Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1206666

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:	 				
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	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 ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation: Ground: Kelly Bushing:				
□ Gas □ DaA □ ENHH □ SIGW □ 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 ( <i>Core, Expl., etc.</i> ):	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 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)				
	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #:	Dewatering method used:				
Dual Completion     Permit #:       SWD     Permit #:	Leastion of fluid diaposal if hould officiat				
	Location of fluid disposal if hauled offsite:				
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. 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

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Operator Name:				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).

-								
Drill Stem Tests Taker (Attach Additional		Yes No	Log Formation (Top), Depth and Datum				ample	
Samples Sent to Geo	logical Survey	Yes No	Nam	е		Тор	Da	atum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
		CASING Report all strings set-c	RECORD Ne		tion, etc.			
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used		nd Percent ditives
		ADDITIONAL	CEMENTING / SQU	JEEZE RECORE	)	1	1	
Purpose: Depth Perforate Top Botton		Type of Cement	# Sacks Used	Jsed Type and Percent Additives				
Protect Casing Plug Back TD								
Plug Off Zone								
	otal base fluid of the hyd	on this well? raulic fracturing treatment ex n submitted to the chemical o		Yes ? Yes Yes	No (If No, skip	o questions 2 an o question 3) out Page Three (		1)
Shots Per Foot		ON RECORD - Bridge Plug Footage of Each Interval Perf		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)				Depth

TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner Ru		No	
Date of First, Resumed Production, SWD or ENHR.				Producing M	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
				Dpen Hole Dther <i>(Specify)</i>	Perf.	(Submit A	Comp. ACO-5)	Commingled (Submit ACO-4)	PRODUCTION INTE	RVAL:

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

## Summary of Changes

Lease Name and Number: Jim Bell AI-16

API/Permit #: 15-045-22076-00-00

Doc ID: 1206666

**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	https://solar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=36&t	https://kolar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=36&t
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 93192	uion.edu section=court //kcc/detail/operatorE ditDetail.cfm?docID=12 06666