CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1058305

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan
Well Name:	(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride contenti pom Eluidualumo, hbla
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls
Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	
ENHR Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date	

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: Date:						

CORRECTION #1

1058305

Operator Name:				Lease Name:	Well #:
Sec	Twp	_S. R	East West	County:	

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 (Attach Additional Sheets)		Yes	Yes No Log Formation (Top)				I Datum	Sample
Samples Sent to Geological Survey Cores Taken Electric Log Run Electric Log Submitted Electronically		☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No □ No	Nan	ne		Тор	Datum
(If no, Submit Copy)	, , , , , , , , , , , , , , , , , , ,							
List All E. Logs Run:								
					ew Used			
		Report all	strings set-c	conductor, surface, int	ermediate, producti	on, etc.		
Purpose of String	Size Hole Drilled	Size Ca Set (In C		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated								ement Squeeze Record d of Material Used)	Depth
TUBING RECORD: Size: S			Set At:		Packer	r At:	Liner R	lun:	No	
Date of First, Resumed Production, SWD or ENH			۲.	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Oil Bbls Per 24 Hours		ls.	Gas Mcf V		Wate	er	Bbls.	Gas-Oil Ratio	Gravity	
			I			1				
DISPOSITION OF GAS:				METHOD OF COMPLE			TION:		PRODUCTION INTER	VAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit A		Commingled (Submit ACO-4)		
(If vented, Subm	9-18.)		Other (Specify)							

Summary of Changes

Lease Name and Number: YORK MARCHAND 4 API/Permit #: 15-009-15598-00-01 Doc ID: 1058305 Correction Number: 1 Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
API	15-009-15598-00-00	15-009-15598-00-01



CONFIDENTIAL WELL COMPLETION FORM

1056655

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WEL	L	HISTORY	- DESCRIP	FWELL &	LEASE
			DEGOIN		LLAOL

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
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:	Amount of Surface Pipe Set and Cemented at: Multiple Stage Cementing Collar Used? If yes, show depth set:
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #: Dual Completion Permit #:	Operator Name:License #:
SWD Permit #:	Quarter Sec TwpS. R East West
ENHR Permit #: GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date	

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: Date:						

	Side Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	

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 (Attach Additional She	Yes	No		og Formatio	n (Top), Depth an	Sample		
Samples Sent to Geolog	Yes	No	Nam	e		Тор	Datum	
Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy)		☐ Yes ☐ Yes ☐ Yes	No No No					
List All E. Logs Run:								
		Report all		RECORD Ne	ew Used	ion etc		
Purpose of String Size Hole Drilled		Size Ca Set (In C	sing	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated						ement Squeeze Record I of Material Used)	Depth		
TUBING RECORD: Size: Se			Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed Production, SWD or ENH			۲.	Producing I		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:				METHOD OF COMPLE			TION:		PRODUCTION INTER	RVAL:
Vented Sold Used on Lease			Open Hole	Perf.	Dually (Submit A		Commingled (Submit ACO-4)			
(If vented, Submit ACO-18.)			Other (Specify)							

