

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken ☐ Yes ☐ No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☐ No TCores aken ☐ Yes ☐ No Electric Log Run ☐ Yes ☐ No Geologist Report / Mud Logs ☐ Yes ☐ No List All E. Logs Run:	☐ Log Formation (Top), Depth and Datum ☐ Sample Name Top Datum
--	--

CASING RECORD ☐ New ☐ 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

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				

1. Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection: _____		Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5) (Submit ACO-4)</i>			PRODUCTION INTERVAL: Top Bottom	

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>
TUBING RECORD: Size: Set At: Packer At:					

Form	ACO1 - Well Completion
Operator	Colt Energy Inc
Well Name	Schafer CS-4
Doc ID	1317327

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Intermediate	4.5	2.625	8	1250	NONE	0	0

Summary of Changes

Lease Name and Number: Schafer CS-4

API/Permit #: 15-207-29005-00-01

Doc ID: 1317327

Correction Number: 2

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Spud Or Recompletion Date	8/03/2014	12/18/2015



Confidentiality Requested:

☐ Yes ☐ NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1317270

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL**WELL COMPLETION FORM**
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer

☐ Commingled Permit #: _____
☐ Dual Completion Permit #: _____
☐ SWD Permit #: _____
☐ ENHR Permit #: _____
☐ GSW Permit #: _____

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West_____ Feet from ☐ North / ☐ South Line of Section_____ Feet from ☐ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SWGPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☐ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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☐ Confidentiality Requested

Date: _____

☐ Confidential Release Date: _____☐ Wireline Log Received☐ Geologist Report Received☐ UIC DistributionALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1274613

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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: _____

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Original Comp. Date: _____ Original Total Depth: _____

- ☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD
- ☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer

- ☐ Commingled Permit #: _____
- ☐ Dual Completion Permit #: _____
- ☐ SWD Permit #: _____
- ☐ ENHR Permit #: _____
- ☐ GSW Permit #: _____

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

_____ Feet from ☐ North / ☐ South Line of Section

_____ Feet from ☐ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

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If yes, show depth set: _____ Feet

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feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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

☐ Confidentiality Requested

Date: _____

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____



CONSOLIDATED
Oil Well Services, LLC

REMIT TO

Consolidated Oil Well Services, LLC
Dept:970
P.O.Box 4346
Houston, TX 77210-4346

MAIN OFFICE

1/10
P.O.Box 884
Chanute, KS 66720
620/431-9210, 1-800/467-8676
Fax 620/431-0012

Invoice

Invoice#

806685

Invoice Date: 12/22/15

Terms: Net 30

Page 1

COLT ENERGY INC.

1112 RHODE ISLAND RD
IOLA KS 66749
USA
6203653111

schafer

CS-4, CS-10, CS-14, CS-17, CS-16

15-207-29005

Part No	Description	Quantity	Unit Price	Discount(%)	Total
FE0251	Combo Unit, 1,300 HHP 1st (4) Four Hours	5.000	3,500.0000	60.000	7,000.00
FE1136	Flatbed Truck, Misc. Delivery	5.000	400.0000	60.000	800.00
FE0133	Flex-Hose Fluid Spotting Unit	5.000	500.0000	60.000	1,000.00
FC5005	15% Uninhibited HCL Acid (22 Baume)	250.000	3.9000	60.000	390.00
FC5251	CIA-2, Corrosion Inhibitor < 250 Degree F (Non-Acetylenic)	1.250	60.0000	60.000	30.00
FC5700	MaxSurf FBA (Surfactant/N.E./Remediation)	2.500	70.0000	60.000	70.00
FC5450	WG-1, Guar Gelling Agent	300.000	8.0000	60.000	960.00
FC5453	WG-2, CMHPG Gelling Agent	600.000	8.0000	60.000	1,920.00
FC5481	B-7LE, Enzyme Breaker	1.500	225.0000	60.000	135.00
FC5280	BIO-1 Powdered	14.000	35.0000	60.000	196.00
FE1054	3" Valve	5.000	500.0000	60.000	1,000.00
FE1000	Manual Ball Injector	5.000	600.0000	60.000	1,200.00
FC5176A	7/8" 1.3 Sp.Gr.RCN Ball Sealers	96.000	4.0000	60.000	153.60
FE0700	Proppant Delivery	1.000	1,000.0000	60.000	400.00
FE0002	Equipment Mileage Charge - Heavy Equipment	150.000	7.1500	60.000	429.00
WS2403	Water Transport (Frac Service)	24.000	120.0000	60.000	1,152.00
FP9003	16/30 Brown Sand	2,500.000	0.3000	60.000	300.00

