



1263709

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
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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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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 Compensated Density Yes
Formation Top Source - Log	No	
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/operatorEditDetail.cfm?docID=1248497	../../../../kcc/detail/operatorEditDetail.cfm?docID=1263709
TopsDatum1	-1104	-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