CORRECTION #3

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

1354545

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:				st West
Address 2:			Feet from North / South Line	of Section
City: Sta	ate: Zi <sub>l</sub>	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.	xxxxx)
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:	
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground: Kelly Bushing:	
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:	
CM (Coal Bed Methane)	dow	Temp. Abd.	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			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:			<u> </u>	
Deepening Re-perf.	Conv. to Ef	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)	
O constituents at	D		Chloride content:ppm Fluid volume:	bbls
<ul><li>Commingled</li><li>Dual Completion</li></ul>			Dewatering method used:	
SWD			Location of fluid disposal if hauled offsite:	
☐ ENHR			Location of hald disposal if fladied offsite.	
GSW			Operator Name:	
_			Lease Name: License #:	
Spud Date or Date Read	ched TD	Completion Date or	Quarter Sec TwpS. R Ea	st 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

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 Approved by: Date:					



## 

Operator Name:			Lease Name:			Well #:		
Sec Twp	S. R	East West	County:					
open and closed, flow and flow rates if gas t Final Radioactivity Lo	ring and shut-in pressul o surface test, along wi g, Final Logs run to obt	rmations penetrated. D res, whether shut-in pre th final chart(s). Attach tain Geophysical Data a r newer AND an image f	ssure reached stati extra sheet if more and Final Electric Lo	c level, hydrosta space is needed	tic pressures, bott d.	om hole tempe	erature, fluid recovery,	
Drill Stem Tests Taker (Attach Additional		Yes No	L	og Formatio	on (Top), Depth ar	nd Datum	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	RECORD Ne	w Used				
		Report all strings set-o			on, etc.			
Purpose of String	Size Hole Drilled			Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
		ADDITIONAL	OFMENTING / OOL	 				
Purpose:	Depth		CEMENTING / SQL	JEEZE RECORD	T I.D			
Perforate		Type of Cement	# Sacks Used	Type and Percent Additives				
Plug Off Zone								
Does the volume of the t	-	this well? ulic fracturing treatment ex	_	? Yes	No (If No, ski	p questions 2 an p question 3) out Page Three o		
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Specify Footage of Each Interval Perforated (Amount and Kind of Material Used)				l Depth				
	Spoony i o	orage or East more and	Oracou	(7.11	TOUR AND THIS OF MA	ional occup	Бори	
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or ENH	R. Producing Meth		Gas Lift C	other (Explain)			
Estimated Production Per 24 Hours	Oil Bb	ols. Gas	Mcf Wate	er B	bls. G	as-Oil Ratio	Gravity	
DISPOSITI	ON OF GAS:	l h	METHOD OF COMPLE	TION.		PRODUCTIO	N INTERVAL:	
Vented Solo	d Used on Lease	Open Hole		Comp. Cor	nmingled mit ACO-4)			
(If vented, Su	bmit ACO-18.)	Other (Specify)						

Form	ACO1 - Well Completion
Operator	M & S Energy, LLC
Well Name	JACKSON 1
Doc ID	1354545

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Conductor	15	12.50	18	700	Portland	350	50/50 POZ
Surface	12	8.625	15	1380	Portland	600	50/50 POZ
Production	7	4.500	10	2160	Portland	700	50/50 POZ
Liner	5.625	2.375	8	1997	NA	0	NA

# Summary of Changes

Lease Name and Number: JACKSON 1

API/Permit #: 15-073-01792-00-01

Doc ID: 1354545

Correction Number: 3

Approved By: Karen Ritter

Field Name Previous Value New Value

Well Type SWD EOR