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 #: |

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

Confidentiality Requested:

Yes No

| 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: |



Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1212043

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

CONFIDENTIAL 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:, (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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| Well Name: | feet depth to:w/sx cmt. |
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| Commingled Permit #: | Chloride content: ppm Fluid volume: bbls |
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| 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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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: |