

KANSAS CORPORATION COMMISSION 1082431
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: _____

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 #: _____

12/30/2011	01/05/2012	04/13/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30251-00-00

Spot Description: _____
SE SE NE SW Sec. 9 Twp. 24 S. R. 18 ☒ East ☐ West
1540 Feet from ☐ North / ☒ South Line of Section
2860 Feet from ☒ East / ☐ West Line of Section

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

County: Allen
Lease Name: Kirk Well #: KH4
Field Name: IOLA
Producing Formation: BARTLESVILLE
Elevation: Ground: 1030 Kelly Bushing: 0
Total Depth: 1080 Plug Back Total Depth: 1070
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: 1070
feet depth to: 0 w/ 100 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: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: COLT ENERGY, INC
Lease Name: KIRK SWD1 License #: 5150
Quarter SE Sec. 9 Twp. 24 S. R. 18 ☒ East ☐ West
County: ALLEN Permit #: D05964

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 Garriso Date: 05/30/2012



1082431

Operator Name: Colt Energy Inc Lease Name: Kirk Well #: KH4
 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 (Attach Additional Sheets) 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 (If no, Submit Copy) List All E. Logs Run: GAMMA RAY/NEUTRON CCC 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	1	10	
LONG STRING	6.75	4.5	10.5	1070	THICK SET	100	

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	942-949	50 GAL HCL 15%	942-949
		300# 12/20 SAND	
		700# 20/40 SAND	

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. 04/25/2012			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. 1.68	Gas Mcf	Water Bbls. .61	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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[illegible]



ENTERED

FOREMAN, Shannon Feik

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

CEMENT

API # 15-00430251

JOB TYPE <u>Longstring 0</u>	HOLE SIZE <u>6 3/4</u>	HOLE DEPTH <u>1080'</u>	CASING SIZE & WEIGHT <u>4 1/2 @ 10.50 #</u>
CASING DEPTH <u>1070'</u>	DRILL PIPE <u>—</u>	TUBING <u>—</u>	OTHER <u>— PBTD 1066</u>
SLURRY WEIGHT <u>13.6 #</u>	SLURRY VOL <u>32 BH</u>	WATER gal/sk <u>9.0</u>	CEMENT LEFT in CASING <u>4'</u>
DISPLACEMENT <u>16.8 BH</u>	DISPLACEMENT PSI <u>500</u>	MIX PSI <u>Bumped Plug 40 1100</u>	RATE <u>5 BPM</u>

REMARKS: Rig up to 4 1/2" casing, Break circulation w/5Bbl water, pump 10 Bbl gel flush followed by 10 Bbl water spacer. Mixed 100 sks Thickset Cement with 8 # Kol-Seal/sk & 1 # phenoseal/sk @ 13.6#/gal. Shut down wash out pump & lines & displace with 16.8 Bbl. Final pumping pressure of 600psi, bumped plug to 1100 psi. Wait two minutes & release pressure, Float & plug held good. Good circulation @ all times, 5 Bbl Slurry to pit, Job complete.

"Thanks Shannon & crew"

[illegible]

Bayin 3737

AUTHORIZTION

TITLE

DATE _____

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.