CORRECTION #2

Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

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

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #		API No. 15		
Name:		Spot Description:		
Address 1:		SecTwpS. R		
Address 2:		Feet from North / South Line of Section		
City: State: 2	Zip:+	Feet from _ East / _ West Line of Section		
Contact Person:		Footages Calculated from Nearest Outside Section Corner:		
Phone: ()		□NE □NW □SE □SW		
CONTRACTOR: License #		GPS Location: Lat:, Long:		
Name:		(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)		
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84		
Purchaser:		County:		
Designate Type of Completion:		Lease Name: Well #:		
New Well Re-Entry	Workover	Field Name: Producing Formation:		
Oil WSW SWD	SIOW	Elevation: Ground: Kelly Bushing:		
☐ Gas ☐ D&A ☐ ENHR☐ OG ☐ GSW	☐ SIGW	Total Vertical Depth: Plug Back Total Depth:		
	Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet		
□ CM (Coal Bed Methane) □ 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				
Deepening Re-perf. Conv. to I	<u>.</u>	Drilling Fluid Management Plan		
	GSW Conv. to Producer	(Data must be collected from the Reserve Pit)		
	_	Chloride content:ppm Fluid volume:bbls		
		Dewatering method used:		
		Downtoning motion dood.		
		Location of fluid disposal if hauled offsite:		
		Operator Name:		
GSW Permit #:		Lease Name: License #:		
Canad Data as Data Data LTD	Completion Data and	Quarter Sec Twp S. R		
Spud Date or Date Reached TD Completion Date or 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:

Operator Name: _ Lease Name: __ Well #: _ 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). No **Drill Stem Tests Taken** Yes Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes No J Yes Cores Taken No Electric Log Run ___ Yes List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) Yes Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? No (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No Date of First, Resumed Production, SWD or ENHR. Producing Method: Gas Lift Flowing Pumping Other (Explain) **Estimated Production** Bbls. Oil Bbls Gas Mcf Water Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Form	ACO1 - Well Completion	
Operator	Edison Operating Company LLC	
Well Name	Page 'owwo' 1-27	
Doc ID	1255882	

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	12	8.625	24	320	AA-2	275	
Production	8	5.5	15.5	4216	AA-2	175	

Summary of Changes

Lease Name and Number: Page 'owwo' 1-27

API/Permit #: 15-185-20563-00-01

Doc ID: 1255882

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
API	15-185-20563-00-02	15-185-20563-00-01
Approved Date	06/23/2015	06/29/2015
CasingNumbSacksUse dPDF_1		275
CasingNumbSacksUse dPDF_2		175
CasingPurposeOfString PDF_1		Surface
CasingPurposeOfString PDF_2		Production
CasingSettingDepthPD F_1		320
CasingSettingDepthPD F_2		4216
CasingSizeCasingSetP DF_1		8.625
CasingSizeCasingSetP DF_2		5.5

Summary of changes for correction 2 continued

Field Name	Previous Value	New Value
CasingSizeHoleDrilledP DF_1		12
CasingSizeHoleDrilledP DF_2		8
CasingTypeOfCementP DF_1		AA-2
CasingTypeOfCementP DF_2		AA-2
CasingWeightPDF_1		24
CasingWeightPDF_2		15.5
Date of First or Resumed Production or		01/23/2015
SWD or Enhr Fracturing Question 1	No	Yes
Fracturing Question 2		No
Perf_Material_1		2500 gal acid
Perf_Material_2		Frac 5483 bbls fluid
Perf_Material_3		32,000 lbs sand
Perf_Record_1		4004-4014

Summary of changes for correction 2 continued

Field Name	Previous Value	New Value
Perf_Shots_1		1
Producing Formation	Mississippian	Viola
Producing Method Pumping	No	Yes
Production - Barrels Oil		30
Production - Barrels of Water		200
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 30519	//kcc/detail/operatorE ditDetail.cfm?docID=12 55882

Kansas Corporation Commission Oil & Gas Conservation Division Confidentiality Requested: Yes No

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OPERATOR: License #	API No. 15		
Name:	Spot Description:		
Address 1:	SecTwpS. R 🗌 East 🗌 West		
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: ()	□NE □NW □SE □SW		
CONTRACTOR: License #	GPS Location: Lat:, Long:		
Name:	(e.g. xx.xxxxx) (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:		
□ Oil □ WSW □ SWD □ SIOW	Producing Formation:		
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:		
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:		
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet		
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?		
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: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:



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1230519

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

CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #			API No. 15		
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Name:			(e.g. xx.xxxxx) (e.gxxx.xxxxxx)		
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Purchaser:			County:		
Designate Type of Completion:			Lease Name: Well #:		
	Entry	Workover	Field Name:		
			Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	□ SIOW □ SIGW	Elevation: Ground: Kelly Bushing:		
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:		
CM (Coal Bed Methane)	d3vv	remp. Abu.	Amount of Surface Pipe Set and Cemented at: Fee		
Cathodic Other (Core,	. Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No		
If Workover/Re-entry: Old Well Info			If yes, show depth set: Fee		
Operator:			If Alternate II completion, cement circulated from:		
Well Name:			feet depth to: sx cm		
Original Comp. Date:			·		
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan		
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)		
O constituents of	D		Chloride content: ppm Fluid volume: bbls		
☐ Commingled☐ Dual Completion			Dewatering method used:		
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Spud Date or Date Rea	ched TD	Completion Date or	QuarterSecTwpS. R East Wes		
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