



KANSAS CORPORATION COMMISSION 1090988  
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: SHIRLEY STOTLER  
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 #: \_\_\_\_\_  
06/25/2012    06/25/2012    07/27/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-031-23256-00-00  
Spot Description: \_\_\_\_\_  
NE SE SW Sec. 36 Twp. 22 S. R. 16  East  West  
495 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: Gleue Trust, E & I (852) Well #: J8  
Field Name: NEOSHO FALLS - LEROY  
Producing Formation: LOWER SQUIRREL  
Elevation: Ground: 1017 Kelly Bushing: 0  
Total Depth: 1061 Plug Back Total Depth: 1054  
Amount of Surface Pipe Set and Cemented at: 60 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 1061  
feet depth to: 0 w/ 140 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 Garriso Date: 08/22/2012



1090988

Operator Name: Colt Energy Inc Lease Name: Gleue Trust, E & I (852) Well #: J8  
 Sec. 36 Twp. 22 S. R. 16  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/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum 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	12.25	8.650	24	56	CLASS A	80	
LONG STRING	6.75	4.5	10.5	1054	CLASS A	140	

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	970-976	50GAL 15% HCL	970-976
		200# 20/40 SAND	
		3800# 12/20 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. <u>07/27/2012</u>		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. <u>3.7</u>	Gas Mcf	Water Bbls. <u>3.8</u>
			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 34897  
LOCATION EureKA  
FOREMAN Russell mclom

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT (852)**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-28-2012	1828	Gleue Trust E+T J8	36	22	16 E	Coffey
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Colt Energy Inc			405	Allen - B		
MAILING ADDRESS			667	Chris M		
P.O. Box 388						
CITY	STATE	ZIP CODE				
Toia	Ks					

JOB TYPE L/S HOLE SIZE 6 3/4 HOLE DEPTH 1061 CASING SIZE & WEIGHT 4 1/2 10.5  
 CASING DEPTH 1054 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.5 SLURRY VOL 34 Bbl WATER gal/sk 6.5 CEMENT LEFT IN CASING 0  
 DISPLACEMENT 16 1/2 DISPLACEMENT PSI 500 MIX PSI Bump Plug 1000 RATE \_\_\_\_\_

REMARKS: Safety meeting, Rig up to 4 1/2 casing, Break circulation w/ 30 Bbl water mix 200# Gel, Pump 10 Bbl Dye water, mix 140 SK's Reg 20 Gal 1% CAC12, wash out Pump + lines, Release 4 1/2 Top Rubber Plug Displace w/ 16 1/2 Bbl water. Final Pump PSF was 500# Bump Plug to 1,000# check float, float H=10. 5 Bbl cement slurry to surface. Annulus stored Full Job complete, Tear Down.

Thank's  
Russell  
mclom

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	50	MILEAGE	4.00	200.00
1104	140 SK's	CLASS A cement	14.95	2093.00
1118 B	300#	Gel = 2%	.21	63.00
1102	130#	CAC12 = 1%	.74	96.20
5407 A	6.50 Ton	Ton mileage Bulk Truck	1.34	440.86
4404	1	4 1/2 Top Rubber Plug	45.00	45.00
1118 B	800#	Gel (Gel Flush)	.21	42.00
				4010.06
		6.3%	SALES TAX	147.38
			ESTIMATED TOTAL	4,157.44

Ravin 3737

AUTHORIZATION

*R.R. Allen*

TITLE

250914

DATE 6/28/2012

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

SCANNED

Air Drilling Specialist  
Oil & Gas Wells

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

PO Box 449  
Caney, KS 67333

Date Started	6/25/2012
Date Completed	6/28/2012

*Connected  
API*

Well No.	Operator	Lease	A.P.I.#	County	State
58-17	Colt Energy	Gleue Trust	15-031-23262-00-00	Coffey	Kansas

*E & I 23256*

1/4	1/4	1/4	Sec.	Twp.	Rge.
			36	22	16

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Brantley	Oil	Consolidated	56' 8 5/8	1061	6 3/4

**Formation Record**

0-18	DIRT	920-930	LMY SHALE		
18-31	MUD / WENT TO WATER	930-931	LIME		
31-43	RIVER ROCK / WET ROCK	931-933	BLACK SHALE		
43-200	SHALE	933-963	SHALE		
200-220	LIME	963-964	LIME		
220-245	SANDY LIME / DAMP	964-968	SHALE		
245-265	SANDY SHALE	968-969	LIME / CORE POINT		
265-306	SHALE	969-975	SAND		
306-325	LIME	975-988	SANDY SHALE / END CORE		
325-343	SANDY SHALE	988-1061	SANDY SHALE		
343-354	SAND	1061	TD		
354-366	LIME				
366-368	SHALE				
368-376	LIME				
376-421	SANDY LIME				
421-455	SANDY SHALE				
435	WENT TO WATER				
455-456	LIME				
456-480	SHALE				
480-548	LIME				
548-589	LMY SHALE				
589-756	SHALE				
756-760	LIME				
760-790	LMY SHALE				
790-810	SAND				
810-916	SANDY SHALE				
916-917	LIME				
917-918	SHALE				
918-919	LIME				
919-920	BLACK SHALE				