CORRECTION #1

Kansas Corporation Commission

1355327

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

OIL & GAS CONSERVATION DIVISION

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🗌 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	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-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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
☐ SWD Permit #: ☐ ENHR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Soud Date or Date Decembed TO Completion Date or	Quarter Sec TwpS. R
Spud Date or Date Reached TD Completion Date or 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 III Approved by: Date:				



Operator Name:			I pasa Nama:		.0000	Well #·	
·			Well #:				
			-				
open and closed, flow	ving and shut-in pressu	ormations penetrated. Dures, whether shut-in pre ith final chart(s). Attach	ssure reached stati	c level, hydrosta	tic pressures, bott		
		tain Geophysical Data a r newer AND an image f		gs must be ema	iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Taken Yes No (Attach Additional Sheets)			Log Formation (Top), Depth and Datum			Sample	
Samples Sent to Geo	ological Survey	☐ Yes ☐ No	Nam	е		Тор	Datum
Cores Taken							
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne		on, 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
	Dimod	GGI (III G.D.)	255.711.	Борит	Comon	0000	ridditivos
		ADDITIONAL	CEMENTING / SQL	IEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives			
Perforate Protect Casing	тор вопот						
Plug Back TD							
Plug Off Zone							
Did you perform a hydra	ulic fracturing treatment or	n this well?		Yes	No (If No, ski	p questions 2 an	nd 3)
Does the volume of the t	total base fluid of the hydra	aulic fracturing treatment ex	ceed 350,000 gallons	? Yes	=	p question 3)	,
Was the hydraulic fracture	ring treatment information	submitted to the chemical of	lisclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type			Acid, Fracture, Shot, Cement Squeeze Record				
	Specify Fo	ootage of Each Interval Perf	orated	(Amount and Kind of Material Used) Depth			
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:			
TOBING RECORD.	Size.	Set At.	FACRET AL.		Yes No		
Date of First, Resumed	Production, SWD or ENH	IR. Producing Meth	od:	I			
Flowing Dumping Gas Lift Other (Explain)							
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf Wate	er B	ols. G	as-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:		IETHOD OF COMPLE	TIONI		DDOD! ICTIC	
Vented Solo		Open Hole			nmingled	FHODOGIIC	ON INTERVAL:
	bmit ACO-18.)	Other (Specify)	(Submit)	ACO-5) (Sub	mit ACO-4)		

Form	ACO1 - Well Completion		
Operator	SM Oil & Gas, Inc.		
Well Name	FULSOM B 4 A		
Doc ID	1355327		

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	11	8.625	20	42	Portland	10	0
Production	6.75	4.50	11.60	1616	POZ / OWC	225	0

Summary of Changes

Lease Name and Number: FULSOM B 4 A

API/Permit #: 15-019-27543-00-00

Doc ID: 1355327

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	09/15/2016	05/18/2017
Date of First or Resumed Production or		10/3/2016
SWD or Enhr If Alternate II Completion - Cement		1616
Circulated From If Alternate II Completion - Cement		0
Circulated To If Alternate II Completion - Sacks of		225
Cement Plug Back Total Depth		1616
Producing Method Other	No	Yes
Producing Method Other Detail		Enhr
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13 16414	//kcc/detail/operatorE ditDetail.cfm?docID=13 55327