



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1185881  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed  
Form must be Signed  
All blanks must be Filled

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
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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: \_\_\_\_\_

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 Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1185881

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input 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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 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)*

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

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  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 <i>(Explain)</i> _____					
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input 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 <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Mud Rotary Drilling  
Andrew King - Manager/Driller

Bar Drilling, LLC  
Phone: (719) 210-8806

1317 105th Rd.  
Yates Center, KS 66783

<b>Company/Operator</b>		<b>Well No.</b>	<b>Lease Name</b>	<b>Well Location</b>		<b>1/4</b>	<b>1/4</b>	<b>1/4</b>	<b>Sec.</b>	<b>Twp.</b>	<b>Rge.</b>
Colt Energy Inc.		J-5	Cline	1941'FNL 1407'FEL		SE	NE	SW	16	24S	18E
<b>P.O. Box 388</b>		<b>Well API #</b>	<b>Type/Well</b>	<b>County</b>		<b>State</b>	<b>Total Depth</b>		<b>Date Started</b>	<b>Date Completed</b>	
Iola, KS 66749		15-001-30849-00-00	Oil	Allen		KS	999		12/2/2013	12/5/2013	
<b>Job/Project Name/No.</b>			<b>Surface Record</b>			<b>Coring Record</b>					
			<b>Type</b>	<b>Size</b>	<b>From</b>	<b>To</b>	<b>Core #</b>	<b>Size</b>	<b>From</b>	<b>To</b>	<b>% Rec.</b>
<b>Driller/Crew</b>			PDC	11 1/4	0'	20'	1	2 1/8"	895	906	
Andy King			PDC	6 3/4	22'	955					
<b>Bit Size:</b>											
<b>Casing Size:</b>											
<b>Casing Length:</b>											
<b>Cement Used:</b>											
<b>Cement Type:</b>			Portland								

**Formation Record**

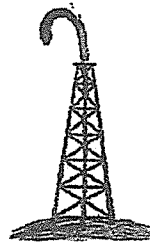
<b>From</b>	<b>To</b>	<b>Formation</b>	<b>From</b>	<b>To</b>	<b>Formation</b>	<b>From</b>	<b>To</b>	<b>Formation</b>
0	4	soil	906	980	sand			
4	15	clay/gravel	980	999	good oil bleed			
15	60	lime		999	TD			
60	142	shale						
142	259	lime						
259	430	shale						
430	453	lime						
453	540	sandy shale						
540	599	lime						
599	609	shale						
609	612	lime						
612	646	sandy shale						
646	647	lime						
647	670	sandy shale						
670	671	lime						
671	735	light brown sand						
735	847	shale						
847	858	white sand						
858	860	broken oil sand						
860	871	broken oil sand						
871	882	mostly shale/white sand						
882	888	light brown sand						
888	895	brown oil sand						
895	906	Core #1						

**Well Notes:**

A.O. Box 92  
810 E 7<sup>TH</sup>  
EUREKA, KS 67045  
(620) 583-5561

**Elite**

**Cementing & Acidizing  
of Kansas, LLC**



**Cement or Acid Field Report**

Ticket No. 981

Foreman KEVIN MCCOY

Camp EUREKA

**Cement & Acid Field Report**

API # 15-001-30849

Date	Customer ID #	Lease & Well Number		Section	Township	Range	County	State
12/4/13	1003	C/line # J-5		16	24S	18E	ALLEN	Ks
Customer			Safety Meeting KM ST RL	Unit #	Driver	Unit #	Driver	
Mailing Address				102	SHANNON F.			
City				111	RICK L.			
State								
Zip Code								

Job Type Longstring Hole Depth 999' Slurry Vol. 27 BBL Tubing \_\_\_\_\_  
 Casing Depth 987' Hole Size 6 3/4" Slurry Wt. 14.8 # Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 4 1/2" 10.5" Cement Left in Casing 5' Water Gal/SK 6.5 Other PBTD 982'  
 Displacement 16 BBL Displacement PSI 400 Bump Plug to 800 PSI BPM \_\_\_\_\_

Remarks: Safety Meeting: Rig up to 4 1/2 casing. BREAK CIRCULATION w/ FRESH WATER, Pump 4 SKS Gel Flush (200\*) w/ HULLS, 7 BBL Dye water. MIXED 110 SKS CLASS "A" CEMENT w/ 2% GEL, 1% CaCl2, 2# PhenoSeal/sk @ 14.8 #/GAL = 27 BBL Slurry. WASH OUT Pump & Lines. Shut down. Release Plug. Displace Plug to Seat w/ 16 BBL FRESH WATER. FINAL Pumping Pressure 400 PSI. Bump Plug to 800 PSI. Wait 2 minutes. Release Pressure. Float Held. Shut casing in @ PSI. Cement to SURFACE = 1 BBL Slurry to Pit. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	50	Mileage	3.95	197.50
C 108 B	5.17	Ton Mileage	1.35	348.98
C 200	110 SKS	CLASS "A" Cement	15.00	1650.00
C 206	200 *	Gel 2%	.20 #	40.00
C 205	100 *	CaCl2 1%	.60 #	60.00
C 208	220 *	PhenoSeal 2 #/SK	1.25 #	275.00
C 206	200 *	Gel Flush	.20 #	40.00
C 214	25 *	Hulls (1/2 SK)	.45 #	11.25
C 403	1	4 1/2 Top Rubber Plug	45.00	45.00
			Sub Total	3717.73
			Sales Tax	106.97
Authorization <u>[Signature]</u> Title <u>THANK YOU</u>			Total	3824.70

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.