



KANSAS CORPORATION COMMISSION 1082451
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: DENNIIS 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 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 #: _____

01/09/2012	01/16/2012	05/18/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30252-00-00

Spot Description: _____
S2 S2 NE SW Sec. 9 Twp. 24 S. R. 18 East West
1540 Feet from North / South Line of Section
3300 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Allen
Lease Name: Kirk Well #: KH5
Field Name: IOLA

Producing Formation: BARTLESVILLE

Elevation: Ground: 1024 Kelly Bushing: 0

Total Depth: 1090 Plug Back Total Depth: 1080

Amount of Surface Pipe Set and Cemented at: 22 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1080

feet depth to: 0 w/ 105 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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 Gerrisor Date: 05/30/2012



1082451

Operator Name: Colt Energy Inc Lease Name: Kirk Well #: KH5
 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: GAMMA RAY/NEUTRON CCL LOG, DUAL INDUCTION LL3/GR LOG HIGH RESOLUTION COMPENSATED DENSITY SIDEWALL NEUTRON LOG	<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	21.6	1	10	
LONG STRING	6.75	4.5	10.5	1080	THICK SET	105	

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 (Amount and Kind of Material Used)	Depth
2	956-960	45GAL 28% HCL	956-960

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. 05/18/2012	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. 1.02 Gas Mcf _____ Water Bbls. 7.19 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 33576
LOCATION Eureka
FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-001-30252

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-18-12	1828	Kirk # KH6	9	245	18E	Allen
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Calt Energy			485	Alan M		
MAILING ADDRESS			479	Merle		
P.O. Box 388						
CITY	STATE	ZIP CODE				
Tola	Ks					

JOB TYPE Long string HOLE SIZE _____ HOLE DEPTH 1090' CASING SIZE & WEIGHT 4 1/2 10.5
 CASING DEPTH 1080 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6* SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 16.75 bbls DISPLACEMENT PSI 500* Bump plug 1000* RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 casing with Head & Manifold. Break Circulation with 5 bbls Fresh Water. Mix 200# Gel Flush & 10 bbls Water Spacer. Mix 105 sks Thick set cement with 8# Kal-seal per/sk & 1# Phenoseal per/sk AT 13.6 gal. Shut down wash out pump & lines. Release Plug. Displace with 16.75 bbls Fresh water. Final pumping Pressure 500# Bump Plug 1000# Wait 2 min Release Pressure. Plug held Good Circulation During Job. Didn't Circulate Cement. Had Color water Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	40	MILEAGE	4.00	160.00
1126A	105 sks	Thick set Cement	19.20	2016.00
1110A	840#	Kal-seal 8# per/sk	.46	386.40
1107A	105#	Phenoseal 1# per/sk	1.29	135.45
1118B	200#	Gel Flush	.21	42.00
5407	5.78 tons	Ton Mileage Bulk Truck	mil	350.00
4404	1	4 1/2 Top Rubber Plug	43.00	43.00
1121	50#	Soda Ash	.85	42.50
			Sub Total	4207.35
			SALES TAX	201.39
			ESTIMATED TOTAL	4408.74

Revin 3737

AUTHORIZATION [Signature] TITLE 241280 DATE 1/18/2012

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.