



KANSAS CORPORATION COMMISSION 1085833  
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 # 33606  
Name: Thornton Air Rotary, LLC  
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>06/04/2012</u>	<u>06/06/2012</u>	<u>06/06/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-031-23265-00-00  
Spot Description: \_\_\_\_\_  
SW SW SW SE Sec. 21 Twp. 22 S. R. 17  East  West  
165 Feet from  North /  South Line of Section  
2475 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Coffey  
Lease Name: Rolf, J & B Well #: A1  
Field Name: NEOSHO FALLS-LEROY  
Producing Formation: LOWER SQUIRREL  
Elevation: Ground: 1071 Kelly Bushing: 0  
Total Depth: 1363 Plug Back Total Depth: 0  
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: 0  
feet depth to: 0 w/ 0 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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Garbar</u> Date: <u>06/28/2012</u>



1085833

Operator Name: Colt Energy Inc Lease Name: Rolf, J & B Well #: A1  
 Sec. 21 Twp. 22 S. R. 17  East  West County: Coffey

**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 COLLAR LOG	<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 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	6.75	8.6250	24	21	PORTLAND	4	

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

<b>TUBING RECORD:</b>	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.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input 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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Air Drilling Services  
Oil & Gas Wells

**SCANNED**

**THORNTON AIR ROTARY, LLC**  
Office Phone: 620-879-2073

PO Box 449  
Caney, KS 67333

Date Started	6/4/2012
Date Completed	6/6/2012

Well No.	Operator	Lease	A.P.I #	County	State
A1	Colt Energy	Rolf J & B	15-031-23265-00-00	Coffey	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			21	22	17

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Brantley	Oil	4	20' 7" 8 5/8	1363	6 3/4

**Formation Record**

0-8	DIRT	917-936	LIME		
8-180	SHALE	936-948	SHALE		
180-216	LIME	948-950	BLACK SHALE		
216-226	SHALE	950-960	LIME		
226-281	LIME	960-992	SHALE		
281-400	SHALE	992-993	LIME		
400-447	LMY SAND	993-996	SHALE		
447-510	SANDY SHALE	996-1000	SAND / DECENT ODOR		
510-560	LMY SHALE	996-1016	CORE POINT		
560-562	BLK SHALE / LT ODOR	1000-1085	SHALE		
562-564	SHALE	1085-1086	COAL		
564-576	SANDY LIME	1086-1098	SANDY SHALE		
576-580	LIME	1098-1112	SAND		
580-585	SAND	1112-1127	SHALE		
585-587	BLACK SHALE	1127-1150	SAND		
587-611	LIME	1150-1200	SANDY SHALE		
586	GETTING DAMP	1200-1232	SHALE		
611	WENT TO WATER	1232-1240	DARK SANDY SHALE		
611-760	SHALE	1240-1247	RED SANDY SHALE		
760-776	SANDY SHALE	1247-1257	SHALE		
776-780	BLACK SHALE	1257-1259	COAL		
780-806	LIME	1259-1325	SANDY SHALE		
806-862	SHALE	1325-1330	CHERTY LIME (MISS.)		
862-864	BLACK SHALE	1330-1363	CHERT		
864-879	LIME (PAWNEE)	1363	TD		
879-881	BLACK SHALE				
881-896	LMY SHALE				
887	GAS TEST - NO GAS				
896-906	LIME				
906-917	LMY SHALE				