| Confiden | tiality Re | quested: |
|----------|------------|----------|
| Yes      | No         |          |

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1346584

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

### WELL COMPLETION FORM

|  | WELL HISTOR | Y - DESCRIPT | <b>FION OF WEL</b> | L & LEASE |
|--|-------------|--------------|--------------------|-----------|
|--|-------------|--------------|--------------------|-----------|

| OPERATOR: License #                             |                       | API No. 15   |  |  |
|---|-----------------------|--|--|--|
| Name:   |                       | Spot Description:  |  |  |
| Address 1:                                      |                       |  |  |  |
| Address 2:                                      |                       | Feet from  North / South Line of Section   |  |  |
| City: State: 2                                  | 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.xxxx) (e.gxxx.xxxx)   |  |  |
| Wellsite Geologist:                             |                       | Datum: NAD27 NAD83 WGS84   |  |  |
| Purchaser:                                      |                       | County:  |  |  |
| Designate Type of Completion:                   |                       | Lease Name: Well #:  |  |  |
| New Well  | Workover              | Field Name:  |  |  |
|   | □ SIOW                | Producing Formation:   |  |  |
|   | SIGW                  | Elevation:       Ground:       Kelly Bushing:         Total Vertical Depth:       Plug Back Total Depth: |  |  |
|   | Temp. Abd.            |  |  |  |
| 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   |  |  |
|   |                       | Dewatering method used:  |  |  |
|   |                       | Leastion of fluid dispaced if housed effects   |  |  |
|   |                       | Location of fluid disposal if hauled offsite:  |  |  |
|   |                       | Operator Name:   |  |  |
|   |                       | Lease Name: License #:   |  |  |
| Spud Date or Date Reached 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: |  |  |  |  |  |
|                                 |  |  |  |  |  |

# CORRECTION #1

1346584

| 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<br>(Attach Additional Sho                | eets)  | Yes No                            |   | Log Formation   | on (Top), Depth ar     | nd Datum          | Sample                        |
|---|--|-----------------------------------|---|---|------------------------|-------------------|-------------------------------|
|   |  | Yes No                            | Nai   | ne  |                        | Тор               | Datum                         |
| Cores Taken<br>Electric Log Run                                 |  | ☐ Yes ☐ No<br>☐ Yes ☐ No          |   |   |                        |                   |                               |
| List All E. Logs Run:   |  |                                   |   |   |                        |                   |                               |
|   |  |                                   |   |   |                        |                   |                               |
|   |  | CASING<br>Report all strings set- |   | New Used<br>Itermediate, product  | ion, etc.              |                   |                               |
| Purpose of String   | Size Hole<br>Drilled   | Size Casing<br>Set (In O.D.)      | Weight<br>Lbs. / Ft.                            | Setting<br>Depth  | Type of<br>Cement      | # Sacks<br>Used   | Type and Percent<br>Additives |
|   |  |                                   |   |   |                        |                   |                               |
|   |  |                                   |   |   |                        |                   |                               |
|   |  |                                   |   |   |                        |                   |                               |
| [   | 1  | ADDITIONA                         | L CEMENTING / SC                                | UEEZE RECORD  |                        |                   |                               |
| Purpose: Depth Typ<br>Perforate                                 |  | Type of Cement                    | of Cement # Sacks Used Type and Percent Additiv |   | Percent Additives      |                   |                               |
| Protect Casing Plug Back TD Plug Off Zone                       |  |                                   |   |   |                        |                   |                               |
|   |  |                                   |   |   |                        |                   |                               |
| Did you perform a hydraulic                                     | fracturing treatment   | on this well?                     |   | Yes   | No (If No, sk          | ip questions 2 ar | nd 3)                         |
| Does the volume of the total base fluid of the hydraulic fractu |  | -                                 | -   |   |                        |                   |                               |
| was the hydraulic fracturing                                    | g treatment informatio   | n submitted to the chemical       | disclosure registry?                            | Yes   | No (If No, fill        | out Page Three    | of the ACO-1)                 |
| Shots Per Foot  | Foot PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated |                                   |   | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) |                        |                   | d Depth                       |
|   |  |                                   |   |   |                        |                   |                               |
|   |  |                                   |   |   |                        |                   |                               |
|   |  |                                   |   |   |                        |                   |                               |
|   |  |                                   |   |   |                        |                   |                               |
|   |  |                                   |   |   |                        |                   |                               |
| TUBING RECORD:  | Size:  | Set At:                           | Packer At:                                      | Liner Run:  | Yes No                 |                   |                               |
| Date of First, Resumed Pr                                       | oduction, SWD or EN  | IHR. Producing Met                | thod:   | Gas Lift  | Dther <i>(Explain)</i> |                   |                               |

Water

Bbls.

Gas-Oil Ratio

Gravity

Estimated Production

Oil

Bbls.

Gas

Mcf

....

| Form      | ACO1 - Well Completion     |
|-----------|----------------------------|
| Operator  | Triple Crown Operating LLC |
| Well Name | BARRICKLOW 2-33            |
| Doc ID    | 1346584                    |

# Casing

| Purpose<br>Of String | Size Hole<br>Drilled | Size<br>Casing<br>Set | Weight | Setting<br>Depth | Type Of<br>Cement | Number of<br>Sacks<br>Used | Type and<br>Percent<br>Additives |
|----------------------|----------------------|-----------------------|--------|------------------|-------------------|----------------------------|----------------------------------|
| Surface              | 12.25                | 7                     | 24     | 1430             | common            | 650                        | 3%CC&2<br>% gel                  |
| Production           | 7.875                | 5.5                   | 17     | 4348             | common            |                            | 10%<br>salt,5%<br>gilsonite      |
|                      |                      |                       |        |                  |                   |                            |                                  |
|                      |                      |                       |        |                  |                   |                            |                                  |

### Summary of Changes

Lease Name and Number: BARRICKLOW 2-33 API/Permit #: 15-135-25917-00-00 Doc ID: 1346584 Correction Number: 1 Approved By: Karen Ritter

| Field Name                     | Previous Value  | New Value   |
|--------------------------------|---|---|
| Disposition Of Gas -<br>Vented | Yes   | No  |
| Save Link                      | //kcc/detail/operatorE<br>ditDetail.cfm?docID=13<br>41010 | //kcc/detail/operatorE<br>ditDetail.cfm?docID=13<br>46584 |