Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1251526

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

WELL COMPLETION FORM

WELL	HISTORY -	- DESCRIP	TION OF	WELL &	LEASE

OPERATOR: License #		API No. 15		
Name:		Spot Description:		
Address 1:				
Address 2:		Feet from Dorth / 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.xxxxx)		
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		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.):		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:		
Well Name:		feet depth to:w/sx cmt.		
Original Comp. Date: Original Total				
	R Conv. to SWD	Duilling Fluid Management Dian		
	Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)		
		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 #:		Lease Name: License #:		
•	Completion Date or Recompletion Date	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:				

1251526

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		Yes No		Log Formatio	on (Top), Depth an	d Datum	Sample
(Attach Additional Sheets) Samples Sent to Geological Survey		Yes No	Nar	ne		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-c		ew Used termediate, 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
		ADDITIONAL	CEMENTING / SQ	UEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used Type and Percent Ac			ercent Additives	
Protect Casing							
Plug Off Zone							
Did you perform a hydraulic fracturing treatment on this well? Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 Was the hydraulic fracturing treatment information submitted to the chemical disclosure regi				☐ Yes [s? ☐ Yes [☐ Yes [No (If No, ski	o questions 2 ar o question 3) out Page Three	
Shots Per Foot PERF		ON RECORD - Bridge Plugs Footage of Each Interval Perf	s Set/Type orated		cture, Shot, Cement mount and Kind of Mat		d Depth

TUBING RECORD:	Siz	e:	Set At:		Packer	r At:	Liner Rur		No	
Date of First, Resumed Production, SWD or ENHR.			Producing N		ping	Gas Lift	Other (Explain)			
Estimated Production Oil Bbls. Per 24 Hours		ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity	
			METHOD OF COMPLETIC Open Hole Perf. Dually Co			Commingled	PRODUCTION INTER	RVAL:		
		Other <i>(Specify)</i>		(Submit A	ACO-5)	(Submit ACO-4)				

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

Form	ACO1 - Well Completion
Operator	Trek AEC, LLC
Well Name	Blackwelder 1-30
Doc ID	1251526

All Electric Logs Run

Porosity	
MicroLog	
Sonic	
Composite	
Induction	

Form	ACO1 - Well Completion
Operator	Trek AEC, LLC
Well Name	Blackwelder 1-30
Doc ID	1251526

Tops

Name	Тор	Datum
Indian Cave	2772	-853
Wabaunsee	2822	-953
Tarkio Lime	3036	-1167
Emporia Lime	3102	-1233
Bern Lime	3160	-1291
Topeka	3364	-1495
Heebner	3715	-1846
Lansing	3906	-2037
Stark	4200	-2329
Marmaton	4330	-2461
Mississippi	4430	-2561
Kinderhook	4570	-2701
Viola	4752	2833
Arbuckle	4780	2911

Summary of Changes

Lease Name and Number: Blackwelder 1-30 API/Permit #: 15-151-22444-00-00 Doc ID: 1251526 Correction Number: 1 Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	04/01/2015	05/05/2015
Perf_Material_4		1500 bbls water, 78,820# 5 stage 20/40
Perf_Record_4		frac sand 4436-4485
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 44694	//kcc/detail/operatorE ditDetail.cfm?docID=12 51526