# CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1125263

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 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:         Operator:	Amount of Surface Pipe Set and Cemented at:       Feet         Multiple Stage Cementing Collar Used?       Yes         If yes, show depth set:       Feet         If Alternate II completion, cement circulated from:       Feet         feet depth to:       w/
Original Comp. Date:       Original Total Depth:         Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD         Conv. to GSW       Plug Back:       Plug Back Total Depth         Commingled       Permit #:       Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name:
Dual Completion Permit #:	Lease 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:

## CORRECTION #1

1125263

Operator Nar	me:			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	es No Log Formation (Top), Depth and				d Datum	Datum Sample	
Samples Sent to Geological Survey Cores Taken Electric Log Run Electric Log Submitted Electronically		☐ Yes ☐ Yes ☐ Yes ☐ Yes	No No No No No	Na	me			Тор	Datum
(If no, Submit Copy)									
List All E. Logs Run:									
					New [	Used			
		Report all	strings set-c	conductor, surface, i	ntermed	liate, producti	on, etc.		
Purpose of String	Size Hole Drilled	Size Ca Set (In 0		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: Set At: P		Packe	r At:	Liner R		No			
Date of First, Resumed P	roduct	on, SWD or ENHF	<b>λ</b> .	Producing M	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	DISPOSITION OF GAS: METHOD OF		OF COMPLE	TION:		PRODUCTION INTER	RVAL:			
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit A	, Comp. 4 <i>CO-5)</i>	Commingled (Submit ACO-4)		
(If vented, Subr	Submit ACO-18.) Other (Specify)					- <u></u>				

Form	ACO1 - Well Completion
Operator	Samuel Gary Jr. & Associates, Inc.
Well Name	MILLER ET AL 1-31
Doc ID	1125263

All Electric Logs Run

DEN	
IND	
MICRO	
SONIC	
SPECTRAL	

### Summary of Changes

Lease Name and Number: MILLER ET AL 1-31 API/Permit #: 15-167-23702-00-00 Doc ID: 1125263 Correction Number: 1 Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/18/2011	03/21/2013
Producing Formation	ARBUCKLE	LANSING
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=10 59463	//kcc/detail/operatorE ditDetail.cfm?docID=11 25263



CONFIDENTIAL KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM 1059463

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## WELL COMPLETION FORM

	HISTORY -	DESCRIPTION	& I EASE
VELL	HISTORT -	DESCRIPTION	. a 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 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: 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 content: ppm Fluid volume: bbls
Deepening Re-perf. Conv. to ENHR Conv. to SWD	
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 #:	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	

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