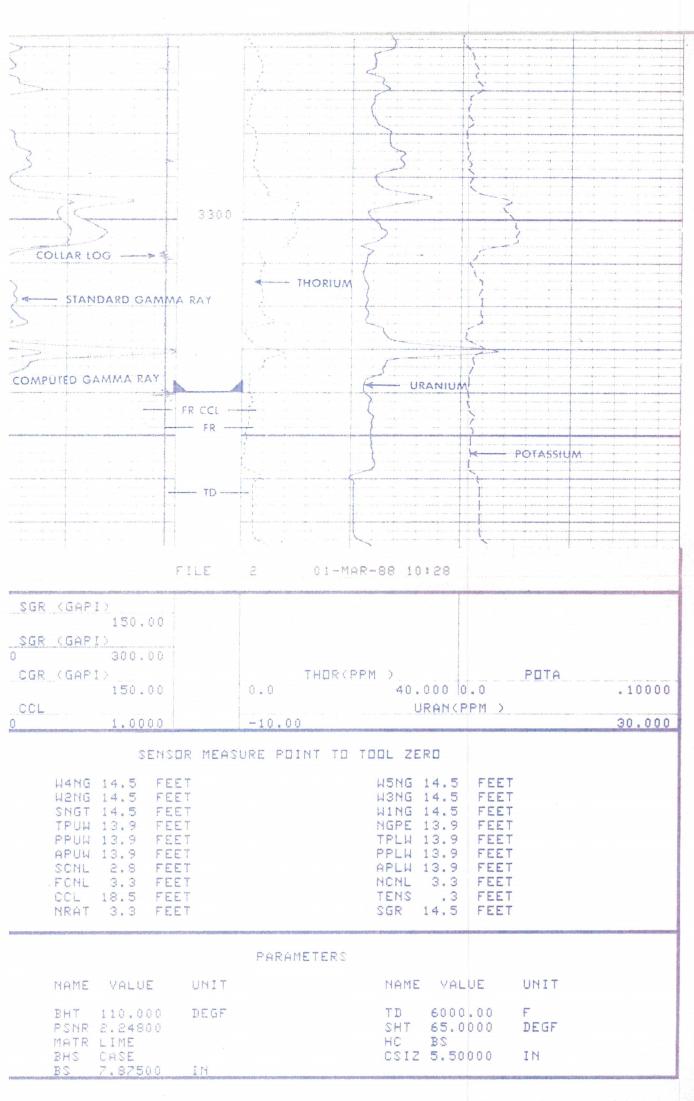
DEPTH:	A HE ME NE	COMPANY: WELL: FIELD: COUNTY: STATE: NATION: LOCATION:	
	TUM: TUM: M. DATUM: GROUND LE FROM: K.B. ABOVE PERM. DATUM ED FROM: K.B. 1 MAR 88	•	Teld Log
	PROGRAM TAPE NO: 26.2 SERVICE 326615	UTHER SERVICES- CBL-VDL-GR CNL NGS TDT-GR CYBERSCAN	
TIME LOGGER ON BTM.: MAX. REC. TEMP: LOGGING UNIT NO: LOGGING UNIT LOC: RECORDED BY: WITNESSED BY:	10:30 107.0 DEGF 8365 GREAT BEND DAN BULLER DAN RULAND		
REMARKS: THANKS FROM 8365 DAN, LOGS TIED INTO SWS ELE CEMENT TOP AT 2616'	RON, & MIKE.	11-10-51	

EQUIPMENT NUMBERS-BLUE SLTL BLUE SGTE SILVER CALR BLUE NGTC RED CNTH RED TCCA TCM 1024 TDM 133 SLM 1638 NSM 2902 GREEN TDTK

LL INTERPRETATIONS ARE OPIN THER MEASUREMENTS AND WE DRRECTNESS OF ANY INTERPRET F GROSS OR WILLFUL NEGLIGEN NY LOSS, COSTS, DAMAGES OR	CANNOT, AND DO NOT GUAR ATIONS, AND WE SHALL NO CE ON OUR PART, BE LIAB EXPENSES INCURRED OR ATION MADE BY ANY OF OU TIONS ARE ALSO SUBJECT	ANTEE THE ACCURACY OR T, EXCEPT IN THE CASE LE OR RESPONSIBLE FOR SUSTAINED BY ANYONE R OFFICERS, AGENTS OR TO OUR GENERAL TERMS					
FILE Data ac	5 01-MAR-88 11:13 QUIRED 0000 00:00						
AFTER SURVEY	TOOL CHECK SUMMARY						
PERFORMED: 88/03/01 PROGRAM FILE: LEP (VERS	IDN 26.2 00/00/00	>					
GTC TOOL	CHECK						
	FTER UNITS 159 GAPI URVEY UNITS CPS CPS CPS CPS CPS CPS						
NTH TOOL	CHECK						
	TER .229 000						
FILE	5 01-MAR-88 11:17						
SGR (GAPI) 150.00 SGR (GAPI) .00 300.00 CGR (GAPI) 150.00 CCL 1.0000	THOR(PPM) 0.0 40.000 URAN -10.00	POTA 0.0 .10000 (PPM) 30.000					
FILE	2 01-MAR-88 11:13						
		POTASSIUM					
STANDARD GAMMA RAY	THORIUM						
COMPUTED GAMMA RAY	URANIL						

