



KANSAS CORPORATION COMMISSION 1091054
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 #: _____
07/09/2012 07/11/2012 08/08/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-107-24615-00-00
Spot Description: _____
NE SE SW SE Sec. 25 Twp. 21 S. R. 21 East West
500 Feet from North / South Line of Section
1385 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Linn
Lease Name: Mitchell Family Trust 252121 Well #: N12
Field Name: CENTERVILLE
Producing Formation: PENNSYLVANIAN SANDS
Elevation: Ground: 1004 Kelly Bushing: 0
Total Depth: 862 Plug Back Total Depth: 854
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: 862
feet depth to: 0 w/ 95 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 Garriss Date: 08/22/2012



1091054

Operator Name: Colt Energy Inc Lease Name: Mitchell Family Trust 252121 Well #: N12
 Sec. 25 Twp. 21 S. R. 21 East West County: Linn

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ATTACHED		
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
GAMMA RAY/NEUTRON/CCL, HIGH RESOLUTION COMPENSATED DENSITY SIDEWALL NEUTRON LOG DUAL INDUCTION LL3/GR LOG				

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	22	PORTLAND	4	
LONG STRING	6.75	4.5	10.5	854.	OIL WELL	95	

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	773-776	50 GAL 15% HCL	773-776
		300# 20/40 SAND	
		3700# 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. 08/08/2012	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. 1.3	Gas Mcf	Water Bbls. 2	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-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	--	--



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 34900
LOCATION Eureka
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT
CEMENT

15-24615
-107-

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-12-12	1828	Mitchell/Fm Trust N-12	25	21	21	Lincoln
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						

JOB TYPE L/S 0 HOLE SIZE 6 3/4 HOLE DEPTH 862 CASING SIZE & WEIGHT 4 1/2 10 1/2
 CASING DEPTH 854 DRILL PIPE _____ TUBING _____ OTHER PBTD 850'
 SLURRY WEIGHT 13.5# SLURRY VOL 35 WATER gal/sk _____ CEMENT LEFT In CASING 4'
 DISPLACEMENT 13 1/2 Bbls DISPLACEMENT PSI 400 ~~MAX~~ PSI 800 Bump plug RATE _____

REMARKS: Safety meeting- Rig up to 4 1/2" casing w/ wash head. Break circulation w/ 2' Bbl fresh water. Wash down 15' to PBTD. Pump 6 ses get flush, 20 Bbl water spacer, 6 Bbl dye water. Mixed 95 ses OWC cement w/ 40% silica flour + 1/2" phoscol/sk @ 13.5#/gal yield 2.10 washout pump + lines release plug. Displace w/ 13 1/2 Bbl fresh water. Final pump pressure 400 PSI. Bump plug to 800 PSI. release pressure, float + plug held. Good cement returns to surface = 7 Bbl slurry to pit. 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	50	MILEAGE	4.00	200.00
1126	95 ses	OWC cement	18.80	1786.00
1139	3520 #	40% silica flour	.53	1892.10
1107A	47 #	1/2" phoscol/sk	1.29	60.63
1118B	300 #	get-flush	.21	63.00
5407A	6.65	tan mileage bulk tank	1.34	445.55
4404	1	4 1/2" top rubber plug	45.00	45.00
			subtotal	5522.28
			6.3% SALES TAX	242.35
			ESTIMATED TOTAL	5764.63

Ravin 3797

AUTHORIZATION R.P. Ledford TITLE 251216 DATE 7/12/2012

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.

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

SCANNED

Date Started	7/9/2012
Date Completed	7/11/2012

Well No.	Operator	Lease	A.P.I #	County	State
N12	Colt Energy	Mitchell Family	15-107-24615-00-00	Linn	Kansas

Trust		1/4	1/4	Sec.	Twp.	Rge.
		1/4	1/4	25	21	21

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Brantley	Oil	4	21' 5" 8 5/8	862	6 3/4

Formation Record

0-6	DIRT	676-694	SANDY SHALE		
6-8	MUD	694-723	SAND		
8-21	LIME	711	G.T.6 # 3/8 (48mcf)		
21-30	SAND	723-754	SAND / WET		
30-46	LIME	754-755	BLACK SHALE		
46-61	SANDY SHALE	755-768	SANDY SHALE		
61-70	LIME	768	CORE POINT		
70-85	SANDY SHALE	768-772	SANDY SHALE		
85-95	LIME	772-776	SAND / GOOD OIL SHOW/ END CORE		
95-98	LMY SHALE	776-788	SANDY SHALE		
98-272	SHALE	788-789	COAL		
272-274	LIME	789-816	SANDY LIME (MISS.)		
274-282	SANDY SHALE	816-827	LIME		
282-286	LIME	827-849	LMY CHIRT		
286-291	SANDY SHALE	849-862	CHAT		
291-292	LIME	862	TD		
292-336	SANDY SHALE				
336-346	LIME (PAWNEE)				
346-362	LMY SHALE / SAND				
362-369	LMY SAND				
369-371	BLACK SHALE				
371-396	SAND				
396-420	LMY SAND				
420-421	BLK SHALE/COAL? (MULKY)				
421-424	LIME (OSWEGO)				
424-430	SANDY SHALE				
430-432	BLK SHALE (EXCELLO)				
432-441	LMY SHALE				
441-676	SANDY SHALE				
686	G.T.6 inch # 3/4(35 mcf)				