Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1128280

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

| | WELL HISTORY - | DESCRIPTION C | DFWELL & 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 # | | | | |
| Name: | | (e.g. xx.xxxx) (e.gxxx.xxxx) | | |
| Wellsite Geologist: | | Datum: NAD27 NAD83 WGS84 | | |
| Purchaser: | | County: | | |
| Designate Type of Completion: | | Lease Name: Well #: | | |
| New Well Re-Entry | Workover | Field Name: | | |
| | | Producing Formation: | | |
| Oil WSW SWD | SIOW | Elevation: Ground: Kelly Bushing: | | |
| | Temp. Abd. | Total Vertical Depth: Plug Back Total Depth: | | |
| CM (Coal Bed Methane) | | Amount of Surface Pipe Set and Cemented at: Feet | | |
| Cathodic Other (Core, Expl., etc.): | | Multiple Stage Cementing Collar Used? | | |
| If Workover/Re-entry: Old Well Info as follows: | | If yes, show depth set: Feet | | |
| Operator: | | If Alternate II completion, cement circulated from: | | |
| | | feet depth to:w/sx cmt. | | |
| Original Comp. Date: Original Tota | al Depth: | | | |
| Deepening Re-perf. Conv. to ENI | HR Conv. to SWD | Drilling Fluid Management Plan | | |
| Plug Back Conv. to GS | W Conv. to Producer | (Data must be collected from the Reserve Pit) | | |
| | | Chloride content: ppm Fluid volume: bbls | | |
| | | Dewatering method used: | | |
| | | Location of fluid disposal if hauled offsite: | | |
| | | Location of huld disposal if hadied offsite. | | |
| | | Operator Name: | | |
| | | Lease Name: License #: | | |
| Spud Date or Date Reached TD | Completion Date or | QuarterSecTwpS. R East West | | |
| Recompletion Date | Recompletion Date | 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: | | | | |

1128280

Acid, Fracture, Shot, Cement Squeeze Record

(Amount and Kind of Material Used)

No

Gas-Oil Ratio

PRODUCTION INTERVAL:

Depth

Gravity

| Operator Name: | Lease Name: | Well #: |
|-------------------------|-------------|---------|
| Sec TwpS. 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 | | Yes No | <u></u> ι | Log Formation (Top), Depth and Datum Sample | | Sample | |
|---|----------------------|------------------------------------|----------------------|---|-------------------|------------------|-------------------------------|
| (Attach Additional She Samples Sent to Geolog | , | Yes No | Nam | e | | Тор | Datum |
| Cores Taken Electric Log Run | | Yes No | | | | | |
| List All E. Logs Run: | | | | | | | |
| | | CASING Report all strings set-c | RECORD Ne | | on, 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: Perforate | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives | | | |
| Protect Casing Plug Back TD | | | | | | | |
| Plug Off Zone | | | | | | | |
| Did you perform a hydraulic fracturing treatment on this well? | | | | Yes | No (If No, ski | o questions 2 an | ad 3) |
| Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 | | | | | | o question 3) | |
| Was the hydraulic fracturing treatment information submitted to the chemical disclosure registr | | | disclosure registry? | Yes | No (If No, fill o | out Page Three | of the ACO-1) |

PERFORATION RECORD - Bridge Plugs Set/Type

Specify Footage of Each Interval Perforated

Set At:

Bbls.

Shots Per Foot

TUBING RECORD:

Estimated Production

Per 24 Hours

Vented

Size:

Oil

Used on Lease

Date of First, Resumed Production, SWD or ENHR.

DISPOSITION OF GAS:

(If vented, Submit ACO-18.)

Sold

METHOD OF COMPLETION:

Packer At:

Pumping

Mcf

Perf.

Producing Method:

Flowing

Gas

Open Hole

Other (Specify)

Liner Run:

Gas Lift

Water

Dually Comp.

(Submit ACO-5)

Yes

Bbls.

Commingled

(Submit ACO-4)

Other (Explain)

Summary of Changes

Lease Name and Number: Rebein 1

API/Permit #: 15-083-21846-00-00

Doc ID: 1128280

Correction Number: 1

Approved By: NAOMI JAMES

| Field Name | Previous Value | New Value |
|--|---|---|
| Approved Date | 01/14/2013 | 03/27/2013 |
| Date of First or Resumed Production or | | 2/14/2013 |
| SWD or Enhr Producing Method Pumping | No | Yes |
| Production - Barrels Oil | | 18.35 |
| Production - Barrels of Water | | .97 |
| Save Link | //kcc/detail/operatorE ditDetail.cfm?docID=11 07840 | //kcc/detail/operatorE ditDetail.cfm?docID=11 28280 |



CONFIDENTIAL WELL COMPLETION FORM

1107840

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

WELL COMPLETION FORM

| WELL | HISTORY | - DESCR | RIPTION | OF W | /ELL & | 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: | | | |
| | Elevation: Ground: Kelly Bushing: | | | |
| Designate Type of Completion: | | | | |
| 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 #: | | | | |
| ENHR Permit #: | Quarter Sec TwpS. R East West | | | |
| GSW Permit #: | County: Permit #: | | | |
| | | | | |
| Spud Date or Date Reached TD Completion Date or Recompletion Date 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: |
| |