Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1219802

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:					
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 #					
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:				
☐ Oil	Elevation: Ground: Kelly Bushing:				
OG GSW Temp. Abd.	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? Yes No				
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 Produce					
	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #:	_ Dewatering method used:				
Dual Completion Permit #: SWD Permit #:	-				
SWD Permit #: ENHR Permit #:					
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	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

1219802

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		Yes No		og Formatio	on (Top), Depth an	d Datum	Sample
(Attach Additional Sheets) Samples Sent to Geological Survey		Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run	gioar carvoy	☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-o			ion 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
		ADDITIONAL	CEMENTING / SQU	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone							
	al base fluid of the hydr	n this well? aulic fracturing treatment ex submitted to the chemical o		│ Yes [? │ Yes [│ Yes [No (If No, ski	o questions 2 an o question 3) out Page Three o	
Shots Per Foot PERFORATION RECORD - Bridge Plue Specify Footage of Each Interval Pe		s Set/Type forated	Acid, Fra (Ar	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			

Packer At:

Pumping

Mcf

Producing Method:

Flowing

Gas

Liner Run:

Gas Lift

Water

No

Gas-Oil Ratio

Gravity

Yes

Bbls.

Other (Explain)

TUBING RECORD:

Estimated Production

Size:

Oil

Date of First, Resumed Production, SWD or ENHR.

Set At:

Bbls.

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

Summary of Changes

Lease Name and Number: NE Baker D-13 API/Permit #: 15-107-24367-00-00 Doc ID: 1219802 Correction Number: 1 Approved By: NAOMI JAMES

Field Name	Previous Value	New Value	
Approved By	Deanna Garrison	NAOMI JAMES	
Approved Date	09/07/2011	08/21/2014	
Date of First or Resumed Production or		03/01/2012	
SWD or Enhr Fracturing Question 1		No	
LocationInfoLink	https://solar.kgs.ku.edu/ <cc detail="" locationinform<br="">ation.cfm?section=5&to</cc>	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 56900	//kcc/detail/operatorE ditDetail.cfm?docID=12 19802	