



KANSAS CORPORATION COMMISSION 1082077
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: PO BOX 388
Address 2: _____
City: IOLA State: KS Zip: 66749 + 0388
Contact Person: DENNIS KERSHNER
Phone: (620) 365-3111
CONTRACTOR: License # 5989
Name: Finney, Kurt dba Finney Drilling Co.
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>01/18/2012</u>	<u>01/24/2012</u>	<u>05/17/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30246-00-00

Spot Description: _____
E2 E2 SW SE Sec. 9 Twp. 24 S. R. 18 East West
660 Feet from North / South Line of Section
1540 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Allen

Lease Name: Kirk Well #: KD1

Field Name: IOLA

Producing Formation: BARTLESVILLE

Elevation: Ground: 1017 Kelly Bushing: 0

Total Depth: 1080 Plug Back Total Depth: 1057

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: 1057

feet depth to: 0 w/ 120 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1000 ppm Fluid volume: 160 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: COLT ENERGY, INC.

Lease Name: KIRK SWD1 License #: 5150

Quarter E2 Sec. 9 Twp. 24 S. R. 18 East West

County: ALLEN Permit #: D31122

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.

Submitted Electronically

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: Deanna Garrison Date: 05/30/2012



1082077

Operator Name: Colt Energy Inc Lease Name: Kirk Well #: KD1
 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: <small>GAMMA RAY/CEMENT BOND/CCL. GAMMA RAY/NEUTRON DUAL INDUCTION LL3/GR LOG, HIGH RESOLUTION COMPENSATED DENSITY SIDEWALL NEUTRON LOG DUAL INDUCTION LL3/GR LOG, HIGH RESOLUTION COMPENSATED DENSITY SIDEWALL NEUTRON LOG</small>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum SEE ATTACHMENT
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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	12.25	8.625	24	20.25	1	10	
PRODUCTION	6.75	4.5	10.5	1057	OWC	120	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD	-			
___ 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	906-911, 913-916	45GAL 28% HCL	906-911,913-916

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

Date of First, Resumed Production, SWD or ENHR. 05/17/2012		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____					
Estimated Production Per 24 Hours	Oil Bbbs. 5.4	Gas Mcf 0	Water Bbbs. 3.4	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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 33592
LOCATION Eureka
FOREMAN Siege Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-001-30246

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-25-12	1828	KipK *KD-1	9	245	18E	Allen
CUSTOMER			TRUCK #			
Calt Energy			485	Alan m.		
MAILING ADDRESS			667	Allen B.		
P.O. Box 388			637	Jim		
CITY	STATE	ZIP CODE				
Tola	Ks					

JOB TYPE Long string HOLE SIZE _____ HOLE DEPTH 1080' CASING SIZE & WEIGHT 4 1/2
CASING DEPTH 1060' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 12.7# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4'
DISPLACEMENT 16.8 bbls DISPLACEMENT PSI 600# Bump plug 1100# RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 casing Break circulation w/ Fresh water Pump 15 bbls Lease water Mix 200# Gel flush & 5 bbls water spacer. Mix 120 sks Thick set cement w/ 8" Kal-Seal & 1" Phenoseal pack at 13.7' depth. Wash out pump & lines. Shut down Release plug. Displace with 16.8 bbls Fresh water. Final pumping Pressure 600# Bump plug to 1100#. Wait 2 min Release Pressure. Plug held. Good cement returns to surface 11 bbl slurry to pit. Job complete Rig down.
Note Shut one valve on Annulus side 15 bbls Displace Pressure come up 200# Landed plug Shut 2nd valve.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5491	1	PUMP CHARGE	1030.00	1030.00
5406	40	MILEAGE	4.00	160.00
1126A	180 sks	Thick set Cement	19.20	2304.00
1110A	960 #	8" Kal-Seal pack	.46	441.60
1107A	120 #	1" Phenoseal pack	1.29	154.80
1118B	200 #	Gel Flush	.21	42.00
4404	1	4 1/2 Top Rubber plug	45.00	45.00
55025	5 hrs	80 bbl Vacuum Truck	90.00	450.00
5407	1	Boiler Delivery-m/c		350.00
			Subtotal	4917.40
			SALES TAX 2.55%	225.55
			ESTIMATED TOTAL	5002.95

Ravin 3737

AUTHORIZATION R. R. Ashlock TITLE 247450 DATE 1/25/2012

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.