

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

ORIGINAL

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 SLOW
- 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 #: _____

9/1/2011 9/8/2011 1/27/12
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 001-30248-0000

Spot Description: _____

SE SE NW SE Sec. 9 Twp. 24 S. R. 18 East West

1,540 Feet from North / South Line of Section

1,540 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: ALLEN

Lease Name: KIRK Well #: KH1

Field Name: IOLA

Producing Formation: BARTLESVILLE

Elevation: Ground: 1031 Kelly Bushing: ----

Total Depth: 1050 Plug Back Total Depth: 1041.55

Amount of Surface Pipe Set and Cemented at: 21.17 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1041.55

feet depth to: SURFACE w/ 95 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1000 ppm Fluid volume: 80 bbls

Dewatering method used: PUMPED OUT PUSHED PIT IN

Location of fluid disposal if hauled offsite:

Operator Name: COLT ENERGY, INC

Lease Name: CLINE 1-16SWD License #: 5150

Quarter NE Sec. 16 Twp. 24 S. R. 18 East West

County: ALLEN Permit #: D-30662

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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 2070, 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: 2-13-12

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: 3/5/12

Operator Name: COLT ENERGY, INC Lease Name: KIRK Well #: KH1
 Sec. 9 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: HIGH RESOLUTION COMPENSATED DENSITY SIDEWALL NEUTRON, DUAL INDUCTION LL3/GR, GAMMA RAY/NEUTRON/CCL LOGS	<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	21.7	1	10	
PRODUCTION	6 3/4	4 1/2	10.5	1041.55	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	934-940	30GAL 28% HCL	934-940
		50GAL 15% HCL	
		200# 20/40 SAND	
		800# 12/20 SAND	

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TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	KCC WICHITA
Date of First, Resumed Production, SWD or ENHR: 1/27/2012		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. 1.6	Gas Mcf	Water Bbls. 18
			Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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 31556
LOCATION Eureka
FOREMAN Stevenson

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

FIELD TICKET & TREATMENT REPORT
CEMENT

15-001-30248

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-9-11	1828	Kirk # KH1	9	24	18	Allen
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Colt Energy			485	Alan m		
MAILING ADDRESS			611	Chris B		
P.O. Box 388			452-763	Jim		
CITY	STATE	ZIP CODE				
Tola	Ks					

JOB TYPE Logstring HOLE SIZE 6 3/4 HOLE DEPTH 1050 CASING SIZE & WEIGHT 4 1/2
CASING DEPTH 1045' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.6* SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 16 1/2 bbls DISPLACEMENT PSI 500* MIX PSI Bump Plug 1000* RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. Break Circulation w/ 16 bbls Fresh water. Pump 200* Gel Flush + 5 bbls water spacer. Mix 100 # Caustic Soda + 12 bbls Dye Water. Mix 95 sks Thick set Cement w/ 8# Kal-seal per/sk AT 13.6 # per/gal. Wash out Pump & Lines. Shut down Release Plug. Displace with 16 1/2 bbls Fresh Water. Final Pumping Pressure 500* Bump plug 1000* wait 2min Release Pressure plug held. Good Cement Returns to surface. 7 bbls slurry to pit. Job Complete Rig down.

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5461	1	PUMP CHARGE	975.00	975.00
5406	40	MILEAGE	4.00	160.00
1126A	95 sks	Thick set Cement	18.30	1738.50
1110A	760 #	Kal Seal 8# per/sk	.44	334.40
1118B	200 #	Gel Flush	.20	40.00
61103	100 #	Caustic Soda Pre Flush	1.52	152.00
5407	5.2	Tan Mileage Bulk Truck	m/c	330.00
5501C	2 hrs	Water Transport	112.00	224.00
1123	500 gallons	CITY WATER	15.60/1000	78.00
4404	1	4 1/2 Tap Rubber Plug	43.00	43.00
			Sub Total	4076.90
			SALES TAX 7.6%	180.30
			ESTIMATED TOTAL	4257.20

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RCC WICHITA

Revin 3737

AUTHORIZATION R.P. Adler

244117

TITLE _____

DATE 9/9/2011

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