Confidentiality Requested:

CORRECTION #2

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1225513

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  North / 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:				
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ 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?				
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 #:					
SWD         Permit #           ENHR         Permit #:	Location of fluid disposal if hauled offsite:				
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. 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:					

# 

1225513

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, 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 (Attach Additional S	-	Yes No	L	Log Formation (Top), Depth and Datum Sample			Sample
Samples Sent to Geol	,	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ 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 / 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							
Did you perform a hydrau	ulic fracturing treatment	on this well?		Yes	No (If No, skip	questions 2 an	nd 3)
		Iraulic fracturing treatment ex n submitted to the chemical o		?		o question 3) out Page Three o	of the ACO-1)
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type			s Set/Type	Acid, Fracture, Shot, Cement Squeeze Record			

Shots Per Foot		Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)		Depth			
TUBING RECORD:	Si	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed	Product	tion, SWD or ENH	٦.	Producing Method	: ] Pump	oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas Mo	f	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
			1							
DISPOSITION OF GAS:					TION:		PRODUCTION IN	TERVAL:		
Vented Solo		Used on Lease		Open Hole	Perf.	Dually (Submit A	Comp. A <i>CO-5)</i>	Commingled (Submit ACO-4)		
(If vented, Submit ACO-18.)				Other (Specify)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

## Summary of Changes

Lease Name and Number: Light B-5

API/Permit #: 15-107-24706-00-00

Doc ID: 1225513

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 ation.cfm?section=8&to	https://kolar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=8&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 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 64764	//kcc/detail/operatorE ditDetail.cfm?docID=12 25513