Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1206662

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	DF WELL & LEASE
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OPERATOR: License #		API No. 15				
Name:		Spot Description:				
Address 1:						
Address 2:		Feet from North / South Line of Section				
City: State: Zi	p:+	Feet from East / West Line of Section				
Contact Person:		Footages Calculated from Nearest Outside Section Corner:				
Phone: ()						
CONTRACTOR: License #		GPS Location: Lat:, Long:				
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 ☐ Gas ☐ D&A	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:				
Well Name:		feet depth to:w/sx cmt.				
Original Comp. Date: Original T						
	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)				
		Chloride content: ppm Fluid volume: bbls				
		Dewatering method used:				
		Location of fluid disposal if hauled offsite:				
		Operator Name:				
GSW Permit #:		Lease Name: License #:				
		Quarter Sec Twp S. R East _ West				
Spud Date or Date Reached TD Recompletion Date	Completion Date or 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:						

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1206662

Operator Nar	me:			Lease Name:	Well #:
Sec	Twp	_S. 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).

	Yes No		og Formatio	n (Top), Depth an	d Datum	Sample
,	Yes No	Nam	e		Тор	Datum
	Yes No					
				on, etc.		
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 / SQL	EEZE RECORD			
Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
ulic fracturing treatment of	on this well?		Yes	No (If No, skip	o questions 2 and	13)
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000		ceed 350,000 gallons	? Yes	No (If No, skip	question 3)	
ring treatment information	n submitted to the chemical o	disclosure registry?	Yes	No (If No, fill o	out Page Three o	f 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			Depth
	Depth Top Bottom	Sheets) Iogical Survey Yes No Yes No Yes No CASING Report all strings set-c Size Hole Drilled Size Casing Set (In O.D.) ADDITIONAL Depth Top Bottom Type of Cement Depth Top Bottom Type of Cement End CADDITIONAL Depth Top Bottom Figure atment on this well? Casing treatment information submitted to the chemical of PERFORATION RECORD - Bridge Plug	Sheets) Image: Construction of the system of the syste	Sheets) Iogical Survey Yes No Iogical Survey Yes No Name Yes No Yes No Yes No Yes No Size Hole Size Casing Weight Drilled Size Casing Weight Setting Drilled Set (In O.D.) Lbs. / Ft. Depth ADDITIONAL CEMENTING / SQUEEZE RECORD ADDITIONAL CEMENTING / SQUEEZE RECORD Ion ADDITIONAL CEMENTING / SQUEEZE RECORD Ion Ion Ulic fracturing treatment on this well? Yes Ion ulic fracturing treatment on this well? Yes Yes otal base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fraction Acid, Fraction	Sheets) Image: Sheets) logical Survey Yes No Yes No Yes No Yes No Yes No CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Drilled Set (In O.D.) Lbs. / Ft. Depth Cement ADDITIONAL CEMENTING / SQUEEZE RECORD ADDITIONAL CEMENTING / SQUEEZE RECORD ADDITIONAL CEMENTING / SQUEEZE RECORD Utic fracturing treatment on this well? Yes No utic fracturing treatment on this well? Yes No utic fracturing treatment on this well? Yes No utic fracturing treatment information submitted to the chemical disclosure registry? Yes No PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement	Sheets) Image: Construction of the system of the hydraulic fracturing treatment on this well? Name Top Image: Construction of the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Name Top Sheets) Name Top Mame Top CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Casing Size Hole Size Casing Weight Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Used ADDITIONAL CEMENTING / SQUEEZE RECORD ADDITIONAL CEMENTING / SQUEEZE RECORD Ulic fracturing treatment on this well? (If No, skip questions 2 and other of the hydraulic fracturing treatment exceed 350,000 gallons? Ves No (If No, skip question 3) ing treatment information submitted to the chemical disclosure registry? Yes No Vescore No Mo Hoo, Fracture, Shot, Cement Squeeze Record

	openity i cetage of Each interval i cherated				() into and rand	or material 6000)	Bopai			
TUBING RECORD:	Si	ze:	Set At:		Packer	r At:	Liner F		No	
Date of First, Resumed	I Product	ion, SWD or ENH	٦.	Producing Met	thod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS: METHOD OF C		OF COMPLE	TION:		PRODUCTION INT	ERVAL:				
Vented Solo	d 🗌	Used on Lease		Open Hole	Perf.	Dually (Submit A		Commingled (Submit ACO-4)		
(If vented, Su	ıbmit ACC	D-18.)		Other (Specify) _						

Summary of Changes

Lease Name and Number: Jim Bell AI-12

API/Permit #: 15-045-22060-00-00

Doc ID: 1206662

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	03/11/2014	05/23/2014
Fracturing Question 1	No	Yes
Fracturing Question 2		No
LocationInfoLink Save Link	https://solar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=36&t //kcc/detail/operatorE ditDetail.cfm?docID=11 93185	https://kolar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=36&t //kcc/detail/operatorE ditDetail.cfm?docID=12 06662
	00100	00002