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 #:			
New Well Re-Entry Workover			Field Name: Producing Formation:			
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:			
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			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:			L	ease Name: _			Well #:	
Sec Twp	S. R	East We	est C	County:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		rval tested, time tool erature, fluid recovery,
Final Radioactivity Lo files must be submitted					ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes	No	L	_	on (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes Yes	No No					
List All E. Logs Run:								
		(CASING REC	ORD Ne	ew Used			
		· ·		ıctor, surface, inte	ermediate, producti	1		I
Purpose of String	Size Hole Drilled	Size Casin Set (In O.D		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cem	ent #	Sacks Used		Type and P	ercent Additives	
Perforate Protect Casing	100 20111111							
Plug Back TD Plug Off Zone								
1 lag on zono								
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski	o questions 2 ar	nd 3)
Does the volume of the to		•				_ ` ` '	p question 3)	
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot		ION RECORD - Bri Footage of Each Int				cture, Shot, Cement		d Depth
	, ,				,		,	·
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:			
						Yes No		
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bi	ols. G	as-Oil Ratio	Gravity
DIODOCITI	ON OF CAS:		N 4 - T - 1		TION:		PROPUSTIC	ON INTERVAL.
Vented Solo	ON OF GAS: Used on Lease	Open Ho		IOD OF COMPLE \Box		nmingled	PRODUCTION	ON INTERVAL:
	bmit ACO-18.)	Other (S	necify)	(Submit		mit ACO-4)		

Summary of Changes

Lease Name and Number: Snyder M-17S

API/Permit #: 15-107-24216-00-00

Doc ID: 1220162

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved By	Deanna Garrison	NAOMI JAMES
Approved Date	12/03/2010	08/25/2014
Date of First or Resumed Production or		12/01/2010
SWD or Enhr Fracturing Question 1		No
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&to	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&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
Purchaser's Name	High Sierra Crude Oil	Coffeyville Resources Refining & Marketing

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=10 47502	//kcc/detail/operatorE ditDetail.cfm?docID=12 20162