

1249452

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, 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 / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information 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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Black Tea Oil

Krebs R1

RTD 4440

LTD 4413

5 ½ set at 4440 200 sks

8 5/8 surface 186 sks

Port Collar 2069 400 sks

Perfs

Morrow 4310-32

Johnsons 4290-4300

Johnson 4266-72

Treated with 3000 gal 15% INS

FT Scott 4182-94

Pawnee 4166-72

Altamont 4132-56

Treated above with 5000 gal 15% INS

Marmaton 4103-08 1500 gal 15% INS

Pleasanton 4046-50 1500 gal 15% INS

Summary of Changes

Lease Name and Number: Krebs R 1

API/Permit #: 15-109-21239-00-00

Doc ID: 1249452

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	263
Approved Date	04/30/2014	04/27/2015
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
CasingSettingDepthPDF F_1	250	263
CasingSettingDepthPDF F_2	4388	4440
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2069
If Alternate II Completion - Cement Circulated To		0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
If Alternate II Completion - Sacks of Cement	450	400
Kelly Bushing Elevation	2682	2684
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2069
Perf_Record_1		see attached report
Plug Back Total Depth	4450	4413
Producing Formation	KANSAS CITY / JOHNSON	see attached report
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1202100	../../../../kcc/detail/operatorEditDetail.cfm?docID=1249452
TopsDatum1	-1307	-1626
TopsDatum2		-1582
TopsDatum3		-1498
TopsDatum4		-1482
TopsDatum5		-1448

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDatum6		-1419
TopsDatum7		-1362
TopsDepth1	3989	4310
TopsDepth2		4266
TopsDepth3		4182
TopsDepth4		4166
TopsDepth5		4132
TopsDepth6		4103
TopsDepth7		4046
TopsName1	KANSAS CITY	morrow
TopsName2		johnson
TopsName3		ft scott
TopsName4		pawnee

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsName5		altamont
TopsName6		marmaton
TopsName7		pleasanton
Total Depth	4450	4440

Summary of Attachments

Lease Name and Number: Krebs R 1

API: 15-109-21239-00-00

Doc ID: 1249452

Correction Number: 1

Attachment Name

