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:			SecTwp S. R
Address 2:			Feet from North / South Line of Section
City: Sta	ate: Zi	p:+	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.xxxxxx)
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84
Purchaser:			County:
Designate Type of Completion:			Lease Name: Well #:
New Well Re-l	Entry	Workover	Field Name:
			Producing Formation:
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	G3W	iemp. Abd.	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:w/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)
Comming to d	Downsit #		Chloride content: ppm Fluid volume: bbls
CommingledDual Completion			Dewatering method used:
SWD			Location of fluid disposal if hauled offsite:
☐ ENHR			Location of haid disposal in hadied offsite.
☐ GSW			Operator Name:
_			Lease Name: License #:
Spud Date or Date Read	ched TD	Completion Date or	QuarterSecTwpS. R East Wes
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:

Operator Name:				Lease l	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ing and shut-in pressu	ires, whet	her shut-in pre	ssure reac	hed stati	c level, hydrosta	tic pressures, bott			
Final Radioactivity Log files must be submitte						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electr	onic log
Drill Stem Tests Taken (Attach Additional S		Ye	s No				n (Top), Depth an		Sampl	
Samples Sent to Geol	ogical Survey	☐ Ye	s No		Nam	е		Тор	Datum	1
Cores Taken Electric Log Run		☐ Ye								
List All E. Logs Run:										
			CASING	RECORD	☐ Ne	w Used				
		Repo	rt all strings set-c	conductor, su	ırface, inte	ermediate, producti	on, etc.		I	
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used	Type and Pe Additive	
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose: Depth Type of Cement Perforate Protect Casing Plug Back TD		of Cement	# Sacks Used Type and Percent Additives							
Plug Off Zone										
Did you perform a hydrau Does the volume of the to Was the hydraulic fractur	otal base fluid of the hydra	aulic fractu	ring treatment ex	,	0	? Yes	No (If No, ski	p questions 2 ar p question 3) out Page Three		
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						
TUBING RECORD:	Size:	Set At:		Packer A	••	Liner Run:				
TOBING ALCOAD.	Oize.	Set At.		racker A	ι.	Linei Ruii.	Yes No			
Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pure		nod:	g 🗌	Gas Lift C	other (Explain)					
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er Bl	ols. G	as-Oil Ratio	Gra	vity
DISPOSITIO	ON OF GAS:		N	METHOD OF	COMPLE	ETION:		PRODUCTION	ON INTERVAL:	
Vented Sold			pen Hole	Perf.	Dually	Comp. Con	nmingled			
(If vented, Sub	omit ACO-18.)		Other (Specify)		(Submit)	400-5) (Subi	mit ACO-4)			

Summary of Changes

Lease Name and Number: Snyder 4 API/Permit #: 15-035-24588-00-00

Doc ID: 1263709

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	04/07/2015	09/15/2015
Electric Log Run?	No	Yes
Elogs_PDF		Dual Induction
Formation Top Source - Log	No	Compensated Density Yes
Formation Top Source - Sample	Yes	No
Fracturing Question 1	No	Yes
Fracturing Question 2		No
Perf_Material_1	2000 gal 10% Acid	200 gal 10% Acid
Perf_Material_2		500#-20/40,100#-12/20
Perf_Material_3		3000 gal 12.5% Acid

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value		
Perf_Material_4		2 zones acidized together		
Perf_Record_1	2312-16	2890-2900		
Perf_Record_2		2766-2770 CIBP-2860		
Perf_Record_3		2412-2416 CIBP-2556		
Perf_Record_4		2322-2326		
Perf_Shots_1	4	2		
Perf_Shots_2		2		
Perf_Shots_3		4		
Perf_Shots_4		4		
Samples Sent To KGS?	No	Yes		
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=12		
TopsDatum1	48497 -1104	63709 -1024		
TopsDatum2	-1452	-1114		

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDatum3		-1454
TopsDepth1	2402	2322
TopsDepth2	2750	2412
TopsDepth3		2752
TopsName1	Oswego	Altamont
TopsName2	Mississippi	Pawnee
TopsName3		Mississippi
Tubing Set At		2442.7
Tubing Size		2.375