## CORRECTION #2

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1218269

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)  Datum: NAD27 NAD83 WGS84				
Wellsite Geologist:					
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:  Field Name:  Producing Formation: Kelly Bushing:				
☐ New Well ☐ Re-Entry ☐ Workover					
☐ Oil ☐ WSW ☐ SWD ☐ SIOW					
Gas D&A ENHR 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  Multiple Stage Cementing Collar Used? Yes No				
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:				
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)				
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 #:					
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West				
Recompletion Date Recompletion Date	Countv: 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 #2

Operator Name:				_ Lease N	lame: _			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to s	g and shut-in pressu	res, whet	her shut-in pre	ssure reacl	ned stati	c level, hydrosta	tic pressures, bot			
Final Radioactivity Log, files must be submitted						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log	
Drill Stem Tests Taken (Attach Additional Sh	eets)	Ye	s No				n (Top), Depth ar		Sample	
Samples Sent to Geolog	gical Survey	Ye	s No		Nam	е		Тор	Datum	
Cores Taken Electric Log Run		☐ Ye ☐ Ye								
List All E. Logs Run:										
		Repor	CASING tall strings set-c		Ne	w Used	on, etc.			
Purpose of String	Size Hole Drilled	Size	e Casing (In O.D.)	Weig Lbs. /	ıht	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
			ADDITIONAL	OFMENTIN	10 / 001					
Purpose:	Depth					EEZE RECORD	T	A 1 199		
Perforate Protect Casing Plug Back TD	Top Bottom	туре	of Cement	# Sacks	Osed	Type and Percent Additives				
Plug Off Zone										
Did you perform a hydraulic Does the volume of the tota Was the hydraulic fracturing	al base fluid of the hydra	ulic fractu	ring treatment ex			Yes ? Yes Yes	No (If No, ski	ip questions 2 ar ip question 3) out Page Three		
Shots Per Foot	ot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					cture, Shot, Cement mount and Kind of Ma		d Depth		
TUBING RECORD:	Size:	Set At:		Packer At	:	Liner Run:	Yes No			
Date of First, Resumed Pr	roduction, SWD or ENH	R.	Producing Meth  Flowing	od: Pumping	g 🗌	Gas Lift C	other (Explain)			
Estimated Production Per 24 Hours	Oil Bł	ols.	Gas	Mcf	Wate	er Bl	ols. (	Gas-Oil Ratio	Gravity	
DISPOSITION	I OF GAS:		N	IETHOD OF	COMPLE	ETION:		PRODUCTIO	ON INTERVAL:	
Vented Sold	Used on Lease		pen Hole	Perf.	Dually	Comp. Con	nmingled			
(If vented, Subm	it ACO-18.)		ther (Specify)		(Submit )	-100-5) (Subi	mit ACO-4)			

## **Summary of Changes**

Lease Name and Number: Anderson 1W-13

API/Permit #: 15-121-29665-00-00

Doc ID: 1218269

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	06/18/2014	08/12/2014
Date of First or Resumed Production or		08/07/2014
SWD or Enhr Operator's Contact Name	Bob Eberhart	Rob Eberhart
Operator's Phone	285-0873	837-5199
Operator's Street Address - line 1	30805 COLD WATER RD	602 W. Amity, Suite 103
Producing Method Other	No	Yes
Producing Method Other Detail		water injection
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 10954	//kcc/detail/operatorE ditDetail.cfm?docID=12 18269