



KANSAS CORPORATION COMMISSION 1106391
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: REXSHLOCK
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 #:
10/08/2012 10/10/2012 10/10/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-107-24638-00-00
Spot Description:
SW SE SW SE Sec. 25 Twp. 21 S. R. 21 East West
60 Feet from North / South Line of Section
1880 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 #: M11-i
Field Name: CENTERVILLE
Producing Formation: LOWER BARTLESVILLE
Elevation: Ground: 1002 Kelly Bushing: 0
Total Depth: 861 Plug Back Total Depth: 840
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: 840 feet depth to: 0 w/ 145 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 Garrison Date: 01/07/2013

1106391

Operator Name: Colt Energy Inc Lease Name: Mitchell Family Trust 252121 Well #: M11-i
 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 <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/NEURTON CCL/LOG GAMMA RAY/NEUTRON/CCL 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
2	12.25	8.625	24	21	PORTLAND	6	
PRODUCTION STRING	6.75	4.5	10.5	840	CLASS A	145	

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	770-776	50GAL 15% HCL	770-776
		150# 20/40 SAND	
		350# 12/20 SAND	

TUBING RECORD: Size: <u>1 1/2" FIBERGLAS</u> Set At: <u>755</u> Packer At: <u>0</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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) _____
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf
		Water Bbls.
		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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Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	10/8/2012
Date Completed	10/10/2012

Operator	A.P.I #	County	State
Colt Energy	15-107-24638-00-00	Linn	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
M11-I	Mitchell Family Trust	25	21	21

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	6	21' 3" 8 5/8	861	6 3/4

Formation Record

Interval	Description	Interval	Description	Depth	Notes
0-7	MUD	435-436	BLACK SHALE	861	TD
7-10	SANDY LIME	436-475	SAND		
10-21	LIME	475-515	SHALE		
21-66	LIME	515-517	COAL		
66-70	SHALE	517-530	LIME		
70-72	COAL	530-531	COAL		
72-76	LIME	531-557	SANDY SHALE		
76-83	SAND	557-559	COAL		
83-88	LIME	559-582	LMY SAND		
88-101	SANDY LIME	582-584	COAL		
101-248	SANDY SHALE	584-600	SHALE		
248-249	COAL	600-602	COAL		
249-261	LMY SHALE	602-639	LMY SAND		
261-264	RED SHALE	639-655	LIME		
264-267	SANDY SHALE	655-685	SHALE		
267-284	LIME	685-693	SANDY SHALE		
284-285	SHALE	693-721	SAND		
285-310	SAND	711	G.T.-3#, 3/8"= 6.18 MCF		
310-311	BLACK SHALE	721-732	SANDY SHALE		
311-331	SANDY SHALE	732-766	SAND / DAMP		
331-334	COAL / BLK SHALE	766-786	CORE		
334-341	SANDY SHALE	766-768	LAM. ZEBRA SHALE		
341-345	LIME	768-775	SAND/GOOD OIL SHOW, GAS BLEED		
345-367	SANDY SHALE	775-780	SANDY SHALE		
367-368	COAL	780-785	BLK/GREY SHALE		
368-393	SANDY SHALE	785-786	COAL		
393-394	COAL	785	GAS TEST - SAME		
394-417	SANDY LIME	786-790	BLACK SHALE		
417-425	LIME	790-830	CHAT (MISS.)		
425-435	LMY SHALE	830-861	LIME		



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 35553

LOCATION Eureka

FOREMAN Steve Reed

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

FIELD TICKET & TREATMENT REPORT
CEMENT

15-107-24638

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-10-12	1828	Mitchell Family Trust (828)	25	21	21E	Lincoln
CUSTOMER						
Calt Energy Inc.						
MAILING ADDRESS						
P.O. Box 388						
CITY						
Tola						
STATE						
KS						
ZIP CODE						
66749						
TRUCK #						
DRIVER						
TRUCK #						
DRIVER						
485 Alan m.						
515 Joey						

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 861 CASING SIZE & WEIGHT 4 1/2, 10 1/2 #/ft
 CASING DEPTH 840 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting. Rig up to 4 1/2 casing. Break circulation w/ 15 bbls Fresh water. Pump 10 bbls ahead. Mix 12 1/2 sks Class A Cement w/ 2% Gal, 1% CaCl2 & 1/2 phenoseal per/sk. Wash out pump & lines. Shutdown. Release plug. Pump 1 bbl Fresh water. Well lock up. Pressure up well to 2100#. Couldn't pump into. Try to pick up casing w/ pulling unit. Couldn't move casing. Job complete. Rig down. (Had good cement returns to surface.) (Plug down around 60')

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5461	1	PUMP CHARGE	1030.00	1030.00
5466	-	MILEAGE 2 1/2 well N/C	-	-
11045	149 sks	Class A Cement	14.95	2161.15
1118B	270 lb	Gal 2%	.21	56.70
1102	135 #	CaCl2 1%	.74	99.90
1107A	80 #	Phenoseal 1/2 # per/sk	1.29	103.20
5407	6.82 Tm	Ten Mileage Bulk Trucks	1.34	456.94
			Subtotal	3914.49
			SALES TAX	152.93
			ESTIMATED TOTAL	4067.42

RevIn 3737

253103

AUTHORIZATION

R. R. Appleby

TITLE

DATE 10/10/2012

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