Confidentiality Requested: Yes No

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1261047

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:			
	Elevation: Ground: Kelly Bushing:			
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:			
GG GSW 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			
,	If Alternate II completion, cement circulated from:			
Operator:	feet depth to:w/sx cmt.			
	w/sx cm.			
Original Comp. Date: Original Total Depth:				
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)			
Plug Back Conv. to GSW Conv. to Producer	(Data musi de collected nom the reserve rit)			
Comminaled Permit #:	Chloride content: ppm Fluid volume: bbls			
Dual Completion Permit #:	Dewatering method used:			
SWD Permit #:	Location of fluid disposal if hauled offsite:			
ENHR Permit #:	Oneveter Name			
GSW Permit #:	Operator Name:			
	Lease Name: License #:			
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West			

County:

Recompletion Date

Date Reached TD

Completion Date or **Recompletion Date**

> **KCC Office Use ONLY** Confidentiality Requested Date: Confidential Release Date: _ Wireline Log Received **Geologist Report Received** UIC Distribution ALT I I II Approved by: Date:

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

1261047

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		.og Formatic	on (Top), Depth an	d Datum	Sample
(Attach Additional S Samples Sent to Geol	,	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-o	RECORD Ne		on, 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 Back TD Plug Off Zone							
Did you perform a hydrau				Yes [o questions 2 an	d 3)
		raulic fracturing treatment ex n submitted to the chemical of		? Yes Yes		o question 3) out Page Three o	of the ACO-1)
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Fach Interval Perforated				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			

	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used) Dep			Depth			
TUBING RECORD:	Si	ze:	Set At:	Pa	cker At:		Liner Ru		No	
Date of First, Resumed	Product	ion, SWD or ENHF	} .	Producing Method:	umping		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 INTE	ERVAL:		
Vented Solo		Used on Lease Open Hole		Open Hole Per	Perf. Dually (Submit A		Comp. Commingled ACO-5) (Submit ACO-4)			
(If vented, Submit ACO-18.)		Other (Specify)								

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

Summary of Changes

Lease Name and Number: Stainbrook 30W-14 API/Permit #: 15-107-25000-00-00 Doc ID: 1261047 Correction Number: 1 Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	08/06/2014	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		283-288
Perf_Shots_1		4
Producing Method Other	No	Yes
Producing Method Other Detail		water injection

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 17499	//kcc/detail/operatorE ditDetail.cfm?docID=12 61047