CORRECTION #1

Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

Form ACO-1 August 2013 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:				st West			
Address 2:			Feet from North / South Line	of Section			
City: Sta	ate: Zi <sub>l</sub>	p:+	Feet from _ East / _ West Line	of Section			
Contact Person:			Footages Calculated from Nearest Outside Section Corner:				
Phone: ()			□NE □NW □SE □SW				
CONTRACTOR: License #			GPS Location: Lat:, Long:				
Name:			(e.g. xx.xxxxx) (e.gxxx.	xxxxx)			
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84				
Purchaser:			County:				
Designate Type of Completion:  New Well  Re-Entry  Workover			Lease Name: Well #:				
			Field Name:				
	_		Producing Formation:				
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground: Kelly Bushing:				
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Set and Cemented at:	Feet			
Cathodic Other (Core, Expl., etc.):			Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info			If yes, show depth set:	Feet			
Operator:			If Alternate II completion, cement circulated from:				
Well Name:			feet depth to:w/_	sx cmt.			
Original Comp. Date:			<u> </u>				
Deepening Re-perf.	Conv. to Ef	NHR Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)				
O constituents at	D		Chloride content:ppm Fluid volume:	bbls			
<ul><li>Commingled</li><li>Dual Completion</li></ul>			Dewatering method used:				
SWD			Location of fluid disposal if hauled offsite:				
☐ ENHR			Location of hald disposal if fladied offsite.				
GSW Permit #:			Operator Name:				
_			Lease Name: License #:				
Spud Date or Date Read	ched TD	Completion Date or	Quarter Sec TwpS. R Ea	st 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 Approved by: Date:					

CORRECTION #1

Operator Name:				_ Lease I	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in presson surface test, along	sures, whether with final chart	shut-in pre (s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosta space is neede	tic pressures, bot d.	tom hole temp	erature, fluid	recovery,
Final Radioactivity Lo- files must be submitte						ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital elec	tronic log
Drill Stem Tests Taker (Attach Additional S		Yes	No				on (Top), Depth ar		Sam	
Samples Sent to Geo	logical Survey	Yes	☐ No		Nam	e		Тор	Datu	m
Cores Taken Electric Log Run		Yes Yes	☐ No ☐ No							
List All E. Logs Run:										
				RECORD	Ne					
	0	· ·				ermediate, product		T "0 1	I	
Purpose of String	Size Hole Drilled	Size Ca Set (In 0		Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used	Type and I Additiv	
		Al	DDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of C	ement	# Sacks	Used	Type and Percent Additives				
Perforate Protect Casing	Top Bottom									
Plug Back TD Plug Off Zone										
r lug on zone										
Did you perform a hydrau	ulic fracturing treatment	on this well?				Yes	No (If No, ski	p questions 2 ar	nd 3)	
Does the volume of the to								p question 3)		
Was the hydraulic fractur	ing treatment information	on submitted to th	ne chemical o	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
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							
	Эреспу	1 Oolage of Lacif	iliterval Feli	Orated		(A	THOURT AND KIND OF MA	teriai Oseu)		Берит
TUBING RECORD:	Size:	Set At:		Packer A	+-	Liner Run:				
TOBING FILEGORIS.	0.20	001711.		r donor 7	••	[	Yes No			
Date of First, Resumed	Production, SWD or EN	NHR. Pro	oducing Meth		a $\Box$	Coo Lift 0	Other (Evelein)			
Estimated Dradustics	0.11	Dhla	Flowing	Pumpin			Other (Explain)	Nee Oil D-#-		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	eı B	bls. C	Gas-Oil Ratio	G	iravity
	ON OF GAS:	Open		METHOD OF Perf.			nmingled	PRODUCTION	ON INTERVAL:	
Vented Sold	Used on Lease  bmit ACO-18.)		(Specify)	_ 1 011.	(Submit		mit ACO-4)			

Form	ACO1 - Well Completion
Operator	Downing-Nelson Oil Co Inc
Well Name	Terry Leiker 1-36
Doc ID	1188822

# All Electric Logs Run

Sonic				
Micro				
Dual Induction				
Compensated Density/Neutron				

# **Summary of Changes**

Lease Name and Number: Terry Leiker 1-36

API/Permit #: 15-165-22055-00-00

Doc ID: 1188822

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	02/10/2014	02/12/2014
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 88168	//kcc/detail/operatorE ditDetail.cfm?docID=11 88822
Total Depth	2770	3772