Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1303942

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

WELL COMPLETION FORM

WELL HISTORY - DE	SCRIPTION OF	WELL & LEASE
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OPERATOR: License #	API No. 15		
Name:	Spot Description:		
Address 1:			
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 #	GPS Location: Lat:, Long:		
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 Workover	Field Name:		
	Producing Formation:		
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth:		
OG GSW Temp. Abd.			
CM (Coal Bed Methane)	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 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)		
	Chloride content: ppm Fluid volume: bbls		
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:		
Dual Completion Permit #: SWD Permit #:			
ENHR Permit #:	Location of fluid disposal if hauled offsite:		
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 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:

CORRECTION #1

1303942

Operator Nar	ne:			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 Sheets)		Yes No		Log Formation (Top), Depth and Datum			Sample
Samples Sent to Geolog	gical Survey	Yes No	Nar	ne		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			RECORD	lew Used termediate, product	tion, 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
			L CEMENTING / SC		<u> </u>		
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used				
Perforate Protect Casing Plug Back TD							
Plug Off Zone							
Did you perform a hydraulid Does the volume of the tota	-	on this well? draulic fracturing treatment e	exceed 350,000 gallon	Yes (p questions 2 ar p question 3)	nd 3)
Was the hydraulic fracturing	g treatment informatic	on submitted to the chemical	disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot		ON RECORD - Bridge Plue Footage of Each Interval Pe			acture, Shot, Cement mount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:			
Date of First, Resumed P	roduction SWD or FN	HR. Producing Met	thod:		Yes No		

			Flowing	Pump	oing 🔄 Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil Bb	ls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
	-	_						
DISPOSITION OF C	AS:			METHOD C	OF COMPLETION:		PRODUCTION INT	ERVAL:
Vented Sold	Jsed on Lease		Open Hole	Perf.	Dually Comp. (Submit ACO-5)	Commingled (Submit ACO-4)		
(If vented, Submit ACC)-18.)		Other (Specify)			. ,		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Randels 5X
Doc ID	1303942

Tops

Name	Тор	Datum
Heebner	3585	-2090
Lansing	3781	-2286
Stark	4164	-2669
Hush	4196	-2701
Base KC	4249	-2754
Mississippian	4358	-2863
Kinderhook	4521	-3026
Viola	4626	-3131
Simpson Sand	4725	-3230

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Randels 5X
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Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	28	267	Common	155	3%CC, 2% Gel
Production	7.875	4.5	11.6	4798	ASBC		10% salt, 2% gel, 1 3/4 cfr-2, 5# gilsonite

Summary of Changes

Lease Name and Number: Randels 5X API/Permit #: 15-007-24297-00-00 Doc ID: 1303942

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	03/09/2016	06/01/2016
Date of First or Resumed Production or	11/09/2015	03/10/2016
SWD or Enhr Fracturing Question 1	No	Yes
Fracturing Question 2		No
Method Of Completion - Other	Yes	No
Method Of Completion - Other Detail	no prod yet	
Producing Method Other	Yes	No
Producing Method Other Detail	no prod yet	
Production - Barrels Oil		12
Production - Barrels of Water		20

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value	
Production - Gas-Oil Ratio		38	
Production - MCF Gas		15	
Purchaser's Name	no production yet	Plains	
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 71765	//kcc/detail/operatorE ditDetail.cfm?docID=13 03942	
Well Type	OG	OIL	