CORRECTION #2

Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

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: | | | Sec TwpS. R | | |
| Address 2: | | | Feet from North / South Line of Section | | |
| City: Sta | ate: Zi | p:+ | Feet from East / West Line of Section | | |
| Contact Person: | | | Footages Calculated from Nearest Outside Section Corner: | | |
| Phone: () | | | □ NE □ NW □ SE □ SW | | |
| 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-l | Entry | Workover | Field Name: | | |
| | | | Producing Formation: | | |
| ☐ Oil ☐ WSW | SWD | SIOW | Elevation: Ground: Kelly Bushing: | | |
| ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ Temp. A | | Temp. Abd. | Total Vertical Depth: Plug Back Total Depth: | | |
| CM (Coal Bed Methane) | d3vv | remp. Abu. | Amount of Surface Pipe Set and Cemented at: Fee | | |
| Cathodic Other (Core, | . Expl., etc.); | | Multiple Stage Cementing Collar Used? Yes No | | |
| If Workover/Re-entry: Old Well Info | | | 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: | | | · | | |
| Deepening Re-perf. | Conv. to E | NHR Conv. to SWD | Drilling Fluid Management Plan | | |
| ☐ Plug Back | Conv. to G | SW Conv. to Producer | (Data must be collected from the Reserve Pit) | | |
| O constituents at | D | | Chloride content: ppm Fluid volume: bbls | | |
| CommingledDual Completion | | | Dewatering method used: | | |
| SWD | | | Location of fluid disposal if hauled offsite: | | |
| ☐ ENHR | | | Location of hala disposal in fladica offsite. | | |
| ☐ GSW | | | Operator Name: | | |
| _ | | | Lease Name: License #: | | |
| Spud Date or Date Read | ched TD | Completion Date or | QuarterSecTwpS. R East Wes | | |
| 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.

| 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: | | | | |

| Operator Name: | | | Lease Name | : | | . Well #: | |
|--|-----------------------------|--|------------------|-----------------------|------------------------|---|---------------------------|
| Sec Twp | S. R | East West | County: | | | | |
| open and closed, flowing | ng and shut-in pressu | ormations penetrated. I ires, whether shut-in pre ith final chart(s). Attach | essure reached s | tatic level, hydrosta | itic pressures, bot | | |
| | | tain Geophysical Data a r newer AND an image | | | ailed to kcc-well-lo | gs@kcc.ks.go | v. Digital electronic log |
| Drill Stem Tests Taken (Attach Additional S | heets) | ☐ Yes ☐ No | | - | on (Top), Depth ar | | Sample |
| Samples Sent to Geold | ogical Survey | Yes No | Ni | ame | | Тор | Datum |
| Cores Taken Electric Log Run | | Yes No | | | | | |
| List All E. Logs Run: | | | | | | | |
| | | CASING Report all strings set- | RECORD | New Used | ion oto | | |
| Down and of Others | Size Hole | Size Casing | Weight | Setting | Type of | # Sacks | Type and Percent |
| Purpose of String | Drilled | Set (In O.D.) | Lbs. / Ft. | Depth | Cement | Used | Additives |
| | | | | | | | |
| | | | | | | | |
| | | ADDITIONAL | CEMENTING / S | QUEEZE RECORD | | | |
| Purpose: Perforate Protect Casing Plug Back TD | Depth Top Bottom | Type of Cement # Sacks Used Type and Percent Additives | | | | | |
| Plug Off Zone | | | | | | | |
| | tal base fluid of the hydra | n this well? aulic fracturing treatment ex submitted to the chemical | _ | | No (If No, ski | ip questions 2 ai ip question 3) out Page Three | |
| Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) | | | d Depth | | | | |
| | epecily is | | Ioratou | (2.0) | | ionar coody | Sopa. |
| | | | | | | | |
| TUBING RECORD: | Size: | Set At: | Packer At: | Liner Run: | Yes No | | |
| Date of First, Resumed F | Production, SWD or ENF | IR. Producing Meta | hod: Pumping | Gas Lift C | Other (Explain) | | |
| Estimated Production Per 24 Hours | Oil B | bls. Gas | Mcf V | Vater B | bls. | Gas-Oil Ratio | Gravity |
| DISPOSITIO | N OF GAS: | | METHOD OF COM | | | PRODUCTIO | ON INTERVAL: |
| Vented Sold | Used on Lease | Open Hole | | | mmingled mit ACO-4) | | |

| Form | ACO1 - Well Completion |
|-----------|------------------------|
| Operator | Tailwater, Inc. |
| Well Name | Winfrey 1-IW |
| Doc ID | 1309888 |

Casing

| Purpose Of String | Size Hole Drilled | Size Casing Set | Weight | Setting Depth | Type Of Cement | | Type and Percent Additives |
|----------------------|----------------------|-----------------------|--------|------------------|-------------------|-----|----------------------------|
| Surface | 9.8650 | 7 | 17 | 24 | Portland | 6 | POZ |
| Production | 5.6250 | 2.8750 | 6.45 | 850 | Portland | 120 | 50/50 POZ |
| | | | | | | | |
| | | | | | | | |

Summary of Changes

Lease Name and Number: Winfrey 1-IW

API/Permit #: 15-003-25735-00-00

Doc ID: 1309888

Correction Number: 2

Approved By: Karen Ritter

| Field Name | Previous Value | New Value |
|---------------|--|--|
| Approved Date | 06/14/2016 | 06/21/2016 |
| Save Link | //kcc/detail/operatorE ditDetail.cfm?docID=13 | //kcc/detail/operatorE ditDetail.cfm?docID=13 |
| Tubing Set At | 09153 850 | 09888 |
| Tubing Size | 2.8750 | |

