Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1219771

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 | WELL | HISTORY | - DESCRIP | TION OF | WELL & | LEASE |
|--|------|---------|-----------|---------|--------|-------|
|--|------|---------|-----------|---------|--------|-------|

| OPERATOR: License # | API No. 15 | | | | |
|--|--|--|--|--|--|
| Name: | Spot Description: | | | | |
| Address 1: | | | | | |
| Address 2: | Feet from Dorth / South Line of Section | | | | |
| City: State: Zip:+ | 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.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: | | | | |
| | | | | | |
| | Elevation: Ground: Kelly Bushing: | | | | |
| Gas D&A ENHR SIGW | Total Vertical Depth: Plug Back Total Depth: | | | | |
| CM (Coal Bed Methane) | Amount of Surface Pipe Set and Cemented at: Feet | | | | |
| Cathodic Other (Core, Expl., etc.): | 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: | | | | |
| | 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 #: Dual Completion Permit #: | Dewatering method used: | | | | |
| Dual completion Permit # SWD Permit #: | Location of fluid disposal if hauled offsite: | | | | |
| ENHR Permit #: | Location of huid disposal if hadied 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 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

1219771

| Operator Name: | | | | | 9: | Well #: | _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 | | Yes No | L | .og Formatic | on (Top), Depth an | d Datum | Sample | |
|--|---|------------------------------------|----------------------|---------------------------------|--|------------------|-------------------------------|--|
| (Attach Additional Samples Sent to Geo | , | Yes No | Nam | е | | Тор | Datum | |
| Cores Taken Electric Log Run | | Yes No | | | | | | |
| List All E. Logs Run: | | | | | | | | |
| | | CASING Report all strings set-c | | | on, etc. | | | |
| Purpose of String | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs. / Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| r | | ADDITIONAL | CEMENTING / SQL | JEEZE RECORD | | | | |
| Purpose: Depth Top Bottom | | Type of Cement | # Sacks Used | Jsed Type and Percent Additives | | | | |
| Protect Casing Plug Back TD | | | | | | | | |
| Plug Off Zone | | | | | | | | |
| Did you perform a hydraulic fracturing treatment on this well? | | | | Yes | No (If No, skip | o questions 2 ar | nd 3) | |
| Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 | | | | ? | No (If No, skip | o question 3) | | |
| Was the hydraulic fracturing treatment information submitted to the chemical disclosure reg | | | | Yes | No (If No, fill o | out Page Three | of the ACO-1) | |
| Shots Per Foot | Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Typ Specify Footage of Each Interval Perforated | | | | cture, Shot, Cement mount and Kind of Mat | | d Depth | |
| | | | | | | | | |

| TUBING RECORD: Size: Set At: | | Set At: | Packer At: | | Liner R | | No | | | |
|---|--|---------|-------------------------------------|-------------|---------------|------------------------------|------------------|------------------------|--|--|
| Date of First, Resumed Production, SWD or ENHR. | | | | Producing M | ethod: | ping | Gas Lift | Other <i>(Explain)</i> | | |
| Estimated Production Oil Bbl Per 24 Hours | | ls. | Gas Mcf Water Bbls. | | Gas-Oil Ratio | Gravity | | | | |
| | | | | | | | | | | |
| DISPOSITION OF GAS: | | | METHOD OF COMPLETION: | | TION: | | PRODUCTION INTER | VAL: | | |
| Vented Sold Used on Lease | | | Open Hole Perf. Dually (Submit A | | | Commingled (Submit ACO-4) | | | | |
| (If vented, Submit ACO-18.) | | | Other (Specify) | | | | | | | |

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

Summary of Changes

Lease Name and Number: Harvey D-4

API/Permit #: 15-107-24227-00-00

Doc ID: 1219771

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/locationInform ation.cfm?section=5&to | https://kolar.kgs.ku.edu/ kcc/detail/locationInform ation.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 49242 | //kcc/detail/operatorE ditDetail.cfm?docID=12 19771 |