Confidentiality Requested:

CORRECTION #2

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1218284

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

	_	-	-	_	
WELL HISTORY	- C	ESCRIPTIOI	N 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.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:				
		Elevation: Ground: Kelly Bushing:				
Gas D&A EN		Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	SW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? Yes No				
Cathodic Other (Core, Expl., etc	c):					
If Workover/Re-entry: Old Well Info as follo		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: Oric						
	nv. to ENHR Conv. to SWD	Drilling Fluid Management Plan				
	v. to GSW	(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 TwpS. 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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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 Taken (Attach Additional Sheets)		Yes No		og Formation (Top), Depth and Datum] Sample	
Samples Sent to Geological Survey		Yes No	Nam	e		Тор	Da	atum	
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No							
List All E. Logs Run:									
			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 / SQL	JEEZE RECORD	1				
Purpose: Depth Top Bottom Type of Cement		# Sacks Used	Type and Percent Additives						
Protect Casing									
Plug Off Zone									
Did you perform a hydraulic fracturing treatment on this well? Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,00				Yes ?Yes		ס questions 2 ar ס question 3)	nd 3)		
Was the hydraulic fracture	ring treatment information	submitted to the chemical	disclosure registry?	Yes	No (If No, fill o	out Page Three	of the ACO-	-1)	
Shots Per Foot		ON RECORD - Bridge Plug ootage of Each Interval Per		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)				Depth	

TUBING RECORD:	Siz	ze:	Set At: Packer At:			r At:	Liner Run:				
Date of First, Resumed Production, SWD or ENHR.			٦.	Producing M	Producing Method:						
			Flowing	Pum	ping	Gas Lift	Other (Explain)				
Estimated Production Per 24 Hours		Oil Bb	Bbls. Gas		Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS:			METHOD OF COMPLET			TION:		PRODUCTION INTE	RVAL:		
Vented Sold Used on Lease			Open Hole Perf. Dually (Submit)			Comp.	Commingled (Submit ACO-4)				
(If vented, Submit ACO-18.)				Other (Specify)		(Cubinit)					

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

Summary of Changes

Lease Name and Number: Anderson 4-13

API/Permit #: 15-121-29640-00-00

Doc ID: 1218284

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		08/01/2014
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 Pumping	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 10966	//kcc/detail/operatorE ditDetail.cfm?docID=12 18284