CORRECTION #1

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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: | SecTwpS. R | | |
| Address 2: | Feet from North / South Line of Section | | |
| City: | Feet from _ East / _ West Line of Section | | |
| Contact Person: | Footages Calculated from Nearest Outside Section Corner: | | |
| Phone: () | □NE □NW □SE □SW | | |
| 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: | | |
| OG GSW Temp. Abd. | Total Vertical Depth: Plug Back Total Depth: | | |
| 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) | | |
| Demot # | Chloride content: ppm Fluid volume: bbls | | |
| Commingled Permit #: | Dewatering method used: | | |
| SWD Permit #: | Location of fluid disposal if hauled offsite: | | |
| ENHR Permit #: | Location of fluid disposal if fladied offsite. | | |
| GSW Permit #: | Operator Name: | | |
| | Lease Name: License #: | | |
| Spud Date or Date Reached TD Completion Date or | Quarter Sec TwpS. R | | |
| 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.

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

CORRECTION #1

Operator Name: _ Lease Name: __ Well #: _ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No J Yes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) **Estimated Production** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled

Vented

Sold

Used on Lease

| Form | ACO1 - Well Completion |
|-----------|------------------------|
| Operator | Tailwater, Inc. |
| Well Name | Winfrey 1-IW |
| Doc ID | 1309153 |

Casing

| Purpose Of String | Size Hole Drilled | Size Casing Set | Weight | Setting Depth | Type Of Cement | | Type and Percent Additives |
|----------------------|----------------------|-----------------------|--------|------------------|-------------------|-----|----------------------------|
| Surface | 9.8650 | 7 | 17 | 24 | Portland | 6 | POZ |
| Production | 5.6250 | 2.8750 | 6.45 | 850 | Portland | 120 | 50/50 POZ |
| | | | | | | | |
| | | | | | | | |

Summary of Changes

Lease Name and Number: Winfrey 1-IW

API/Permit #: 15-003-25735-00-00

Doc ID: 1309153

Correction Number: 1

Approved By: Karen Ritter

| Field Name | Previous Value | New Value |
|-----------------------------|---|---|
| Approved By | NAOMI JAMES | Karen Ritter |
| Approved Date | 01/29/2013 | 06/14/2016 |
| CasingAdd_Type_PctP DF_1 | | POZ |
| CasingPurposeOfString PDF_1 | surface | Surface |
| CasingPurposeOfString PDF_2 | completion | Production |
| Fracturing Question 1 | | No |
| LocationInfoLink | https://solar.kgs.ku.edu/kcc/detail/locationInform | https://kolar.kgs.ku.edu/kcc/detail/locationInform |
| Save Link | ation.cfm?section=22&t//kcc/detail/operatorE ditDetail.cfm?docID=11 10376 | ation.cfm?section=22&t//kcc/detail/operatorE ditDetail.cfm?docID=13 09153 |



CONFIDENTIAL KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

1110376

Form ACO-1
June 2009
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: | SecTwpS. R |
| 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: () | □NE □NW □SE □SW |
| CONTRACTOR: License # | County: |
| Name: | Lease Name: Well #: |
| Wellsite Geologist: | Field Name: |
| Purchaser: | Producing Formation: |
| Designate Type of Completion: | Elevation: Ground: Kelly Bushing: |
| New Well Re-Entry Workover | Total Depth: Plug Back Total Depth: |
| Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: | Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt |
| Operator: | Drillian Florid Management Plan |
| Well Name: | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) |
| Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW Plug Back: Plug Back Total Depth Commingled Permit #: | Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: |
| Dual Completion Permit #: | Operator Name: |
| SWD Permit #: | Lease Name: License #: |
| ENHR Permit #: | QuarterSecTwpS. R East Wes |
| GSW Permit #: | County: Permit #: |
| Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date | |

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.

| KCC Office Use ONLY | |
|------------------------------------|--|
| Letter of Confidentiality Received | |
| Date: | |
| Confidential Release Date: | |
| Wireline Log Received | |
| Geologist Report Received | |
| UIC Distribution | |
| ALT I III Approved by: Date: | |



CONFIDENTIAL KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

1110376

Form ACO-1
June 2009
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: | SecTwpS. R |
| 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: () | □NE □NW □SE □SW |
| CONTRACTOR: License # | County: |
| Name: | Lease Name: Well #: |
| Wellsite Geologist: | Field Name: |
| Purchaser: | Producing Formation: |
| Designate Type of Completion: | Elevation: Ground: Kelly Bushing: |
| New Well Re-Entry Workover | Total Depth: Plug Back Total Depth: |
| Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: | Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt |
| Operator: | Drillian Florid Management Dlan |
| Well Name: | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) |
| Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW Plug Back: Plug Back Total Depth Commingled Permit #: | Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: |
| Dual Completion Permit #: | Operator Name: |
| SWD Permit #: | Lease Name: License #: |
| ENHR Permit #: | QuarterSecTwpS. R East Wes |
| GSW Permit #: | County: Permit #: |
| Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date | |

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.

| KCC Office Use ONLY | |
|------------------------------------|--|
| Letter of Confidentiality Received | |
| Date: | |
| Confidential Release Date: | |
| Wireline Log Received | |
| Geologist Report Received | |
| UIC Distribution | |
| ALT I III Approved by: Date: | |