

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

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: <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

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <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>	PRODUCTION INTERVAL: Top Bottom
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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:	
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Form	ACO1 - Well Completion
Operator	Colt Energy Inc
Well Name	LAUBER 46
Doc ID	1440636

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
4	1362	1365			154 BBL of Gel'd water, 5 sx 16/30 sand, and 45 sx 12/20 san54
4	1367	1372			
4	1376	1380			
4	1382	1385			
4	1387	1389			
4	1396	1399			
4	1384	1390			

Company/Operator
 Colt Energy Inc.
 P.O. Box 388
 Iola, KS 66749

Lease Name
 Lauber

Well No.
 46

Well API #
 15-207-29688

Lease Location
 1878' fnl, 369' fel

Type/Well
 Oil

County
 Woodson

1/4
 1/4
 1/4
 1/4

State
 KS

Date Started
 9/24/2018

Date Completed
 9/27/2018

Sec.
 23

Total Depth
 1521

Twp.
 26S

Rge.
 14e

1317 105th Rd.
 Yates Center, KS 66783

Surface Record

Bit Record

Driller/Crew
 Andy King

Type
 PDC

Bit Size:
 11 1/4

From
 0'

Casing Size:
 8 5/8

To
 40'

Casing Length:
 40'

Core #
 1

Cement Used:
 14sx

From
 40'

Cement Type:
 Portland

To
 1521

Formation Record

Formation Record

From	To	Formation	From	To	Formation
0	30	overburden			
30	315	shale			
315	599	lansing lime			
599	673	shale			
673	837	KC lime			
837	976	shale			
976	994	lime			
994	1079	sand/shale			
1079	1108	lime			
1108	1136	shale			
1136	1156	lime			
1156	1194	shale			
1194	1225	sq sand			
1225	1360	shale			
1360	1364	sand (oil show)			
1364	1393	core #1			
1393	1422	core #2			
1422	1520	sandy shale			
1520	1521	Miss Lime			

Well Notes:
 Ran 4 1/2" casing.

810 E 7TH
PO Box 92
EUREKA, KS 67045
(620) 583-5561



Cement or Acid Field Report
Ticket No. **4184**
Foreman Russell Mcloy
Camp Eureka

APT # 15-307-29688

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
9-28-18	1003	LAUBER 46				WOODSON	KS
Customer Colt Energy INC			Safety Meeting RM AM Caleb	Unit # 104 114	Driver ALAN M CALEB	Unit #	Driver
Mailing Address P.O. Box 308							
City IOLA	State KS	Zip Code 66745					

Job Type <u>Longstring</u>	Hole Depth <u>1522</u>	Slurry Vol. <u>53</u>	Tubing
Casing Depth <u>1490</u>	Hole Size <u>6 3/8</u>	Slurry Wt. <u>13.8</u>	Drill Pipe
Casing Size & Wt. <u>4 1/2 11.60</u>	Cement Left in Casing <u>4 FT</u>	Water Gal/SK <u>9</u>	Other
Displacement <u>24 Bbl</u>	Displacement PSI <u>800</u>	Bump Plug to <u>1300</u>	BPM

Remarks: Safety meeting + Job Procedure Review Circulation w/ 5 Bbl water
Mix 300# Gal w/ Hull's 5 Bbl spacer mix + Pump 170 SK's T.S. cement
w/ 2# Phenoseal @ 13.8 = 53 Bbl Slurry, Shut Down, wash out Pump + Lines
Release 4 1/2 TOP Rubber Plug Displace w/ 23 3/4-24 13bl water. Final Amp
PSI 800 Bump Plug to 1300 check float, float Heil. 5 Bbl Slurry to surface.
Annulus Full Job complete, TNR down.

THANK YOU
Russell Mcloy

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-102	1	Pump Charge	1000	1000
C-107	25	Mileage	100	2500
C-201	170	SK's Thickset cement	100	17000
C-208	340#	Phenoseal = 2# P=151K	100	34000
C-206	300#	Gal Flush	100	30000
C-214	45#	Hull's	100	4500
C-108A	9.35	Tow Mileage Bulk TIC	100	935
C-403	1	4 1/2 TOP Rubber Plug	100	100
			1000	10000
			10000	100000
			Sales Tax	1000
Authorization witnessed by <u>Glen</u> Title <u>CO/REP</u>			Total	100000

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to



Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513

Phone: 316-337-6200
Fax: 346-337-6211
<http://kcc.ks.gov/>

Dwight D. Keen, Chair
Shari Feist Albrecht, Commissioner
Jay Scott Emler, Commissioner

Laura Kelly, Governor

February 12, 2019

Michelle
Colt Energy Inc
PO BOX 388
IOLA, KS 66749-0388

Re: ACO-1
API 15-207-29688-00-00
LAUBER 46
NE/4 Sec.23-26S-14E
Woodson County, Kansas

Dear Michelle:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 9/24/2018 and the ACO-1 was received on February 08, 2019 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department