Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1242678

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

WELL COMPLETION FORM

WELL HISTORY - DE	SCRIPTION OF	WELL & LEASE
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Gas D&A ENHR SIGW OG GSW Temp. Abd. 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: Feet Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: If Alternate II completion, cement circulated from: Feet Operator: Original Comp. Date: Original Total Depth: Feet If Alternate II completion, cement circulated from: Sx cmt. Original Comp. Date: Original Total Depth: (Data must be collected from the Reserve Pit) Sx cmt. Original Comp. Date: Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Chloride content: ppm Fluid volume: bbls Dual Completion Permit #: ENHR Permit #: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #:	OPERATOR: License #		API No. 15
Address 2:	Name:		Spot Description:
City:	Address 1:		
Contact Person:	Address 2:		Feet from Dorth / South Line of Section
Phone:	City: State: Zip):+	Feet from East / West Line of Section
CONTRACTOR: License #	Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Name: (e.g.xxxxxxx) (e.g.xxxxxxx) Wellsite Geologist: Datum: (h.g.g.xxxxxx) Purchaser: Designate Type of Completion: Image: Completion: Image: Completion: Image: Completion: Image: Completion:	Phone: ()		
Name: (e.g. xxxxxx) Wellsite Geologist: Datum: NAD27 NAD83 WGS84 Purchaser: Designate Type of Completion: Lease Name: Well #: Lease Name: Well #: Doil WSW SWD SIOW Elevation: Grout: Well #: Mell #: Oil WSW SWD SIOW Elevation: Grouting Formation: Elevation: Grouting Formation: Oli OS GSW Temp. Abd. Cound: Kelly Bushing: Coundetter Chodic Other (Core, Expl., etc.); Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Original Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No Well Name: Original Total Depth: feet depth to: w/	CONTRACTOR: License #		GPS Location: Lat:, Long:
Wellsite Geologist:	Name:		(e.g. xx.xxxx) (e.gxxx.xxxxx)
Purchaser:	Wellsite Geologist:		
Designate Type of Completion:	Purchaser:		
New Well Re-Entry Workover Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. Elevation: Ground: Relly Bushing: CAI food (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes If Workover/Re-entry: Oid Well Info as follows: If yes, show depth set: Feet Operator:	Designate Type of Completion:		Lease Name: Well #:
Producing Formation:	New Well Re-Entry	Workover	Field Name:
Gas D&A ENHR SIGW Gas D&A ENHR Gas D&A ENHR Gas Date or Date Reached TD			Producing Formation:
OG GSW Temp. Abd. OG GSW Temp. Abd. 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: Original Comp. Date: Original Total Depth: feet depth to: w/ sx cmt. Original Comp. Date: Original Total Depth: multiple Stage Cement circulated from: feet depth to: w/ sx cmt. Original Comp. Date: Original Total Depth: multiple Stage Cement circulated from: feet depth to: w/ sx cmt. Original Comp. Date: Original Total Depth: multiple Stage Cement circulated from: feet depth to: w/ sx cmt. Original Comp. Date: Original Total Depth: multiple Stage Cement circulated from: mu			Elevation: Ground: Kelly Bushing:
Amount of Surface Pipe Set and Cemented at: Feet Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Operator:			Total Vertical Depth: Plug Back Total Depth:
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: Feet Well Name: Original Total Depth: feet depth to: w/sx cmt. Original Comp. Date: Original Total Depth: feet depth to: w/sx cmt. Plug Back Conv. to ENHR Conv. to SWD Conv. to Producer Chloride content: ppm Fluid volume: bbls Dual Completion Permit #: Chloride content: ppm Fluid volume: bbls bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Case Name: License #: Quarter Sec. Twp			Amount of Surface Pipe Set and Cemented at: Feet
If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Operator:			Multiple Stage Cementing Collar Used?
Operator:			If yes, show depth set: Feet
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Plug Back Conv. to GSW Conv. to Producer Commingled Permit #: Chloride content: ppm Dual Completion Permit #: Devermit #: Devermit #: Devermit #: SWD Permit #: Location of fluid disposal if hauled offsite: Deverator Name: Deverator Name: GSW Permit #: Lease Name: License #: Quarter Sec. Twp. S. R. East West	·		If Alternate II completion, cement circulated from:
Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #:	Well Name:		feet depth to:w/sx cmt.
Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #:	Original Comp. Date: Original To	tal Depth:	
Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #: ppm Fluid volume: bbls Dual Completion Permit #: bbls Dewatering method used: bbls SWD Permit #: bbls Dewatering method used: bbls GSW Permit #: bbls Dewatering method used: bbls Operator Name: Coperator Name: Lease Name: License #: conset #: Spud Date or Date Reached TD Completion Date or Quarter Sec TwpS. R East	Deepening Re-perf. Conv. to EN	JHR Conv. to SWD	Drilling Fluid Management Plan
Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter Sec TwpS. R East West	Plug Back Conv. to GS	W Conv. to Producer	
Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name:			Chloride content: ppm Fluid volume: bbls
SWD Permit #: Location of fluid disposal if hauled offsite: ENHR Permit #: Operator Name: GSW Permit #: Lease Name: Spud Date or Date Reached TD Completion Date or			Dewatering method used:
ENHR Permit #: GSW Permit #: Date or Date Reached TD Completion Date or Completion Date or			Location of fluid disposal if haulad offsite:
GSW Permit #: Operator Name:			Location of huid disposal in nadied offsite.
Spud Date or Date Reached TD Completion Date or Lease Name: License #: Quarter Sec Twp S. R East West			Operator Name:
Spud Date or Date Reached ID Completion Date or			Lease Name: License #:
	Spud Date or Date Reached TD	Completion Date or	Quarter Sec TwpS. R East West
			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:				

1242678

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 Taker (Attach Additional		Yes No	L	og Formatio	n (Top), Depth an	d Datum	Sample	
Samples Sent to Geo		Yes No	Nam	е		Тор	Datum	
Cores Taken Electric Log Run	0	☐ 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 / SQL	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 hydrai	ulic fracturing treatment of	on this well?		Yes	No (If No, skip	o questions 2 and	d 3)	
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000			ceed 350,000 gallons	? Yes	No (If No, skip	o question 3)		
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?					No (If No, fill o	out Page Three o	of the ACO-1)	
Shots Per Foot	hots 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			
				1				

	Specify i bolage of Each interval i enotated			(Amount and Kind of Material Osed)			Deptil		
TUBING RECORD:	Siz	ze:	Set At:	Packe	er At:	Liner R	un:	No	
Date of First, Resumed	I Product	ion, SWD or ENHF	٦.	Producing Method:	nping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas Mcf	Wat	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF (GAS:						PRODUCTION INTER	IVAL:
Vented Solo	u 🗌 b	Used on Lease		Open Hole Perf.	Uually (Submit)		Commingled (Submit ACO-4)		
(If vented, Su	bmit ACC	D-18.)		Other (Specify)					

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

Summary of Changes

Lease Name and Number: HAAG ESTATE 2 API/Permit #: 15-055-20007-00-02 Doc ID: 1242678 Correction Number: 1 Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	02/09/2015	02/13/2015
Completion Type - Other Text		Pressure Monitoring Well
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 40731	//kcc/detail/operatorE ditDetail.cfm?docID=12 42678
Well Type	EOR	OTHER