Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1237621

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

WELL COMPLETION FORM

	_				
WELL HISTORY	- D	DESCRIPTION	1 OF W	/ELL &	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:				
	Elevation: Ground: Kelly Bushing:				
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth: Amount of Surface Pipe Set and Cemented at: Feet				
OG GSW Temp. Abd. CM (Coal Bed Methane)					
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?				
	If yes, show depth set: Feet				
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from:				
Operator:					
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	Quarter Sec TwpS. 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 Approved by: Date:								

CORRECTION #1

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Operator Name:						Lease Name:		Well #:	
Sec	Twp	_S. R	·	East V	Vest	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 Sheets)		Yes No		.og Formatio	on (Top), Depth an			Sample
Samples Sent to Geological Survey		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-o	RECORD Ne		ion, etc.			
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used		and Percent dditives
		ADDITIONAL	CEMENTING / SQU	JEEZE RECORD				
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Used Type and Percent Additives				
Protect Casing Plug Back TD								
Plug Off Zone								
Does the volume of the t		n this well? aulic fracturing treatment ex submitted to the chemical of		│ Yes [? │ Yes [│ Yes [No (If No, ski	o questions 2 an o question 3) out Page Three		D-1)
Shots Per Foot		ON RECORD - Bridge Plug ootage of Each Interval Per			cture, Shot, Cement mount and Kind of Ma		d	Depth
						·		

TUBING RECORD: Si	ze:	Set At:	Pa	cker At:	Liner Run:	Yes	No	
Date of First, Resumed Product	Pr	Producing Method:						
Estimated Production Per 24 Hours	Oil Bbls		Gas Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
			en Hole Per	DD OF COMPLE	Comp. ACO-5)	Commingled (Submit ACO-4)	PRODUCTION INT	ERVAL:

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

Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	GROSDIDIER, FRANCIS E 15-31
Doc ID	1237621

Casing

		Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
SURFACE	9.875	7	20	20	А	4	
PRODUC TION	5.125	2.875	6.5	601.17	A	57	

Summary of Changes

Lease Name and Number: GROSDIDIER, FRANCIS E 15-31 API/Permit #: 15-133-27762-00-00 Doc ID: 1237621 Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value	
API	15-133-27763-00-00	15-133-27762-00-00	
LocationInfoLink	https://kolar.kgs.ku.edu/ kcc/detail/locationInform	https://kolar.kgs.ku.edu/ kcc/detail/locationInform	
Number of Feet East or West From Section Line	ation.cfm?section=15&t 640	ation.cfm?section=15&t 300	
Number of Feet North or South From Section	1520	855	
Line Quarter Call 2	NE	SE	
Quarter Call 3	SE	NE	
Quarter Call 4 - Smallest	SW	SE	
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=12	
Well Number	37605 15-35	37621 15-31	