Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1311664

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				
Address 2:			F	Feet from 🗌 North / 🗌 South Line of Section			
City: Sta	ate: Zi	p:+	F	- Feet from 🔲 East / 🗌 West Line of Section			
Contact Person:			Footages Calculated from	Nearest Outside Section Corner:			
Phone: ()				W SE SW			
CONTRACTOR: License #			GPS Location: Lat:				
Name:			Datum: NAD27	NAD83 WGS84			
Wellsite Geologist:			County:				
Purchaser:			Lease Name:	Well #:			
Designate Type of Completion:			Field Name:				
New Well Re-	Entry	Workover	Producing Formation:				
Oil WSW	SWD	SIOW	Elevation:       Ground:       Kelly Bushing:         Total Vertical Depth:       Plug Back Total Depth:				
Gas D&A		SIGW					
OG	GSW	Temp. Abd.		Set and Cemented at: Feel			
CM (Coal Bed Methane)	<b>-</b> ( ) )		Multiple Stage Cementing Collar Used? Yes No				
Cathodic Other (Core							
If Workover/Re-entry: Old Well Inf				Feet			
Operator:				cement circulated from:			
Well Name:			feet depth to:	w/sx cmt			
Original Comp. Date:	Original To	otal Depth:					
<ul> <li>Deepening</li> <li>Re-perf.</li> <li>Plug Back</li> </ul>		NHR     Conv. to SWD       SW     Conv. to Producer	Drilling Fluid Manageme (Data must be collected from				
_	Damain "	_	Chloride content:	ppm Fluid volume: bbls			
Commingled  Dual Completion			Dewatering method used:	·			
			Location of fluid disposal	if hauled offsite.			
				in hadied onsite.			
GSW Permit #:			Operator Name:				
			Lease Name:	License #:			
Spud Date or Date Rea	ched TD	Completion Date or	Quarter Sec	TwpS. 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 III Approved by: Date:

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Operator Nar	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 (Attach Additional Sheets)			Log Formation (Top), Depth and Datum			Sample	
Samples Sent to Geological Survey		Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne		on, 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 / SQL	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing							
Plug Off Zone							
Did you perform a hydra	ulic fracturing treatment	on this well?		Yes	No (If No, skip	o questions 2 an	d 3)
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,00		ceed 350,000 gallons	?		o question 3)		
Was the hydraulic fractu	ring treatment informatio	on submitted to the chemical o	disclosure registry?	Yes	No (If No, fill o	out Page Three o	of the ACO-1)
Shots Per Foot		ON RECORD - Bridge Plug Footage of Each Interval Perf		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			l Depth

Estimated Production Per 24 Hours	Oil Bb	ols.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:		METHOD OF COMPLETION:					PRODUCTION INTER	VAL:
Vented Sold	Jsed on Lease		Open Hole	Perf.	Dually Comp.	Commingled		
(If vented, Submit ACO-18.)			Other (Specify)	)	(Submit ACO-5)	(Submit ACO-4)		

Packer At:

Pumping

Producing Method:

Flowing

Liner Run:

Gas Lift

No

Yes

Other (Explain)

TUBING RECORD:

Size:

Date of First, Resumed Production, SWD or ENHR.

Set At:

Form	ACO1 - Well Completion
Operator	Downing-Nelson Oil Co Inc
Well Name	PBW 1-32
Doc ID	1311664

All Electric Logs Run

Micro
Sonic
Dual Induction
Compensated Density Neutron

Form	ACO1 - Well Completion
Operator	Downing-Nelson Oil Co Inc
Well Name	PBW 1-32
Doc ID	1311664

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	1126	Common		2% Gel & % CC
Production	7.875	5.5	14	3844	EA/2	125	-

### Summary of Changes

Lease Name and Number: PBW 1-32 API/Permit #: 15-165-22116-00-00 Doc ID: 1311664 Correction Number: 1 Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	02/11/2016	07/14/2016
Date of First or Resumed Production or		04/01/2016
SWD or Enhr Method Of Completion - Perf	No	Yes
Producing Method Pumping	No	Yes
Production - Barrels Oil		1
Production - Barrels of Water		10
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 66364	//kcc/detail/operatorE ditDetail.cfm?docID=13 11664