CORRECTION #1

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1208106

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:			Lease Name: Well #:		
New Well         ☐ Re-Entry         ☐ Workover           ☐ Oil         ☐ WSW         ☐ SWD         ☐ SIOW			Field Name:		
			Producing Formation: Kelly Bushing:		
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			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 III Approved by: Date:				

CORRECTION #1

Operator Name: \_ Lease Name: \_ Well #: \_ 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 Taken** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No J Yes Cores Taken Electric Log Run \_\_\_ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) **Estimated Production** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: DISPOSITION OF GAS: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Form	ACO1 - Well Completion
Operator	Reusch Well Service, Inc.
Well Name	REYNOLDS 16
Doc ID	1208106

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
SURFACE	9.875	7	20	21	PORTLAN D	5	
PRODUC TION	5.625	2.875	6	732	50/50 POZ	101	

### **Summary of Changes**

Lease Name and Number: REYNOLDS 16

API/Permit #: 15-121-28974-00-00

Doc ID: 1208106

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved By	Deanna Garrison	NAOMI JAMES
Approved Date	03/22/2013	06/10/2014
Completion Or Recompletion Date	06/27/2012	05/30/2013
Date of First or Resumed Production or		05/30/2013
SWD or Enhr Field Name		PAOLA RANTOUL
Fracturing Question 1		Yes
Fracturing Question 2		No
LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform	https://kolar.kgs.ku.edu/ kcc/detail/locationInform
Method Of Completion - Perf	ation.cfm?section=5&to No	ation.cfm?section=5&to Yes
Operator's Phone	242-7746	242-2043

## Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Material_1		5000# SAND/140 BBLS WATER
Perf_Record_1		686-700
Producing Method Pumping	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 25680	//kcc/detail/operatorE ditDetail.cfm?docID=12 08106