Confidentiality Requested: Yes No

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

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 🗌 West
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) Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Producing Formation:
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
☐ 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? 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:
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)
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 #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
Recompletion Date Recompletion Date	Countv: 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 III Approved by: Date:				

Operator Name:			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, files must be submitted				gs must be ema	iled to kcc-well-lo	gs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests Taken (Attach Additional Sho	eets)	Yes No			n (Top), Depth ar		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne		on, 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 / SQL	IFEZE BECORD			
Purpose:	Depth	Type of Cement	# Sacks Used	ALLEE TILOGRID	Type and P	ercent Additives	
Perforate Protect Casing Plug Back TD Plug Off Zone	Top Bottom	7,			7,		
r lug on zone							
Did you perform a hydraulic Does the volume of the tota Was the hydraulic fracturing	l base fluid of the hydra	ulic fracturing treatment ex		Yes Yes Yes	No (If No, ski	p questions 2 an p question 3) out Page Three o	
Shots Per Foot		N RECORD - Bridge Plug otage of Each Interval Perl			cture, Shot, Cement mount and Kind of Ma		I Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed Pr	oduction, SWD or ENHI	R. Producing Meth		Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil Bb	ols. Gas	Mcf Wate	er Bl	ols. G	as-Oil Ratio	Gravity
DISPOSITION	LOE GAS:		METHOD OF COMPLE	TION:		PPODLICTIO	N INTERVAL:
Vented Sold	Used on Lease	Open Hole		Comp. Con	nmingled mit ACO-4)	PRODUCTIO	IN INTERVAL:
(If vented, Subm	it ACO-18.)	Other (Specify)			´		

Summary of Changes

Lease Name and Number: Light D-5 API/Permit #: 15-107-24681-00-00

Doc ID: 1225499

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value	
Approved By	Deanna Garrison	NAOMI JAMES	
Approved Date	11/12/2013	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 64780	//kcc/detail/operatorE ditDetail.cfm?docID=12 25499