Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1309162

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

WELL COMPLETION FORM

	WELL HISTORY -	DESCRIPTION C	DF WELL & LEASE
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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.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	QuarterSecTwpS. 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

KCC Office Use ONLY					
Confidentiality Requested					
Date:					
Confidential Release Date:					
Wireline Log Received					
Geologist Report Received					
UIC Distribution					
ALT I II Approved by: Date:					

CORRECTION #1

1309162

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		Yes No		Log Formatio	on (Top), Depth an	nd Datum	Sample
(Attach Additional Sheets) Samples Sent to Geological Survey		Yes No	Nan	ne		Тор	Datum
Cores Taken Electric Log Run	gical Sulvey	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-o		ew Used ermediate, product	ion, 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 / SQ	UEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Protect Casing							
Plug Off Zone							
	tal base fluid of the hydr	on this well? raulic fracturing treatment ex n submitted to the chemical	-		No (If No, ski	p questions 2 ar p question 3) out Page Three	
Shots Per Foot		ATION RECORD - Bridge Plugs Set/Type ify Footage of Each Interval Perforated			cture, Shot, Cement mount and Kind of Ma		d Depth

Packer At:

Pumping

Mcf

Producing Method:

Flowing

Liner Run:

Gas Lift

No

Yes

Other (Explain)

TUBING RECORD:

Estimated Production

Size:

Date of First, Resumed Production, SWD or ENHR.

Set At:

Form	ACO1 - Well Completion
Operator	Tailwater, Inc.
Well Name	West Wittman 10-IW
Doc ID	1309162

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
surface	9.8750	7	17	24	Portland	6	
completion	5.6250	2.8750	6.45	705	Portland	91	50/50 POZ

Summary of Changes

Lease Name and Number: West Wittman 10-IW API/Permit #: 15-003-25951-00-00 Doc ID: 1309162 Correction Number: 1 Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	Deanna Garrison	Karen Ritter
Approved Date	02/26/2014	06/14/2016
LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform	https://kolar.kgs.ku.edu/ kcc/detail/locationInform
Save Link	ation.cfm?section=15&t //kcc/detail/operatorE ditDetail.cfm?docID=11	ation.cfm?section=15&t //kcc/detail/operatorE ditDetail.cfm?docID=13
Tubing Set At	90730 705	09162
Tubing Size	2.8750	