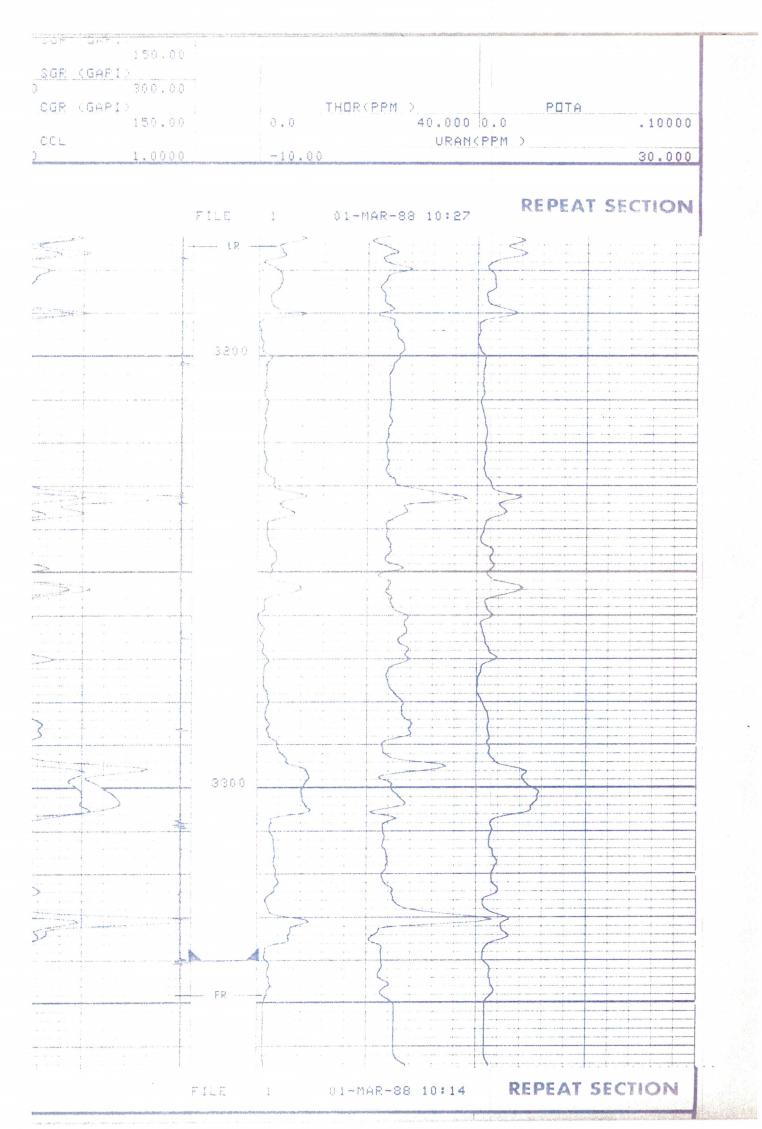






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150.00 GR (GAPI)		
300.00 GR (GAPI) 150.00 CL 1.0000	THOR(PPM) POTA 0.0 40.000 0.0 URAN(PPM) -10.00	.10000
SENSOR MEA	SURE POINT TO TOOL ZERD	
W4NG 14.5 FEET W2NG 14.5 FEET SNGT 14.5 FEET TPUW 13.9 FEET PPUW 13.9 FEET APUW 13.9 FEET SCNL 2.8 FEET FCNL 2.3 FEET CCL 18.5 FEET NRAT 3.3 FEET	W5NG 14.5 FEET W3NG 14.5 FEET W1NG 14.5 FEET NGPE 13.9 FEET TPLW 13.9 FEET PPLW 13.9 FEET APLW 13.9 FEET NCNL 3.3 FEET TENS .3 FEET SGR 14.5 FEET	
	PARAMETERS	
NAME VALUE UNIT	NAME VALUE UNIT	
BHT 110.000 DEGF PSNR 2.24800 MATR LIME BHS CASE	TD 6000.00 F SHT 65.0000 DEGF HC BS CSIZ 5.50000 IN	
JRMED: 88/03/01	CALIBRATION SUMMARY 10m 26.2 00/00/00>	
DRMED: 88/03/01 RAM FILE: LEP (VERS		
DETERSED DETECTOR CA MEASURED BKGD JIG 41 205 MEASURED BEFORE S BKG JIG 102.0 493.7 37.8 216.6 13.2 37.9	IDH 26.2 00/00/00) ALIBRATION SUMMARY CALIBRATED UNITS 160 GAPI SURVEY UNITS CPS	
DETERS DRMED: 88/03/01 RAM FILE: LEP (VERS DETECTOR CA MEASURED BKGD JIG 41 205 MEASURED BEFORE S BKG JIG 102.0 493.7 37.8 216.6 13.2 37.8 1.9 16.5 1.9 25.7	IDH 26.2 00/00/00) ALIBRATION SUMMARY CALIBRATED UNITS 160 GAPI SURVEY UNITS CPS CPS CPS	
DETERTOR CA DETECTOR CA MEASURED BKGD JIG 41 205 MEASURED BEFORE S BKG JIG 102.0 493.7 37.8 216.6 13.2 37.8 1.9 16.5 1.9 25.7 DETECTOR CA TANK	IDN 26.2 00/00/00) ALIBRATION SUMMARY CALIBRATED UNITS 160 GAPI SURVEY UNITS CPS CPS CPS CPS CPS CPS	
DETERS OF CONTRACTOR DETECTOR CA MEASURED BKGD JIG 41 205 MEASURED BEFORE S BKG JIG 102.0 493.7 37.8 216.6 13.2 37.8 1.9 16.5 1.9 25.7 DETECTOR CA	ION 26.2 00/00/00) ALIBRATION SUMMARY CALIBRATED UNITS 160 GAPI UNITS CPS CPS CPS CPS CPS CPS CPS CPS CPS CP	
