06

**KCC Office Use Only**

Letter of Confidentiality Attached  
 If Denied, Yes Date \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
AH 2-DG - 2/14/12

**AMANDA PHILLIPS**  
 Notary Public - State of Kansas  
 My Appt. Expires 4/10/06

SIDE TWO

Operator Name COLT ENERGY, INC. Lease Name LOUK Well # WDW3  
 Sec. 23 Twp. 26 S. R. 14  East  West County WOODSON

**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 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 (Attach Additional Sheets)  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 (Submit Copy) List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum SEE ATTACHED DRILLERS LOG
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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	10 5/8	8 5/8	24	40	PORTLAND	15	
PRODUCTION	6 5/8	4 1/2	10.5	1742	60/40 POZO	242	GEL 4% CACL 1%

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/F	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)
	OPEN HOLE 1704.90 - 2163	NO TREATMENT

TUBING RECORD 2 3/8RD EUE SEALTITE Set At 1704.90 Packer At 1704.90	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift
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Estimated Production/24hrs	Oil Bbls	Gas Mcf	Water BBLs.	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	METHOD OF COMPLETION <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Compl. <input type="checkbox"/> Commingled	Production Interval <input type="checkbox"/> Other (Specify) _____
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(If vented Submit ACO-18)