Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1261038

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 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.gxxx.xxxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84				
Wellsite Geologist:					
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
Gas D&A ENHR SIGW					
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 ves, 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	Duilling Fluid Management Dian				
Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Commingled Permit #:	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 #:					
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. 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 III Approved by: Date:					

1261038

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).

	Yes No	L	og Formatio	n (Top), Depth an	d Datum	Sample
	🗌 Yes 🗌 No	Nam	е		Тор	Datum
	Yes No					
				on, etc.		
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 / SQL	JEEZE RECORD			
Purpose: Depth Top Bottom Type of Cement # Sacks Used			Type and Percent Additives			
ulic fracturing treatment of	on this well?		Yes	No (If No, skip	o questions 2 and	d 3)
otal base fluid of the hyd	Iraulic fracturing treatment ex	ceed 350,000 gallons	? Yes	No (If No, skip	o question 3)	
ing treatment information	n submitted to the chemical o	disclosure registry?	Yes	No (If No, fill o	out Page Three o	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 (Amount and Kind of Material Used) Depth			
	Depth Top Bottom	Sheets) logical Survey Yes No Yes No Yes No Size Hole Size Casing Drilled Size Casing Set (In O.D.) ADDITIONAL Depth Top Bottom Type of Cement Icop Bottom Ulic fracturing treatment on this well? Dearther the hydraulic fracturing treatment exing treatment information submitted to the chemical of PERFORATION RECORD - Bridge Plug	Sheets) Image: Sheets in the short of	Sheets) Image: Sheets) Image: Sheets) logical Survey Yes No Yes No Yes Yes No Yes No CASING RECORD New Used Report all strings set-conductor, surface, intermediate, producting Size Hole Size Casing Weight Drilled Set (In O.D.) Lbs. / Ft. Depth Top Bottom Image: Set (In O.D.) ADDITIONAL CEMENTING / SQUEEZE RECORD ADDITIONAL CEMENTING / SQUEEZE RECORD Image: Set fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes Image: set fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes Image: performation submitted to the chemical disclosure registry? Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fract	Sheets) Image: Construction of the system of the syste	Sheets) Image: Construction of the stress of the stres

	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used) De			Depth			
TUBING RECORD:	Siz	e:	Set At:		Packer	r At:	Liner R		No	
Date of First, Resumed	I Production	on, SWD or ENHF	} .	Producing Me	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	S.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISDOSITI		A.C.			METHOD		TION			
DISPOSITI	_	Jsed on Lease		Open Hole	Perf.	OF COMPLE	Comp.	Commingled (Submit ACO-4)	PRODUCTION IN	
(If vented, Su	ıbmit ACO	-18.)		Other (Specify)				(Submit ACO-4)		

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

Summary of Changes

Lease Name and Number: Stainbrook 26W-14 API/Permit #: 15-107-24996-00-00 Doc ID: 1261038 Correction Number: 1 Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved By	Deanna Garrison	NAOMI JAMES
Approved Date	07/08/2014	08/13/2015
Date of First or Resumed Production or		08/13/2015
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_Record_1		308-313
Perf_Shots_1		4
Producing Method Other	No	Yes

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Producing Method Other Detail		water injection
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 13362	//kcc/detail/operatorE ditDetail.cfm?docID=12 61038