CORRECTION #1

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 🔲 East 🗌 West				
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) Datum: NAD27 NAD83 WGS84				
Wellsite Geologist:					
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #: Field Name: Producing Formation:				
☐ New Well ☐ Re-Entry ☐ Workover					
☐ 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? Yes No				
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)				
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls				
Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:					
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West				
Recompletion Date Recompletion Date	Countv: 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

Confidentiality Requested:

Yes No

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:				



1318058 CORRECTION #1

Operator Name:			Lease Name: _			_ Well #:	
Sec Twp	S. R	East West	County:				
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to s	g and shut-in pressur	res, whether shut-in pre	essure reached stat	tic level, hydrosta	tic pressures, bo		
Final Radioactivity Log, files must be submitted				ogs must be ema	iled to kcc-well-le	ogs@kcc.ks.go	v. Digital electronic log
(Attach Additional Sheets)			Log Formation (Top), Depth and Datum Sample				
Samples Sent to Geolog	gical Survey	☐ Yes ☐ No	Nan	ne		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
				ew Used			
	Size Hole	Report all strings set-o	Weight	Setting	Type of	# Sacks	Type and Percent
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives
		ADDITIONAL	CEMENTING / SQ	UEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives			
Perforate Protect Casing							
Plug Back TD Plug Off Zone							
Flug Oli Zolle							
Did you perform a hydraulic	fracturing treatment on	this well?		Yes	No (If No, si	kip questions 2 ar	nd 3)
Does the volume of the total	· ·		ceed 350,000 gallons	= =		kip question 3)	,
Was the hydraulic fracturing	treatment information s	submitted to the chemical	disclosure registry?	Yes	No (If No, fil	l out Page Three	of the ACO-1)
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type			Acid, Fracture, Shot, Cement Squeeze Record			
Official Controls	Specify Fo	otage of Each Interval Per	forated	(Ar	mount and Kind of M	aterial Used)	Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No)	
Date of First, Resumed Pr	oduction, SWD or ENHI	R. Producing Meth	nod: Pumping	Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil Bb	ols. Gas	Mcf Wa	ter Bl	ols.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL:				ON INTERVAL:			
Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled							
(Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)							

Form	ACO1 - Well Completion
Operator	Wrestler, David L., a General Partnership
Well Name	Ed Daniels 17
Doc ID	1318058

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	12	7	8	22	portland	6	0
Production	5.625	2.875	6	877	Portland	107	2%

Summary of Changes

Lease Name and Number: Ed Daniels 17

API/Permit #: 15-001-31372-00-00

Doc ID: 1318058

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	05/16/2016	09/28/2016
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=13
Well Type	98073 EOR	18058 OIL