Confidentiality Requested: Yes No

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

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 East West				
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:				
	Producing Formation:				
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Elevation: Ground: Kelly Bushing:				
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Total Vertical Depth: Plug Back Total Depth:				
GSW GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?				
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):					
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.				
Well Name:	os depurto os cint.				
Original Comp. Date: Original Total Depth:					
_ Deepening _ Re-perf. _ Conv. to ENHR _ Conv. to SWD _ Plug Back _ Conv. to GSW _ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Flug Back Conv. to Gov Conv. to Flouticel					
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls				
Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:	Operator Name:				
GSW Permit #:	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 Approved by: Date:				

1200239 CORRECTION #1

Operator Name:	or Name: Lease 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, whethe with final cha	er shut-in pre art(s). Attach	essure reac n extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, fluid re	ecovery,
Final Radioactivity Lo files must be submitted						ogs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electr	onic log
Drill Stem Tests Taken Yes No (Attach Additional Sheets)			☐ No						Sampl	
Samples Sent to Geological Survey			□No		Nam	е		Тор	Datum	1
Cores Taken ☐ Yes ☐ No Electric Log Run ☐ Yes ☐ No										
List All E. Logs Run:										
				RECORD	Ne					
		1				ermediate, product		T	I	
Purpose of String	Size Hole Drilled		Casing n O.D.)	Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used	Type and Pe Additive	
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of	Cement	# Sacks	Used	Type and Percent Additives				
Perforate Protect Casing	100 20111111									
Plug Back TD Plug Off Zone										
1 lug 0 li 20 lio										
Did you perform a hydrau	ulic fracturing treatment	on this well?				Yes	No (If No, ski	ip questions 2 ar	nd 3)	
Does the volume of the t							= :	p question 3)		
Was the hydraulic fractur	ring treatment information	on submitted to	the chemical	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					
	open,					,,				
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR. F	Producing Met	hod: Pumpin	a	Gas Lift 0	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat			Gas-Oil Ratio	Gra	avity
	1									
	ON OF GAS:		en Hole	METHOD OF			mmingled	PRODUCTION	ON INTERVAL:	ļ
Vented Solo	I Used on Lease bmit ACO-18.)		en noie _	Perf.	(Submit		mmingled mit ACO-4)			

Summary of Changes

Lease Name and Number: Bowlus BR2

API/Permit #: 15-001-30699-00-00

Doc ID: 1200239

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value		
Approved Date	01/14/2014	04/18/2014		
Date of First or Resumed Production or		04/17/2014		
SWD or Enhr LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform	https://kolar.kgs.ku.edu kcc/detail/locationInforr ation.cfm?section=8&to 15GAL 15% HCL		
Perf_Material_1	ation.cfm?section=8&to NO TREATMENT AT THIS TIME			
Perf_Material_2		3900# 20/40 SAND		
Producing Method Other	No	Yes		
Producing Method Other Detail		ENHR		
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11	//kcc/detail/operatorE ditDetail.cfm?docID=12		
Tubing Record - Set At	63105 990	00239 961.95		
Tubing Size	1.660	1.5		