

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
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

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> _____	PRODUCTION INTERVAL: _____ _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------

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 SWD or Enhr Fracturing Question 1	No	01/23/2015 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/operatorEditDetail.cfm?docID=1230519	../..kcc/detail/operatorEditDetail.cfm?docID=1255882

