Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1265740

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.xxxx) (e.gxxx.xxxx)		
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:		
		Total Vertical Depth: Plug Back Total Depth:		
OG CM (Coal Bed Methane)	GSW Temp. Abd.	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 fol		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: O				
	onv. to ENHR Conv. to SWD	Drilling Fluid Monogoment Dien		
	onv. to GSW	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)		
	:+ u.	Chloride content: ppm Fluid volume: bbls		
	it #:	Dewatering method used:		
	it #:	Location of fluid disposal if hauled offsite:		
	it #:	Location of huid disposal in hadied offsite.		
	it #:	Operator Name:		
		Lease Name: License #:		
Spud Date or Date Reached TI	D Completion Date or	Quarter Sec TwpS. 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:				

1265740

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	L	og Formatio	on (Top), Depth an	d Datum	Sample
Samples Sent to Geo	,	Yes No	Nam	9		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c	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	EEZE 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	0			Yes [o questions 2 an	nd 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		ON RECORD - Bridge Plug			cture, Shot, Cement		j Denth

Shots Fer Tool	Specify Footage of Each Interval Perforated				(Amount and Kino	of Material Used)	Depth			
TUBING RECORD:	Si	ze:	Set At:	Р	acker	At:	Liner R	lun:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	۲.	Producing Method:	Pumpi	ing	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 COMPL		F COMPLE	TION:		PRODUCTION INTER	RVAL:				
Vented Solo		Used on Lease		Open Hole	erf.	Dually (Submit A		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	e and	Number:	Rolf	A-5
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API/Permit #: 15-031-24120-00-00

Doc ID: 1265740

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	09/01/2015	09/30/2015
Date of First or Resumed Production or		09/30/2015
SWD or Enhr Electric Log Run?	No	Yes
Elogs_PDF		Gamma
Fracturing Question 1	No	Ray/Neutron/CCL Yes
Fracturing Question 2		No
Method Of Completion - Perf	No	Yes
Perf_Record_1		1024-1031 - 22 Perfs - 2" DML RTG
Perf_Shots_1		3
Producing Method Pumping	No	Yes

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Production - Barrels Oil		1
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=12
TopsDatum1	62913 +14	65740 +13
TopsDepth1	1025	1024