CORRECTION #1

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

1348415

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.xxxxxx)				
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? 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)				
Coverning alord Paymeit #	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:	Location of hulu disposal if flauled offsite.				
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec.         TwpS.         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:					



# 

Operator Name:				Lease N	lame: _			Well #:		
Sec Twp	S. R	East	West	County:						
open and closed, flow	ow important tops of fo ing and shut-in pressu o surface test, along w	res, whe	ther shut-in pre	ssure reach	ned stati	c level, hydrosta	atic pressures, b			
	g, Final Logs run to ob d in LAS version 2.0 o					ogs must be em	ailed to kcc-well	-logs@kcc.ks.gov	v. Digital	electronic log
Drill Stem Tests Taker (Attach Additional		Ye	es No		L		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:										
			CASING	RECORD	□ Ne	ew Used				
		Repo				ermediate, produc	tion, etc.			
Purpose of String	Size Hole Drilled		re Casing t (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		and Percent dditives
			ADDITIONAL	CEMENTIN	10 / 201	IFFZF DECODE	<u> </u>			
Purpose:	Depth	Type	of Cement	# Sacks		JEEZE RECORD		d Percent Additives		
Perforate	Top Bottom	Турс	or odinent	" Gacks			Type an	a i crociii Additives		
Protect Casing Plug Back TD										
Plug Off Zone										
	ulic fracturing treatment or					Yes	No (If No,	skip questions 2 ar	nd 3)	
	otal base fluid of the hydra ing treatment information		•		•	? Yes		skip question 3) fill out Page Three	of the ACC	)-1)
Trae are riyaraane mastar					,.o y .					
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)  Depth							
TUBING RECORD:	Size:	Set At:		Packer At	:	Liner Run:	Yes 1	No		
Date of First, Resumed	Production, SWD or ENH	IR.	Producing Meth							
			Flowing	Pumping			Other (Explain)			
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er E	Bbls.	Gas-Oil Ratio		Gravity
DISPOSITION	ON OF GAS:		N	METHOD OF	COMPLE	ETION:		PRODUCTIO	N INTERV	/AL:
Vented Solo			Open Hole	Perf.	_	Comp. Co	mmingled			
(If vented, Sui	bmit ACO-18.)		Other (Specify)		(Submit)	100-0) (Sul	omit ACO-4)			

Form	ACO1 - Well Completion
Operator	Mid-Continent Fractionation and Storage LLC
Well Name	Conway West CUE P/L Conway West
Doc ID	1348415

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	17	10	40	40	Portland	7	0

10-15-5906 SURFIACE HOLE

LOWE'S

LOVE'S HOME CENTERS, LLC 1930 EAST 17TH AVENUE HUTCHINSON, KS 67501 (620) 513-2000

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## PICK UP INFORMATION

TO OBTAIN STOCK MERCHANDISE DESIGNATED AS [PICK UP LATER] ON THIS RECEIPT, YOU MUST COME TO THE CUSTOMER SERVICE DESK.

\*

#### - SALE -

SALES#: \$1745TB4 1784643 TRANS#: 88794253 01-14-16

10352 NA

577.50

94-LB PORTLAND CENENT TYP

70 @ 8.25

[PICK UP LATER - LOWES # 1745 on 01/14/2016]

INVOICE 86545 SUBTOTAL:

577.50

SUBTOTAL:

577.50

TAX:

52.55

BALANCE DUE:

630.05

AMEX:

630.05

AMEX:XXXXXXXXXXXX1000 AMOUNT:630.05 AUTHCD:884684 CHIP REFID:174501186409 01/14/16 11:59:59 APL: AMERICAN EXPRESS TUR: 0000008000

AID: A000000025010801 TSI: F800

)

STORE: 1745 TERMINAL: 01 01/14/16 12:00:45

OF ITEMS PURCHASED: 70 EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LONE'S.
SEE REVERSE SIDE FOR RETURN POLICY.
STORE MANAGER: MICHAEL BRYANT

WE HAVE THE LOWEST PRICES, GUARANTEED!

IF YOU FIND A LOWER PRICE, WE WILL BEAT IT BY 10%.

SEE STORE FOR DETAILS.

REGISTER FOR A CHANCE TO WIN A

\$5,000 LOWE'S GIFT CARD!

REGISTRESE PARA TENER LA OPORTUNIDAD DE GANAR UNA

TARJETA DE REGALO DE LOVE'S DE \$5000!

\* REGISTER BY COMPLETING A GUEST SATISFACTION SURVEY

WITHIN ONE WEEK AT: www.lowes.com/survey

Y O U R I D # 01864 1745 014

NO PURCHASE NECESSARY TO ENTER OR WIN.

\* VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. \*

## **Summary of Changes**

Lease Name and Number: Conway West CUE P/L Conway West

API/Permit #: 15-113-21381-00-00

Doc ID: 1348415

Direction

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	03/24/2016	04/05/2017
Fluid Mngmt - County		Mcpherson
Fluid Mngmt - Dewatering Method		Haul Off Pit
Fluid Mngmt - Lease Name		Conwest Borrow Field
Fluid Mngmt - Operator License		33471
Fluid Mngmt - Operator Name		Mid-Continent Fractionalion
Fluid Mngmt - Permit		S-LA11-0036
Fluid Mngmt - Quarter		SW
Fluid Mngmt - Range		5
Fluid Mngmt - Range		West

# Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Fluid Mngmt - Section		14
Fluid Mngmt - Township		19
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 99456	//kcc/detail/operatorE ditDetail.cfm?docID=13 48415

## **Summary of Attachments**

Lease Name and Number: Conway West CUE P/L Conway West

API: 15-113-21381-00-00

Doc ID: 1348415

Correction Number: 1

**Attachment Name** 

Cement ticket