Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1220181

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 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: () | | | |
| 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: | | |
| GG GSW Temp. Abd. | Amount of Surface Pipe Set and Cemented at: Feet | | |
| CM (Coal Bed Methane) 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: | | |
| | feet depth to:w/sx cmt. | | |
| Well Name: | w/sx cm. | | |
| Original Comp. Date: Original Total Depth: | | | |
| Deepening Re-perf. Conv. to ENHR Conv. to SWD | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) | | |
| Plug Back Conv. to GSW Conv. to Producer | | | |
| 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 #: | Onevoter Name: | | |
| GSW Permit #: | Operator 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: | | | | | |

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| Operator Na | me: | | | 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 Taker (Attach Additional | | Yes No | | Log Formation (Top), Depth and Datum | | Sample | |
|---|--|--|----------------------|--------------------------------------|--|---|-------------------------------|
| Samples Sent to Geo | , | Yes No | Nam | e | | Тор | Datum |
| Cores Taken Electric Log Run | | ☐ Yes ☐ No ☐ Yes ☐ No | | | | | |
| List All E. Logs Run: | | | | | | | |
| | | CASING Report all strings set-c | RECORD No | | 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 Pe | ercent Additives | |
| Protect Casing Plug Back TD Plug Off Zone | | | | | | | |
| | | | | | | | |
| Does the volume of the t | | n this well? aulic fracturing treatment ex submitted to the chemical o | | Yes ? Yes Yes | No (If No, skip | o questions 2 an o question 3) out Page Three o | |
| Shots Per Foot | Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | | | | cture, Shot, Cement mount and Kind of Mat | | d Depth |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| DISPOSITION OF GAS: | | | METHOD | OF COMPLETION: | | PRODUCTION INTERVAL: |
|-----------------------------|-----|----------------|--------|----------------|----------------|----------------------|
| Vented Sold Used on Lea | e 🗌 | Open Hole | Perf. | Dually Comp. | Commingled | |
| (If vented, Submit ACO-18.) | | Other (Specify | v) | (Submit ACO-5) | (Submit ACO-4) | |

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

Per 24 Hours

Size:

Oil

Date of First, Resumed Production, SWD or ENHR.

Set At:

Bbls.

Summary of Changes

Lease Name and Number: South Baker J-5 API/Permit #: 15-107-24515-00-00 Doc ID: 1220181 Correction Number: 1 Approved By: NAOMI JAMES

| Field Name | Previous Value | New Value |
|---|--|--|
| Approved By | Deanna Garrison | NAOMI JAMES |
| Approved Date | 11/29/2011 | 08/25/2014 |
| 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/locationInform | https://kolar.kgs.ku.edu/ kcc/detail/locationInform |
| Operator's Contact Name | ation.cfm?section=5&to Bob Eberhart | ation.cfm?section=5&to 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 66146 | //kcc/detail/operatorE ditDetail.cfm?docID=12 20181 |