Confidentiality Requested:

CORRECTION #2

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1271742

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL HISTO)RY - DESCRI	PTION OF W	ELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	Sec TwpS. R East West
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 #	
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 Workov	Field Name:
	Producing Formation:
	SIOW Elevation: Ground: Kelly Bushing:
Gas D&A ENHR OG GSW	SIGW Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Temp. Abd. Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	
Well Name:	
Original Comp. Date: Original Total Depth: _	
Deepening Re-perf. Conv. to ENHR C	
Plug Back	
	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 #:	Operator Name:
GSW Permit #:	
Spud Date or Date Reached TD Completion Recompletion Date Recompletion Recompletion	Quarter Sec. Twp. S. R. East West etion 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:

CORRECTION #2

1271742

Operator Na	me:			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 (Attach Additional Sh	neets)	Yes No		Log Forma	tion (Top), Depth ar	nd Datum	Sample
Samples Sent to Geolo	Samples Sent to Geological Survey		N	ame		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-	RECORD	New Used intermediate, produ	ction, 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 / S	QUEEZE RECOR	D		
Purpose: Depth Perforate Top Bottom		Type of Cement	# Sacks Used	Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone							
Did you perform a hydrauliu	-	on this well? draulic fracturing treatment e	4000d 250 000 coll	Yes		ip questions 2 ar	nd 3)
		on submitted to the chemical				out Page Three	of the ACO-1)
Shots Per Foot		ON RECORD - Bridge Plug Footage of Each Interval Per		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) D			
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed P	roduction, SWD or EN	IHR. Producing Met	hod:	1			

			Flowing	Pumpi	ng 🔄 Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
Vented Sold Used on Lease	Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)	
(If vented, Submit ACO-18.)	Other (Specify)	

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	RICHARDS 12-9
Doc ID	1271742

Casing

Purpose Of String		Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	11	8.625	24	44	Portland	8	None
Production	6.75	2.875	6.5	1109	50/50 Pozmix	220	2%Gel,5% Salt



TICKET NUMBER	49906
LOCATION O4FO	wa KS

.

FOREMAN Fred Mader

DATE	CUSTOMER #	WEL	L NAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-13.15	3372	Richard	ls # 1:	2.9	SW B	679	17	CE
CUSTOMER				ſ		A DECEMBER OF	= = =	52382 (54550)
Gr	and me	ca		-	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDR	ESS			1 1	712	Frenkas		
1700	a wat	as Front			495	Horber		
CITY		STATE	ZIP CODE		675	Kil bet		
Wich	, for	KS	67206		558	TraNor		
JOB TYPE	100	HOLE SIZE	<u> </u>	HOLE DEPTH		CASING SIZE & W	EIGHT 2 18	EUF
CASING DEPTH	5,109	DRILL PIPE		TUBING		· · · · · · · · · · · · · · · · · · ·	OTHER	
SLURRY WEIGH	нт	SLURRY VOL		WATER gal/sl	(CEMENT LEFT in	CASING Ful	
DISPLACEMENT DISPLACEMENT PSI MIX PSI RATE BPM								
REMARKS: H	c.h	che mie			Mectio	n vati 16		tik r
	and a state of the	SK5 50/5 902		TA Com	1 .4 /	a conus	1 4	
Mixel	mp -2-	11	Bd. C. M.			Shur S		

McGow PV:11.m

Fred Made

ACCOUNT **DESCRIPTION of SERVICES or PRODUCT** UNIT PRICE QUANITY or UNITS TOTAL CODE Plug CE0450 PUMP CHARGE Bullhed 495 33mi CE 000 7 MILEAGE 456 1/3 min mus CEOTH Ton 535 M.lo SO BBLV WEDSSO ck r 695 SUBTONO 50/50 Bland IA Coment CC 5840 335KS CC 59 10.4 166 Kton CC 6080 500 13# Sub Total SALES TAX ESTIMATED Ravin 3737 TOTAL AUTHORIZTION TITLE-DATE

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

Summary of Changes

Lease Name and Number: RICHARDS 12-9 API/Permit #: 15-031-23855-00-00 Doc ID: 1271742 Correction Number: 2 Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Additional Type And Percent Additive		6% Gel, 10# Cottonseed hulls
Approved Date	07/07/2014	11/18/2015
CasingAdd_Type_PctP DF_1		None
Cementing Purpose Plug Back TD	No	Yes
CementingDepth1_PDF	-	0-1142
CementingDepthBase1		1142
CementingDepthTop1		0
Completion Or Recompletion Date	03/28/2014	11/13/2015
Date of First or Resumed Production or	06/20/2014	
SWD or Enhr Field Name	Wildcat	Parmley Northwest

Summary of changes for correction 2 continued

Field Name	Previous Value	New Value
Number Of Sacks Used for Cementing / Squeezing- Line 1 Producing Method Pumping	Yes	33 No
Production - Barrels Oil	2	
Production - Barrels of Water	3	
Production - MCF Gas	0	
Purchaser's Name	Coffeyville Resources	None
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=12
Save Link TopsDatum5		
	ditDetail.cfm?docID=12	ditDetail.cfm?docID=12 71742
TopsDatum5	ditDetail.cfm?docID=12 12849	ditDetail.cfm?docID=12 71742 None
TopsDatum5 TopsName2	ditDetail.cfm?docID=12 12849 976	ditDetail.cfm?docID=12 71742 None
TopsDatum5 TopsName2 Tubing Set At	ditDetail.cfm?docID=12 12849 976 1109	ditDetail.cfm?docID=12 71742 None

Summary of Attachments

Lease Name and Number: RICHARDS 12-9 API: 15-031-23855-00-00 Doc ID: 1271742 Correction Number: 2 Attachment Name

Plugging cement ticket

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1212849

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

CONFIDENTIAL	WELL COMPLETION FORM
	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.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
	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
Coal Bed Methane)	Multiple Stage Cementing Collar Used? Yes No
Cathodic Other (Core, Expl., etc.):	
If Workover/Re-entry: Old Well Info as follows:	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: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(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 TwpS. R East West
Recompletion Date Recompletion Date	County: Permit #:

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Yes No

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Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1212043

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CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

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Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:, (e.gxxx.xxxxx)
Name:	Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	County:
Purchaser:	Lease Name: Well #:
Designate Type of Completion:	
New Well Re-Entry Workover	Field Name:
	Producing Formation:
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
☐ OG	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
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□ GSW Permit #:	Operator Name:
	Lease Name: License #:
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