Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1225495

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			
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:			
	Producing Formation: Kelly Bushing:			
Oil				
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)			
Demois #	Chloride content: ppm Fluid volume: bbls			
Commingled Permit #:	Dewatering method used:			
SWD Permit #:	Location of fluid disposal if hauled offsite:			
ENHR Permit #:	Location of fluid disposal if fladied offsite.			
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:			

Operator Name:				_ Lease N	lame: _			Well #:	
Sec Twp	S. R	East	West	County:					
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to s	g and shut-in pressu	res, whet	her shut-in pre	ssure reacl	ned stati	c level, hydrosta	tic pressures, bot		
Final Radioactivity Log, files must be submitted						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional Sh	eets)	Ye	s No				n (Top), Depth ar		Sample
Samples Sent to Geolog	gical Survey	Ye	s No		Nam	е		Тор	Datum
Cores Taken Electric Log Run		☐ Ye ☐ Ye							
List All E. Logs Run:									
		Repor	CASING tall strings set-c		Ne	w Used	on, etc.		
Purpose of String	Size Hole Drilled	Size	e Casing (In O.D.)	Weig Lbs./	ıht	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	OFMENTIN	10 / 001				
Purpose:	Depth					EEZE RECORD	T	A 1 199	
Perforate Protect Casing Plug Back TD	Top Bottom	туре	of Cement	# Sacks	Osed		Type and F	ercent Additives	
Plug Off Zone									
Did you perform a hydraulic Does the volume of the tota Was the hydraulic fracturing	al base fluid of the hydra	ulic fractu	ring treatment ex			Yes ? Yes Yes	No (If No, ski	ip questions 2 ar ip question 3) out Page Three	
Shots Per Foot			D - Bridge Plugs ach Interval Perf				cture, Shot, Cement mount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:		Packer At	:	Liner Run:	Yes No		
Date of First, Resumed Pr	roduction, SWD or ENH	R.	Producing Meth Flowing	od: Pumping	g 🗌	Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil Bł	ols.	Gas	Mcf	Wate	er Bl	ols. (Gas-Oil Ratio	Gravity
DISPOSITION	I OF GAS:		N	IETHOD OF	COMPLE	ETION:		PRODUCTIO	ON INTERVAL:
Vented Sold	Used on Lease		pen Hole	Perf.	Dually	Comp. Con	nmingled		
(If vented, Subm	it ACO-18.)		ther (Specify)		(Submit)	-100-5) (Subi	mit ACO-4)		

Summary of Changes

Lease Name and Number: Light D-2 API/Permit #: 15-107-24678-00-00

Doc ID: 1225495

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value	
Approved By	Deanna Garrison	NAOMI JAMES	
Approved Date	10/30/2013	10/01/2014	
Date of First or Resumed Production or		03/01/2014	
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=8&to Bob Eberhart	ation.cfm?section=8&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 Other	No	Yes	
Producing Method Other Detail		water injection	

Summary of changes for correction 2 continued

Field Name	Previous Value	New Value
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 64776	//kcc/detail/operatorE ditDetail.cfm?docID=12 25495