Confidentiality Requested:

CORRECTION #2

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1233199

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

WELL COMPLETION FORM

WELL HISTO)RY - DESCRI	PTION OF W	ELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	Sec TwpS. R East 🗌 West
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:	_+ East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	
Name:	(e.g. xx.xxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workov	er Field Name:
	Producing Formation:
	SIOW Elevation: Ground: Kelly Bushing:
Gas D&A ENHR OG GSW	SIGW Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Temp. Abd. Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	
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 Co	
Plug Back Conv. to GSW Conv. to GSW	
	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 #:	Operator Name:
GSW Permit #:	
Spud Date or Recompletion Date Date Reached TD Completion Recompletion Date Recompletion Recompletion	

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:						

1233199

Operator Name:	Lease Name:	_ Well #:	
Sec TwpS. 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 She	eets)	Yes No		Log Formatio	on (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	,	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-		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
		ADDITIONA	L CEMENTING / SO	QUEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Protect Casing Plug Back TD							
Plug Off Zone							
Did you perform a hydraulic	fracturing treatment	on this well?		Yes	No (If No, ski	o questions 2 an	nd 3)
Does the volume of the tota	0		exceed 350,000 gallo			p question 3)	,
Was the hydraulic fracturing	g treatment informatio	n submitted to the chemical	disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth		
TUBING RECORD:	Size	e:	Set At	: Packe	er At:	Liner R		No	
Date of First, Resumed	d Productio	on, SWD or ENHF	} .	Producing Method:	iping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbl	ls.	Gas Mcf	Wat	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:			METHOD OF COMPLETION:			PRODUCTION IN	TERVAL:		
			Open Hole Perf. Other (Specify)	Uually (Submit)	,	Commingled (Submit ACO-4)			

Summary of Changes

Lease Name and Number: Sawyer 10i

API/Permit #: 15-091-24337-00-00

Doc ID: 1233199

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	11/04/2014	11/25/2014
Perf_Depth_1	845.0 - 855.0	823.5 - 833.5
Perf_Record_1	845.0 - 855.0	823.5 - 833.5
Production Interval #1	845.0 - 855.0	823.5 - 833.5
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=12
TopsDatum1	30605 159	33199 180.5
TopsDepth1	845	823.5