CORRECTION #1

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

Confidentiality Requested:

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:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	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:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ SWD □ SIOW	Producing Formation:
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
OG GSW 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? Yes No
If Workover/Re-entry: Old Well Info as follows:	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: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Demois #	Chloride content:ppm Fluid volume:bbls
Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	·
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
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:			

1189680 CORRECTION #1

Operator Name:				_ Lease l	Name: _			Well #:		
Sec Twp	S. R	East \	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whether s 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, flui	d recovery,
Final Radioactivity Lo- files must be submitte						ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital el	ectronic log
Drill Stem Tests Taker (Attach Additional S		Yes	☐ No		_		on (Top), Depth ar			mple
Samples Sent to Geo	logical Survey	Yes	No		Nam	е		Тор	Da	tum
Cores Taken Electric Log Run		Yes Yes	☐ No ☐ No							
List All E. Logs Run:										
			CASING		☐ Ne					
		1				ermediate, product		T	_	
Purpose of String	Size Hole Drilled	Size Cas Set (In O		Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
		AD	DITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Ce	ement	# Sacks	Used	Type and Percent Additives				
Perforate Protect Casing	100 20111111									
Plug Back TD Plug Off Zone										
1 lug 0 li 20110										
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 the	e chemical c	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							
						,		,		
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or Ef		ducing Meth Flowing	od:	g 🗌	Gas Lift (	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls. 0	as-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		N/	1ETHOD OF	COMPLE	TION:		PRODUCTION	)N INTER\/^	1.
Vented Sold		Open I	_	Perf.	Dually	Comp. Cor	mmingled	THODOCTIC	ZIN IIN I ERVA	<b>L.</b>
	bmit ACO-18.)	Other	(Specific)		(Submit )		mit ACO-4)			

Form	ACO1 - Well Completion
Operator	Bowman, William F. dba The Bill Bowman Oil Company
Well Name	Hrabe A 5
Doc ID	1189680

# All Electric Logs Run

Dual Compensated Porosity Log
Dual Induction Log
Microresistivity Log
Computer Processed Interpretation Log
Computer Processed Interpretation

Form	ACO1 - Well Completion
Operator	Bowman, William F. dba The Bill Bowman Oil Company
Well Name	Hrabe A 5
Doc ID	1189680

# Tops

Name	Тор	Datum
Anhydrite	1249	+700
Base of Anhydrite	1282	+667
Topeka	2833	-884
Heebner	3049	-1100
Lansing	3094	-1145
Base of Kansas City	3334	-1385
Arbuckle	3395	-1446
RTD	3478	
RTD	3675 SWD	

## **Summary of Changes**

Lease Name and Number: Hrabe A 5

API/Permit #: 15-163-24141-00-00

Doc ID: 1189680

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	02/11/2014	02/18/2014
Plug Back Total Depth	3433	3675
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 87644	//kcc/detail/operatorE ditDetail.cfm?docID=11 89680