Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1317656

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:
□ 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)
	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 III Approved by: Date:					

CORRECTION #1

1317656

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 Formati	on (Top), Depth an	d Datum	Sample
(Attach Additional Sheets) Samples Sent to Geological Survey		Yes No	Nar	ne		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c		ew Used termediate, produc	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
		ADDITIONAL	CEMENTING / SQ	UEEZE RECORE)		
Purpose: Perforate	Depth Top Bottom Type of Cement # Sacks Used		Type and Percent Additives				
Protect Casing Plug Back TD							
Plug Off Zone							
Did you perform a hydraulic fracturing treatment on this well?				Yes		p questions 2 ar	nd 3)
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 Was the hydraulic fracturing treatment information submitted to the chemical disclosure regis				s? Yes Yes		p question 3) out Page Three	of the ACO-1)
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Dept			d Depth

Estimated Production Per 24 Hours	Oil Bb	ls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF G	AS:			METHOD (OF COMPLETION:		PRODUCTION INT	ERVAL:
Vented Sold	Jsed on Lease		Open Hole	Perf.	Dually Comp.	Commingled		
(If vented, Submit ACO-18.)			O I I I I I		(Submit ACO-5)	(Submit ACO-4)		
(ii voined, edoint nee	10.)		Other (Specify)				

Packer At:

Pumping

Producing Method:

Flowing

Liner Run:

Gas Lift

Water

No

Yes

Other (Explain)

TUBING RECORD:

Estimated Production

Size:

Oil

Date of First, Resumed Production, SWD or ENHR.

Set At:

Form	ACO1 - Well Completion
Operator	Birk, Brian L. dba Birk Petroleum
Well Name	Sutherland 23
Doc ID	1317656

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface Casing	9.875	7.0	17	41	Portland	10	Calcium
Long String	5.875	2.875	6.5	1027	Portland	140	

Summary of Changes

Lease Name and Number: Sutherland 23

API/Permit #: 15-031-23988-00-00

Doc ID: 1317656

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	11/14/2014	09/23/2016
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=13
Well Type	31894 EOR	17656 OIL