CORRECTION #1

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division 1219825

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)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:				
□ Oil □ WSW □ SWD □ SIOW	Producing Formation:				
Gas D&A ENHR SIGW	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?				
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	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:				Lease N	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whethe with final cha	er shut-in pre art(s). Attach	essure reac n extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, fluid re	ecovery,
Final Radioactivity Lo files must be submitted						ogs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electr	onic log
Drill Stem Tests Taken Yes No (Attach Additional Sheets)			☐ No				on (Top), Depth ar		Sampl	
Samples Sent to Geo	logical Survey	Yes	□No		Nam	е		Тор	Datum	1
Cores Taken ☐ Yes ☐ No Electric Log Run ☐ Yes ☐ No										
List All E. Logs Run:										
				RECORD	Ne					
		1				ermediate, product		T	I	
Purpose of String	Size Hole Drilled		Casing n O.D.)	Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used	Type and Pe Additive	
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of	Cement	# Sacks	Used	Type and Percent Additives				
Perforate Protect Casing	100 20111111									
Plug Back TD Plug Off Zone										
1 lug 0 li 20 lio										
Did you perform a hydrau	ulic fracturing treatment	on this well?				Yes	No (If No, ski	ip questions 2 ar	nd 3)	
Does the volume of the t							= :	p question 3)		
Was the hydraulic fractur	ring treatment information	on submitted to	the chemical	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth						
	open,					,,				
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR. F	Producing Met	hod: Pumpin	a \square	Gas Lift 0	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat			Gas-Oil Ratio	Gra	avity
	1									
	ON OF GAS:		en Hole	METHOD OF			mmingled	PRODUCTION	ON INTERVAL:	ļ
Vented Solo	I Used on Lease bmit ACO-18.)		en noie _	Perf.	(Submit		mmingled mit ACO-4)			

Summary of Changes

Lease Name and Number: North Baker B-5

API/Permit #: 15-107-24479-00-00

Doc ID: 1219825

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value		
Approved By	Deanna Garrison	NAOMI JAMES		
Approved Date	12/12/2011	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/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 65979	//kcc/detail/operatorE ditDetail.cfm?docID=12 19825		