Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1257019

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:			
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: ()			
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:		
	Producing Formation:		
Oil WSW SWD SIOW	Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth:		
□ 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?		
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 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)		
	Chloride content: ppm Fluid volume: bbls		
Commingled Permit #:	Dewatering method used:		
Dual Completion Permit #: SWD Permit #:			
SWD Permit #: ENHR Permit #:	Location of fluid disposal if hauled offsite:		
GSW Permit #:	Operator Name:		
GSW Feimit #	Lease Name: License #:		
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. R East _ West		
Recompletion Date Reached TD Recompletion Date of 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 III Approved by: Date:						

1257019

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		.og Formatio	on (Top), Depth an	d Datum	Sample
Samples Sent to Geo		Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-o	RECORD Ne		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 / SQU	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing							
Plug Off Zone							
Did you perform a hydrai	ulic fracturing treatment	on this well?		Yes	No (If No, ski	o questions 2 an	d 3)
		Iraulic fracturing treatment ex				o question 3)	of the $ACO(1)$
was the hydraulic fractul	ing treatment informatio	n submitted to the chemical o	uisciosure registry?	Yes	No (If No, fill o	out Page Three	u ine ACO-I)
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type				Acid, Fra	cture, Shot, Cement	Squeeze Record	t l

Shots Per Foot		Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)			Depth		
TUBING RECORD:	Si	ze:	Set At:	Р	acker	At:	Liner R		No	
Date of First, Resumed	Product	ion, SWD or ENH	٦.	Producing Method:	Pump	bing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas Mcf		Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS: METHOD OF COMPLE			TION:		PRODUCTION INTER	RVAL:				
Vented Solo		Used on Lease		Open Hole	erf.	Dually (Submit A	Comp. A <i>CO-5)</i>	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: Stainbrook 11-14 API/Permit #: 15-107-24963-00-00 Doc ID: 1257019 Correction Number: 1 Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved By	Deanna Garrison	NAOMI JAMES
Approved Date	07/07/2014	07/07/2015
Date of First or Resumed Production or		7/7/2015
SWD or Enhr Electric Log Run?	No	Yes
Elogs_PDF		Gamma Ray-Neutron-
Method Of Completion - Perf	No	CCL Yes
Perf_Material_1		Acid 250 gal 7.5% HCL
Perf_Material_2		Acid 250 gal 7.5% HCL
Perf_Record_1		284-294
Perf_Record_2		297-307

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value	
Perf_Shots_1		3	
Perf_Shots_2		3	
Producing Method Pumping	No	Yes	
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 13236	//kcc/detail/operatorE ditDetail.cfm?docID=12 57019	