

- ☐ **Letter of Confidentiality Received**
Date: _____
- ☐ **Confidential Release Date:** _____
- ☐ **Wireline Log Received**
- ☐ **Geologist Report 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 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 ☐ Yes ☐ No
(Attach Additional Sheets)Samples Sent to Geological Survey ☐ Yes ☐ NoCores Taken ☐ Yes ☐ NoElectric Log Run ☐ Yes ☐ NoElectric Log Submitted Electronically ☐ Yes ☐ No
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
Name Top DatumCASING RECORD ☐ New ☐ 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
____ Perforate				
____ 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: Size: _____ Set At: _____ Packer At: _____ Liner Run: ☐ Yes ☐ NoDate of First, Resumed Production, SWD or ENHR. _____ Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS:

☐ Vented ☐ Sold ☐ Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION:

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
(Submit ACO-5) ☐ Other (Specify) _____

PRODUCTION INTERVAL:

Summary of Changes

Lease Name and Number: Light C-1

API/Permit #: 15-107-24708-00-00

Doc ID: 1164765

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	07/05/2013	11/12/2013
Electric Log Run?	No	Yes
Electric Log Submitted Electronically?		Yes
Elogs_PDF		Gamma Ray/Neutron/CCL Yes
Method Of Completion - Perf	No	
Perf_Material_1		Acid 500 gal 7.5% HCL
Perf_Record_1		266-276
Perf_Record_2		279-289
Perf_Shots_1		2
Perf_Shots_2		3

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1142642	../../../../kcc/detail/operatorEditDetail.cfm?docID=1164765