CORRECTION #2

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1353691

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 🗌 Wes				
Address 2:			Feet from North / South Line of Section				
City: Sta	ate: Zi	p:+	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-l	Entry	Workover	Field Name:				
	_		Producing Formation: Kelly Bushing:				
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW					
☐ Gas ☐ D&A	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	dow	remp. Abu.	Amount of Surface Pipe Set and Cemented at: Fe				
Cathodic Other (Core,	Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info			If yes, show depth set:Fe				
Operator:			If Alternate II completion, cement circulated from:				
Well Name:			feet depth to:w/sx cn				
Original Comp. Date:			, , , , , , , , , , , , , , , , , , ,				
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)				
Comming to d	Dawesit #		Chloride content: ppm Fluid volume: bb				
CommingledDual Completion			Dewatering method used:				
SWD			Location of fluid disposal if hauled offsite:				
☐ ENHR			Location of haid disposal in hadred offsite.				
☐ GSW			Operator Name:				
_			Lease Name: License #:				
Spud Date or Date Read	ched TD	Completion Date or	Quarter Sec. TwpS. R East _ We				
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 Approved by: Date:				



Operator Name:			_ Lease Name: _			Well #:		
Sec Twp	S. R [East West	County:					
open and closed, flow and flow rates if gas to	now important tops of for ring and shut-in pressur o surface test, along wit	es, whether shut-in presh th final chart(s). Attach	ssure reached stati extra sheet if more	c level, hydrosta space is neede	tic pressures, d.	bottom hole tempe	erature, fluid recovery,	
	g, Final Logs run to obta ed in LAS version 2.0 or			gs must be ema	iled to kcc-we	ll-logs@kcc.ks.gov	n. Digital electronic log	
Drill Stem Tests Taker (Attach Additional S		Yes No			on (Top), Deptl		Sample	
Samples Sent to Geo	logical Survey	Yes No	Nam	е		Тор	Datum	
Cores Taken Electric Log Run		Yes No						
List All E. Logs Run:								
		CASING I Report all strings set-c			ion, 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 / SQU	EEZE RECORD				
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	# Sacks Used Type and Percent Additives				
Protect Casing Plug Back TD								
Plug Off Zone								
Did you perform a hydrau	ulic fracturing treatment on	this well?		Yes	No (If No	, skip questions 2 an	nd 3)	
	otal base fluid of the hydra	-	_		No (If No	, skip question 3)		
Was the hydraulic fractur	ring treatment information s			Yes	No (If No	, fill out Page Three	of the ACO-1)	
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perfor		s Set/Type orated	Set/Type Acid, Fracture, Shot, Cer ated (Amount and Kind of			d Depth	
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes	No		
Date of First, Resumed	Production, SWD or ENHF	R. Producing Meth		Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil Bb	ls. Gas I	Mcf Wate	er B	bls.	Gas-Oil Ratio	Gravity	
DISPOSITIO	ON OF GAS:	M	ETHOD OF COMPLE	OMPLETION: PRODUCTION INTERVAL:			DN INTERVAL:	
Vented Sold	Perf. Dually	Dually Comp. Commingled						
(Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)								

Form	ACO1 - Well Completion		
Operator	Scott Services LLC		
Well Name	SCOTT 4		
Doc ID	1353691		

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	_	Type Of Cement	Type and Percent Additives

Summary of Changes

Lease Name and Number: SCOTT 4
API/Permit #: 15-051-26663-00-01

Doc ID: 1353691

Correction Number: 2

Approved By: Karen Ritter

Field Name	Previous Value	New Value	

Class of Completion ReEntry Workover

ConvToSWD No Yes