



KANSAS CORPORATION COMMISSION 1098683
OIL & GAS CONSERVATION DIVISION

Form AGO-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 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 #: _____
07/19/2012 07/23/2012 10/03/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-107-24614-00-00
Spot Description: _____
SE NW NW NE Sec. 36 Twp. 21 S. R. 21 East West
380 Feet from North / South Line of Section
2045 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 362121 Well #: L10
Field Name: CENTERVILLE
Producing Formation: LOWER BARTLESVILLE
Elevation: Ground: 988 Kelly Bushing: 0
Total Depth: 862 Plug Back Total Depth: 850
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: 850
feet depth to: 0 w/ 115 sx cm.

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 Garrison Date: 11/05/2012



1098683

Operator Name: Colt Energy Inc Lease Name: Mitchell Family Trust 362121 Well #: L10
 Sec. 36 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 <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: HIGH RESOLUTION COMPENSATED DENSITY SIDEWALL NEUTRON LOG DUAL INDUCTION LL3/GR LOG, GAMMA RAY/NEUTRON LOG	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum ATTACHED DRILLERS LOG
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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	20	PORTLAND	4	
LONG STRING	6.75	4.5	10.5	850	OIL WELL CEMENT	115	

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	764-772'	50GAL 15% HCL	764-772'
		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
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Date of First, Resumed Production, SWD or ENHR. 10/03/2012	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. 2.5 Gas Mcf Water Bbls. 1.5 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
OF THE
CO.



ENTERED

TICKET NUMBER 37614
LOCATION Furexa
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-107-24614

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-24-12	1828	Mitchell Family Trust 1-10	36	215	21E	Linn
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			520	John		
CITY			1617	Chris B.		
STATE						
ZIP CODE						
Iola						
KS						
66749						

JOB TYPE L/S O HOLE SIZE 6 3/4" HOLE DEPTH 862' CASING SIZE & WEIGHT 4 1/2" 10.5"
 CASING DEPTH 850' DRILL PIPE _____ TUBING _____ OTHER 8 1/2" P.B.T.D.
 SLURRY WEIGHT 13.6* SLURRY VOL 30 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 4'57
 DISPLACEMENT 13 1/2 Bbl DISPLACEMENT PSI 700 PSI 1200 Benefit RATE _____

REMARKS: Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ 15 Bbl fresh water. Washdown 4' to P.B.T.D. Pump to see gel-flush 16 Bbl water spacer, 6 Bbl dye water. Mixed 115 sacks OWC cement w/ 1# phenoseal/sk @ 13.6*/gal. Washout pump + loss. release plug. Displace w/ 13 1/2 Bbl fresh water. Final pump pressure 700 PSI. Bump plug to 1200 PSI. release pressure, float + plug held. Good cement returns to surface = 6 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	115 sacks	OWC cement	18.20	2162.00
1107A	115 #	1# phenoseal/sk	1.29	148.35
1118B	300 #	gel-flush	.21	63.00
5407A	5.98	tax mileage bulk tax	1.34	400.66
4404	1	4 1/2" top rubber plug	45.00	45.00
			Subtotal	4049.01
			SALES TAX	152.37
			ESTIMATED TOTAL	4201.38

Ravin 3737

AUTHORIZATION R. R. Ledford

TITLE 201496

DATE 7/24/2012

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

Date Started	7/19/2012
Date Completed	7/23/2012

Well No.	Operator	Lease	A.P.I #	County	State
L10	Colt Energy	Mitchell Family	15-107-24614-00-00	Linn	Kansas

Trust					
1/4	1/4	1/4	Sec.	Twp.	Rge.
			36	21	21

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Chris	Oil	4	20' 1" 8 5/8	862	6 3/4

Formation Record

0-8	DIRT	419-428	LIME	760	CORE POINT
8-44	LIME	428-431	SHALE	760-763	BLACK SHALE
44-48	SHALE	431-432	COAL	763-773	SAND / GOOD OIL SHOW
48-53	BLACK SHALE	432-434	SHALE	773-792	SHALE
53-55	LIME	434-436	LIME	792-808	LMY CHAT
55-73	SHALE	436-450	SHALE	808-809	COAL
73-76	LIME	450-517	SANDY SHALE	809-862	GREY LIME
76-82	LMY SHALE	511	GAS TEST - NO GAS	812	G.T.- 5#, 1/4" = 20.7 MCF
82-84	LIME	517-518	COAL	862	TD
84-95	SANDY SHALE	518-531	SHALE		
95-201	SHALE	531-534	LIME		
201-206	RED BED	534-560	SHALE		
206-270	LIME	560-561	COAL		
270-276	SHALE	561-577	SHALE		
276-283	LIME	577-578	COAL		
283-286	SHALE	578-585	SHALE		
286-290	SAND	585-586	COAL		
290-310	SHALE	586-603	SHALE		
310-311	COAL	603-604	COAL		
311-326	SANDY SHALE	604-642	SHALE		
326-331	SHALE	642-645	LIME		
331-333	COAL	645-700	SHALE		
333-337	SHALE	661	GAS TEST - NO GAS		
337-349	LIME	686	GAS TEST - NO GAS		
349-364	SHALE	700-742	SAND		
364-367	LIME	711	WENT TO WATER		
367-369	BLACK SHALE	742-743	COAL		
369-398	SHALE	743-746	SAND		
398-415	LIME	746-747	COAL		
415-419	SHALE	747-760	SHALE		