Confidentiality Requested:

CORRECTION #2

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1308184

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 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.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:				
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation: Ground: Kelly Bushing:				
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet 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)				
	Chloride content: ppm Fluid volume: bbls				
Commingled 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 Reached TD Recompletion Date of 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 #2

1308184

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 Geological Survey		Yes No	Ν	lame			Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
		CASING Report all strings set-c	RECORD] New , interme	Used diate, production	on, etc.		
Purpose of String	e of String Size Hole Size Casing Weight Drilled Set (In O.D.) Lbs. / Ft.			Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
		ADDITIONAL	CEMENTING /	SQUEEZ	ZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	k		Type and Pe	rcent Additives	
Protect Casing								
Plug Off Zone								
Did you perform a hydra	0				Yes	No (If No, skip	questions 2 an	d 3)
		Iraulic fracturing treatment ex n submitted to the chemical o			Yes Yes		question 3) out Page Three o	of the ACO-1)
-		ON RECORD - Bridge Plug			Acid. Frac	ture, Shot, Cement S		,
Shots Per Foot		Footage of Each Interval Perf				nount and Kind of Mate		Depth

TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R		No	
Date of First, Resumed	Product	ion, SWD or ENHF	? .	Producing Me	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:			METHOD OF COMPLE			TION:		PRODUCTION IN	ITERVAL:	
Vented Solo	I 🗌 I	Jsed on Lease		Open Hole	Perf.	Dually (Submit A	Comp. (<i>CO-5)</i>	Commingled (Submit ACO-4)		
(If vented, Submit ACO-18.)				Other (Specify) _				. ,		

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

Form	ACO1 - Well Completion
Operator	Blue Top Crude Oil Co., Inc.
Well Name	GRANNEMAN I 8
Doc ID	1308184

Casing

Purpose Of String		Size Casing Set	U U	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	8	4.500	10	20	Portland	6	50/50 POZ
Production	4.500	2.875	8	190	Portland	27	50/50 POZ

Summary of Changes

Lease Name and Number: GRANNEMAN I 8 API/Permit #: 15-037-20066-00-02 Doc ID: 1308184 Correction Number: 2 Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	05/25/2016	06/01/2016
CasingPurposeOfString PDF_2	Completion	Production
CasingSettingDepthPD F_1	21	20
CasingSizeCasingSetP DF_1	8	4.500
CasingSizeCasingSetP DF_2	4.500	2.875
CasingSizeHoleDrilledP DF_1	4.500	8
CasingSizeHoleDrilledP DF_2	2.8750	4.500
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 33862	//kcc/detail/operatorE ditDetail.cfm?docID=13 08184
TopsDatum1	00002	NA
TopsDepth1		NA