

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Summary of Changes

Lease Name and Number: Fulsom B 1

API/Permit #: 15-019-27503-00-00

Doc ID: 1281450

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	40	42
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	03/26/2015	11/08/2017
CasingAdd_Type_PctP DF_2	na	200# Phenoseal
CasingSettingDepthPD F_1	40	42
CasingTypeOfCementP DF_1	port	portland
CasingTypeOfCementP DF_2	class a	60/40 POZ/OWC
Contractor License Number	34103	35116
Contractor Name	Lamamco Drilling Co., a General Partnership	SM Oil & Gas, Inc.
Date of First or Resumed Production or SWD or Enhr		4/1/2015

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Disposition Of Gas - Used on lease	No	Yes
Field Name		Leniton
Fluid Mngmt - County		Chautauqua
Fluid Mngmt - Dewatering Method	Evaporated	Hauled to Disposal
Fluid Mngmt - Lease Name		Fulsom B
Fluid Mngmt - Operator License		35116
Fluid Mngmt - Operator Name		SM Oil & Gas, Inc.
Fluid Mngmt - Permit		D-32153
Fluid Mngmt - Quarter		NE
Fluid Mngmt - Range		10
Fluid Mngmt - Range Direction		East
Fluid Mngmt - Section		17
Fluid Mngmt - Township		33

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Footages Reference Corner	SE	NE
Geologist Report / Mud Logs?		No
Ground Surface Elevation	1020	1036
If Alternate II Completion - Cement Circulated From		2154
If Alternate II Completion - Cement Circulated To		0
If Alternate II Completion - Sacks of Cement		185
Kelly Bushing Elevation	1023	1041
LocationInfoLink	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=17&t	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=17&t
Method Of Completion - Perf	No	Yes
NorthSouthFromReference	South	North
Operator's Contact Name	Skylar Miller	Stan Miller, Sr.
Perf_perf1bottom		2044
Perf_perf1top		2040

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_shots1		22
PerforationsRevised		[[dataGrid]]
Plug Back Total Depth		2154
Producing Method Pumping	No	Yes
Production - Barrels Oil		5
Production - Barrels of Water		100
Production - Oil Gravity		35
Production Interval #1		2040
Production Interval #3		2044
Purchaser's Name		CVR
Subdivision1Largest	SE	NE
Subdivision2	SW	NW
Subdivision3	SE	NE

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Subdivision4Smallest	SW	NW