## CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1062205

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 Dorth / South Line of Section
City: State: Zip:+	Feet from Cast / 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: Feel
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.):	
If Workover/Re-entry: Old Well Info as follows:	feet depth to:w/sx cmt
Operator:	
	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
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 Approved by: Date:					

# 

1062205

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 Sheets)		Yes	Yes No			Log Formation (Top), Depth and Datum			Sample	
Samples Sent to Geolog Cores Taken Electric Log Run Electric Log Submitted B	jical Survey	<ul><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li></ul>	No No No No No No No	Na	ime			Тор	Datum	
(If no, Submit Copy) List All E. Logs Run:										
		Report a		RECORD	New	Used iate, productio	on, etc.			
Purpose of String	Size Hole Drilled	Size C Set (In		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				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth		
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed F	Product	ion, SWD or ENHF	<b>λ</b> .	Producing N	1ethod:	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 INT	ERVAL:				
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit)	Comp. AC <i>O-5)</i>	Commingled (Submit ACO-4)		
(If vented, Subi	mit ACC	)-18.)		Other (Specify)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

### Summary of Changes

Lease Name and Number: DPC I-2

API/Permit #: 15-059-25675-00-00

Doc ID: 1062205

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	08/16/2011	08/26/2011
CasingSettingDepthPD F_2	524.5	684
Plug Back Total Depth		684
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=10 61369	//kcc/detail/operatorE ditDetail.cfm?docID=10 62205