1060000

CS4 D14028219 3993.42
CS10 D15027219 3993.42
CS14 D15028219 3993.42
CS17 D15030219 3993.43
CS16 D15029219 3993.43
19967.12

APPROVED JA
12/24/2015

DEC 24 2015

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7554

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-8822

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2650



CONSOLIDATED
OIL WELL SERVICES, LLC

REMIT TO

Consolidated Oil Well Services, LLC
Dept: 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE

P.O. Box 884
Chanute, KS 66720
620/431-9210, 1-800/467-8676
Fax 620/431-0012

Invoice

Invoice#

806685

Invoice Date: 12/22/15

Terms: Net 30

Page 2

COLT ENERGY INC.

1112 RHODE ISLAND RD
IOLA KS 66749
USA
6203653111

schafer
cs-4, cs-10, cs-14, cs-17, cs-16

Part No	Description	Quantity	Unit Price	Discount(%)	Total
FP9004	12/20 Brown Sand	23,500.000	0.3000	60.000	2,820.00
Subtotal					49,889.00
Discounted Amount					29,933.40
SubTotal After Discount					19,955.60
Amount Due 49,917.80 If paid after 01/21/16					

Tax: 11.52

Total: 19,967.12

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7554

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-8822

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2850



CONSOLIDATED
OIL & GAS SERVICES, LLC

CS-4 *
CS-10
CS-14
CS-17
CS-16

Sold
4924

TICKET NUMBER **51159**

LOCATION Thayer

PO BOX 884 STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
12-18-15	1828	Schafer		22	26S	14E	WO	Bartlesville
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
FE0251	5	PUMP CHARGE 1350 Combo		17500-
EE 1136	5	Iron truck		2000.00
FE0133	5	Acid spotter		2500-
FC5005	250 gal	15% HCL acid		975.-
FC5251	1 1/4 gal	Inhibitor		75.-
FC5700	2 1/2	Max surf		175.00
FC6159	customer formation			
FC5450	300 #	Frac gel GA-40W	8.00	2400-
FC5453	600 #	Frac gel GA-30W ecopoly	8.00	4800-
FC5481	1 1/2	Breaker		337.50
FC5280	14 #	Biocide		490-
FE1054	5	3" Frac valve		2500-
FE1000	5	Ball injector		3000-
FC5176A	96	1.35G 7/8" Ballbeaters		384.-
BLENDING & HANDLING				
FE0700	501	TON-MILES		1000
FE0002	150	STAND BY TIME		
WS2403	24 hrs	MILEAGE Mobilization X3 P,S,I		1072.50
		WATER TRANSPORTS - 3		2880-
		VACUUM TRUCKS		
FP9003	2,500 #	FRAC SAND 16-30		750-
FP9004	23,500 #	12-20		7050-
				SALES TAX 26.80
				49977.50
				Less - 60 disc
				ESTIMATED TC 49,701.10

CUSTOMER or AGENTS SIGNATURE

COWS FOREMAN

Brett Busby

CUSTOMER or AGENT (PLEASE PRINT)

DATE 12-17-15

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 services on the back of this form are in effect for services identified on this form.

