CORRECTION #1

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:	SecTwpS. R East	
Address 2:	Feet from $\square$ North / $\square$ 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 #		
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)	
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84	
Purchaser:		
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:	
☐ Gas         ☐ D&A         ☐ ENHR         ☐ SIGW           ☐ OG         ☐ GSW         ☐ Temp. Al	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:		
Well Name:		
Original Comp. Date: Original Total Depth:		
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SW	D Drilling Fluid Management Plan	
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Pro	ducer (Data must be collected from the Reserve Pit)	
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls	
Commingled Permit #:  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	Quarter Sec TwpS. R	
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 Name: \_ Well #: \_ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No J Yes Cores Taken Electric Log Run \_\_\_ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) **Estimated Production** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: DISPOSITION OF GAS: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

## **Summary of Changes**

Lease Name and Number: Wendt 10-14

API/Permit #: 15-107-24895-00-00

Doc ID: 1224527

Correction Number: 1

Approved By: NAOMI JAMES

rious Value New Value
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Approved By Deanna Garrison NAOMI JAMES

Approved Date 05/21/2014 09/26/2014

Date of First or 10/08/2014

Resumed Production or

SWD or Enhr

Electric Log Run? No Yes

Elogs\_PDF Gamma

Ray/Neutron/CCL

Method Of Completion - No Yes

Perf

Perf\_Material\_1 Acid 250 gal 7.5% HCL

Perf\_Material\_2 Acid 150 gal 7.5% HCL

Perf\_Record\_1 591-601

Perf\_Record\_2 647-651

# Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Shots_1		3
Perf_Shots_2		3
Producing Formation	Cattleman	Squirrel/Cattleman
Producing Method Pumping	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=12 24527 GL
TopsDatum2	06149	
TopsDepth1	593	590
TopsDepth2		648
TopsName1	Cattleman	Squirrel
TopsName2		Cattleman