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:	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)  Datum: NAD27 NAD83 WGS84			
Wellsite Geologist:				
Purchaser:	County:			
Designate Type of Completion:	Lease Name: Well #:			
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:			
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Producing Formation:			
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

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:				



1323662 CORRECTION #1

Operator Name:				Lease l	Name: _			Well #:	
Sec Twp	S. R	East	West	County	:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in press o surface test, along v	ures, whe vith final c	ther shut-in pre chart(s). Attach	essure reac extra shee	hed stati t if more	c level, hydrosta space is neede	tic pressures, b	ottom hole temp	erature, fluid recov
Final Radioactivity Lo files must be submitte						gs must be ema	liled to kcc-well-	iogs@kcc.ks.go	v. Digital electronic
Drill Stem Tests Taker (Attach Additional		Y	es No			J	on (Top), Depth		Sample
Samples Sent to Geo	logical Survey	Y	es No		Nam	e		Тор	Datum
Cores Taken Electric Log Run			es No						
List All E. Logs Run:									
				RECORD	Ne				
						ermediate, product			
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)	Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used	Type and Percer Additives
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used	Type and Percent Additives			
Perforate Protect Casing									
Plug Back TD Plug Off Zone									
Did you perform a hydrau	ulic fracturing treatment	on this well	?			Yes	No (If No, s	skip questions 2 a	nd 3)
Does the volume of the to			-		-		_ ` ` `	skip question 3)	(
Was the hydraulic fractur	ing treatment informatio	n submitted	to the chemical o	disclosure re	gistry'?	Yes	No (If No, 1	ill out Page Three	of the ACO-1)
Shots Per Foot			RD - Bridge Plug Each Interval Perl				cture, Shot, Ceme	nt Squeeze Recor	rd Depth
	, ,					,		,	
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:			
						[	Yes N	0	
Date of First, Resumed	Production, SWD or EN	HR.	Producing Meth	nod:	g 🗌	Gas Lift (	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:			METHOD OF	COMPLI	TION:		PDOD ICTI	ON INTERVAL:
Vented Solo			Open Hole	Perf.			nmingled	FNODUCII	JIN IINTERVAL:
	bmit ACO-18.)		Other (Specify)		(Submit )		mit ACO-4)		

Form	ACO1 - Well Completion
Operator	Petroleum Technologies, Inc.
Well Name	Knabe A 10
Doc ID	1323662

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7.0	17	22	Common	5	None
Production	5.625	2.875	6.5	948	50/50 Pozmix		2%gel, 1/4# Floseal

## **Summary of Changes**

Lease Name and Number: Knabe A 10

API/Permit #: 15-091-24338-00-00

Doc ID: 1323662

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	06/09/2015	12/01/2016
Completion Or Recompletion Date	02/19/2015	11/16/2016
Date of First or Resumed Production or		11/28/2016
SWD or Enhr Fracturing Question 1	No	Yes
Fracturing Question 2		No
Liner Run?		No
Method Of Completion - Perf	No	Yes
Perf_Depth_1		870 - 880
Perf_Depth_2		870 - 880

# Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Material_1		Acid: 75 gal HCL
Perf_Material_2		Frac: 3sx 16/30, 37sx 12/20, 122 bbls gelled
Perf_Record_1		wtr 870 - 880
Perf_Shots_1		3
Producing Method Pumping	No	Yes
Production - Barrels Oil		1
Production - Barrels of Water		6
Production - MCF Gas		0
Production Interval #1		870 - 880
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=13
TopsDatum1	54220 165	23662 168
TopsDepth1	866	863
Tubing Set At		870

# Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Tubing Size		1