44-75331. 49-62



CONSOLIDATED
Oil Well Services, LLC

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

1st well

TICKET NUMBER 61236
FIELD TICKET REF # 51159
LOCATION Thayer
FOREMAN Brett Busby

TREATMENT REPORT
FRAC & ACID

15-207-29005

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-17-15	1828	Schafer Q5-4	22	26S	14E	WIO

CUSTOMER
Calt Energy Inc

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
754	Tosh	735T221	George
745	Landon		
482	Mark		
582	Gary		
679T102	Travis		
680T95	James		

WELL DATA

CASING SIZE <u>4 1/2</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 3/8 EUE</u>	PACKER DEPTH <u>1250</u>
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1295-98 (13) (2)</u>	<u>Bartlesville</u>
<u>1301-05 (17) (1)</u>	

TYPE OF TREATMENT

Acidspot + Frac

CHEMICALS

<u>Breaker</u>	
<u>Acid</u>	
<u>Inhibitor</u>	
<u>Mixsurf</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAD</u>	<u>30</u>	<u>15.5</u>				<u>BREAKDOWN 2900</u>
<u>16-30 sand</u>		<u>15.5</u>	<u>125-15</u>	<u>500 #</u>		<u>START PRESSURE</u>
<u>12-20 sand</u>		<u>15.5</u>	<u>1.0</u>			<u>END PRESSURE</u>
<u>12-20</u>			<u>1.0</u>			<u>BALL OFF PRESS</u>
<u>12-20</u>			<u>1.5</u>	<u>1000 #</u>		<u>ROCK SALT PRESS</u>
<u>12-20 (3) balls</u>			<u>1.5</u>			<u>ISIP 375</u>
<u>12-20</u>			<u>1.5</u>			<u>5 MIN 300</u>
<u>12-20</u>			<u>2.0</u>	<u>1000 #</u>		<u>10 MIN 275</u>
<u>12-20 (3) balls</u>			<u>2.0</u>			<u>15 MIN 260</u>
<u>12-20</u>			<u>2.0</u>	<u>1500 #</u>		<u>MIN RATE</u>
<u>FLUSH CASING</u>	<u>8</u>	<u>15.5</u>				<u>MAX RATE</u>
<u>Release balls to T.D.</u>		<u>15.5</u>	<u>TOTAL</u>	<u>4,000 #</u>		<u>DISPLACEMENT 5.6</u>
<u>OVERFLUSH</u>	<u>10</u>	<u>15.5</u>	<u>SAND</u>			<u>4.8 + .8</u>
<u>TOTAL BBL'S</u>	<u>143</u>					

REMARKS:

* hold safety-procedure meeting before frac
Spotted 50 gal - 15% HCL acid on perfs

Location 9:30AM - 10:15AM

50 : miles

AUTHORIZATION

[Signature]

TITLE

DATE 12-17-15

Terms and Conditions are printed on reverse side.

SERVICE COMPANY: C.O.W.S.
TICKET NO: 61236
CUSTOMER NAME: COLT ENERGY INC.
WELL NAME: SCHAFER CS-4
WELL LOCATION: SEC 22-28S-14E WO. CO.

DATE RECORDED: 12/17/2015
JOB NO:
UNIT DESCRIPTION: BARTLESVILLE
UNIT NOTES: ACIDSPOT + FRAC
FILE NAME: COLTENERGYINC_15_12_17_#1.csv



Pen# 1: Pump Pressure (Pressure : psi)

Pen# 2: Pump Rate (Flowrate : bpm)

Pen# 1 Pen# 2
3100.00 17.00

2790.00 15.30

2480.00 13.60

2170.00 11.90

1860.00 10.20

1550.00 8.50

1240.00 6.80

930.00 5.10

620.00 3.40

310.00 1.70

0.00 0.00

08:38:27 08:40:31 08:42:35 08:44:39 08:46:43 08:48:47 08:50:51 08:52:55 08:54:59 08:57:03 08:59:08

Well #: Schafer CS4
Type: Producer

Formation: Bartlesville

Water formation
Perforations:

1295 - 1298 Shots:
1301 - 1305

13
17 30

Add / 15% HCl

80 gallons

Breaker

0.0525 gallons

Frac Gel

144 lbs
30 lb/gal

Total Water

113 Bbls ✓
4746 gallons

7/8" Rubber Ball Sealers

10 balls ✓

Pipe inside diameter

2 inches ✓

Packer set at:

1250 feet

Casing:

4 inches

Volume to load Pipe

0.003486417

0.015541867

Bbls / ft =

1295

Depth

Volume, bbls =

5.439583599

Total Bbls

Rate

Description

Load pipe, 80 gal 15% HCl

0-6 Start 1st break

Interval Bbls

26

30

12:21 Pad

Pounds of Sand 4,000 ✓

12

42

21 Start 1st 20/40

Pounds of Sand Total Remaining

03

125

21 Start 1st 12/20

504 504 3,496.00

10

135

21 Start flush

3488 3,990 10.00

(SIP)



4330 Shawnee Mission Plaza
Suite 233
Fairway, KS 66206
Phone: 913-238-0010



Fax

Dec 17th
9:00 AM
5 SPT RFRAC.

To: Rick Bell From: John Ammerman

From: 620-431-0012 Pages: 7

Phone: 620-431-0210 Date: 12/11/2015

Re: Schafer CS-4, Schafer CS-10, Schafer CS-14, Schafer CS-16, and Schafer CS-17.

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments

Attached are the fracturing procedures for Schafer CS-4, Schafer CS-10, Schafer CS-14, Schafer CS-16, and Schafer CS-17. We will start with the Schafer CS-4. The Schafer lease is located south and west of Yates Center, Kansas. From Yates Center travel west along 64 Hwy for approximately 8 miles to Fox Rd, turn south on Fox Rd, travel 4 miles to 40th Rd and turn east, travel 1/2 miles on 40th Rd to Fawn Rd, turn south on Fawn Rd and travel 1/2 miles to 35th Rd, turn east on 35th Rd to the Schafer lease.

The Schafer CS-4 is completed with 4 1/2" casing but we will be treating through 2 3/8" tubing and packer. Please bring chains to chain the tubing down. The Schafer CS-10, Schafer CS-14, Schafer CS-16, and Schafer CS-17 are completed with 4 1/2" casing.

These wells are scheduled for treatment on Thursday December 17 at 9:00 AM.

There is water stored in two frac' tanks at our Louk tank battery. We may require additional water. We will have a frac' tank at our Iola office filled with water. The transport can pick up a load beforehand.

Spot 30 gallons of 15% HCl acid in each well.

December 11, 2015

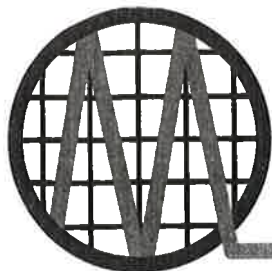
The treatments will use 30# gel with biocide and 4,000#/6,000# of sand (500# of 16/30 and 3,500#/7,500# 12/20 sand).

Please bring a frac valve for these wells (1 for 2 3/8" and 4 for 4 1/2" casing).

Call me at the office (913-236-0016) if you have any questions.

50 gal SPOTS-
30# GEL
BIOCIDES

2-40 SKS, 2 50 SKS, 1-80 SKS
Balls.



MIDWEST SURVEYS

LOGGING • PERFORATING • CONSULTING • M.I.T. SERVICES

P.O. Box 68 • Osawatomie, KS 66064
Phone 913-755-2128 • Fax 913-755-6533

Perforation Record

Company: COLT ENERGY, INC.

15-207-29005

Lease/Field: SCHAFER LEASE

Well: # CS-4

County, State: WOODSON COUNTY, KANSAS

Service Order #: 34339

Purchase Order #: N/A

Date: 12/11/2015

Perforated @: 1295.0 TO 1298.0 13 PERFS
1301.0 TO 1305.0 17 PERFS

Bartlesville

Type of Jet, Gun or Charge 3 3/8" DP 19 GRAM TUNGSTEN EXPENDABLE CASING GUN

Number of Jets, Guns or Charges: THIRTY (30)

Casing Size: 4 1/2"