CORRECTION #1

Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

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 _l	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 #: Field Name: Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth:				
New Well Re-l	Entry	Workover					
	_						
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW					
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.					
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			
CommingledDual Completion			Dewatering method used:				
SWD			Location of fluid disposal if hauled offsite:				
☐ ENHR			Location of hald disposal if fladied offsite.				
GSW	Permit #:		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:					Leas	e Name: _			Well #:		
Sec Twp	S. R.		East	West	Cour	nty:					
INSTRUCTIONS: S open and closed, flow rates if gas	wing and shu	t-in pressu	ires, whe	ther shut-in p	ressure rea	ached stat	ic level, hydrosta	atic pressures, b			
Final Radioactivity Lo							ogs must be ema	ailed to kcc-well-	logs@kcc.ks.go	v. Digital	electronic log
Drill Stem Tests Taken Yes No				l	· ·	on (Top), Depth			Sample		
Samples Sent to Geo	ological Surve	∋y	☐ Ye	es No		Nam	ne		Тор		Datum
Cores Taken Yes Electric Log Run Yes											
List All E. Logs Run:											
				CASIN	G RECORE)	ew Used				
							ermediate, product			I _	
Purpose of String	Size Dril	Hole lled		e Casing : (In O.D.)		eight s. / Ft.	Setting Depth	Type of Cement	# Sacks Used		and Percent dditives
				ADDITIONA	AL CEMEN	TING / SQI	JEEZE RECORD				
Purpose: Depth Type of Cement			# Sac	# Sacks Used Type and Percent Additives							
Perforate Protect Casing Plug Back TD											
Plug Off Zone											
Did you perform a hydra Does the volume of the Was the hydraulic fractu	total base fluid	of the hydra	aulic fractu	ring treatment				No (If No,	skip questions 2 ar skip question 3) fill out Page Three		O-1)
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type					Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth						
Specify Footage of Each Interval Perforated					(A	mount and Kind of I	Material Used)		Depth		
TUBING RECORD:	Size:		Set At:		Packer	At:	Liner Run:	Yes N	lo		
Date of First, Resume	d Production, S	WD or ENH	IR.	Producing Me	ethod:	oing	Gas Lift (Other (Explain)			
Estimated Production Per 24 Hours		Oil B	bls.	Gas	Mcf	Wat		bls.	Gas-Oil Ratio		Gravity
DISPOSIT	ION OF GAS:				METHOD	OF COMPLI	ETION:		PRODUCTIO	W WEED	/ΔΙ ·
Vented Sol		on Lease		Open Hole	Perf.	Dually	y Comp. Co	mmingled	LUODOCIIC	YN IIN I EK	IAL.
	ubmit ACO-18.)			Other (Specify)		(Submit	ACO-5) (Sub	omit ACO-4)			

Summary of Changes

Lease Name and Number: Harvey B-1

API/Permit #: 15-107-24272-00-00

Doc ID: 1219770

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value		
Approved By	Deanna Garrison	NAOMI JAMES		
Approved Date	01/14/2011	08/21/2014		
Date of First or Resumed Production or		06/01/2011		
SWD or Enhr Fracturing Question 1		No		
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=5&to	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=5&to		
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=10 49008	//kcc/detail/operatorE ditDetail.cfm?docID=12 19770		