Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1220183

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

# WELL COMPLETION FORM

<i>.</i>				
WELL	HISTORY -	- DESCRIPTI	ON OF WEL	L & 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.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:			
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation:       Ground:       Kelly Bushing:         Total Vertical Depth:       Plug Back Total Depth:         Amount of Surface Pipe Set and Cemented at:       Feet			
OG GSW Temp. Abd.     CM (Coal Bed Methane)				
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)			
	Chloride content: ppm Fluid volume: bbls			
Commingled Permit #:	Dewatering method used:			
Dual Completion Permit #:				
SWD Permit #:	Location of fluid disposal if hauled offsite:			
ENHR Permit #:	Operator Name:			
GSW Permit #:	Lease Name: License #:			
	Quarter Sec TwpS. R East West			
Spud Date or Recompletion DateDate Reached TDCompletion Date or 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

1220183

Operator Nar	ne:			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		Log Formation (Top), Depth a		d Datum	Sample
(Attach Additional Sheets) Samples Sent to Geological Survey		Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-c		New Used ntermediate, product	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 / SC	QUEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Protect Casing							
Plug Off Zone							
	tal base fluid of the hyd	on this well? raulic fracturing treatment ex n submitted to the chemical o			No (If No, ski	p questions 2 ar p question 3) out Page Three	
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			cture, Shot, Cement mount and Kind of Ma		d Depth		

Packer At:

Pumping

Mcf

Producing Method:

Flowing

Gas

Liner Run:

Gas Lift

Water

No

Gas-Oil Ratio

Yes

Other (Explain)

Bbls.

TUBING RECORD:

Estimated Production

Size:

Oil

Date of First, Resumed Production, SWD or ENHR.

Set At:

Bbls.

## Summary of Changes

Lease Name and Number: South Baker L-5 API/Permit #: 15-107-24523-00-00 Doc ID: 1220183 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 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
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 66148	//kcc/detail/operatorE ditDetail.cfm?docID=12 20183