DRMED: 88.03/01 RAM FILE: LEP (VERS) DETECTOR CA MEASURED BKGD JIG 41 205 MEASURED BEFORE S BKG JIG 102.0 493.7 37.8 216.6 13.2 37.8 1.9 16.5 1.9 25.7 DETECTOR CA TANK INPUT CALIBRATED 2.24800 2.158	ION 26.2 00/00/00) ALIBRATION SUMMARY CALIBRATED UNITS 160 GAPI UNITS CPS CPS CPS CPS CPS CPS CPS CPS CPS CP	
DETECTOR CA MEASURED BKGD JIG 41 206 MEASURED BEFORE S BKG JIG 102.0 493.7 37.8 216.6 13.2 37.9 1.9 16.5 1.9 25.7 DETECTOR CA TANK INPUT CALIBRATED 2.24800 2.158 FILE SHOP SUMMARY MED: 29-FEB-88 17:4	IDM 26.2 00/00/00) ALIBRATION SUMMARY CALIBRATED UNITS 160 GAPI SURVEY UNITS CPS CPS CPS CPS CPS CPS CPS CPS CPS 0 MEASURED CALIBRATED 2.232 2.238 0 01-MAR-98 10:01	

DETECTOR CREIBRHITUM SUMMARY

		CTOR NUM NUM BRATOR TY ERENCE (G	BER : BER : PE :	952 927 18 GSRU 160	
	BKGD	JIG	CALIBRA	TED	UNITS
R	41	207	160	T T been dear	GAPI
	SH	DP MEAS	SURED		
	BKG	JIG	UNITS		
	101.0	484.9	CPS		
	37.9	213.4	CPS		
	13.6	39.5	CPS		
	1.8	16.4	CPS		
	2.1	25.5	CPS		

53 KEV DFFSET

CTOR RESOLUTION: 10.5619 % HIGH VOLTAGE: 1418.17 V QUALITY WINDOWS RATIO: 2.18717

29-FEB-88 17:36 JIG: 29-FEB-88 17:41 COMP: 29-FEB-88 17:41

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



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

Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner Sam Brownback, Governor

June 23, 2011

Liz Lindow Noble Energy, Inc. 1625 Broadway, Ste 2200 DENVER, CO 80202

Re: ACO1 API 15-009-15598-00-00 YORK MARCHAND 4 NE/4 Sec.24-20S-12W Barton County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, Liz Lindow