Confider	ntiality F	Requested:
Yes	No	

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1355344

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:				
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: ()				
CONTRACTOR: License #		GPS Location: Lat:, Long:		
Name:		(e.g. xx.xxxx) (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:		
	SWD SIOW	Producing Formation:		
	ENHR SIGW			
	GSW 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 f		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		
_ 0	mit #:	Dewatering method used:		
	mit #: mit #:	Location of fluid disposal if hauled offsite:		
	mit #:			
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	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

1355344

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 (Attach Additional St	heets)	Yes I	10	L	.og Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolo	ogical Survey	Yes N	10	Nam	e		Тор	Datum
Cores Taken Electric Log Run			10 10					
List All E. Logs Run:								
			SING RECORD s set-conductor, s	Ne 📃 Ne surface, inte	ew Used ermediate, production	on, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)		eight . / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ING / SOL	JEEZE RECORD	<u> </u>		
Purpose: Depth Type of Cement # Sacks Used			Type and Percent Additives					
Perforate Protect Casing	Top Bottom							
Plug Back TD Plug Off Zone								
Did you perform a hydrauli	-		ant avaged 250.0				o questions 2 an	nd 3)
Does the volume of the tot Was the hydraulic fracturin		-		-			o question 3) out Page Three	of the ACO-1)
Shots Per Foot		ON RECORD - Bridg			Acid, Fracture, Shot, Cement Squeeze Record			
	Specify	Footage of Each Interv	al Perforated		(An	nount and Kind of Mat	erial Used)	Depth
TUBING RECORD:	Size:	Set At:	Packer /	At:	Liner Run:	Yes No		
Date of First, Resumed F	Production, SWD or EN		g Method:		<u> </u>			
		Flowi	ng Pumpi	ng	Gas Lift O	ther (Explain)		

DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp. Perf. Commingled Used on Lease Vented Sold (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Water

Bbls.

Gas-Oil Ratio

Gravity

Estimated Production

Per 24 Hours

Oil

Bbls.

Gas

Mcf

Form	ACO1 - Well Completion
Operator	SM Oil & Gas, Inc.
Well Name	Fulsom B 2 SWD
Doc ID	1355344

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	11	8.625	24	40	Port	20	na
Production	6.75	4.5	10.5	1208	Туре А	140	5% KCL

Summary of Changes

Lease Name and Number: Fulsom B 2 SWD

API/Permit #: 15-019-27523-00-00

Doc ID: 1355344

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	40	48
Approved Date	02/22/2016	05/18/2017
Contractor License Number	34103	35116
Contractor Name	Lamamco Drilling Co., a General Partnership	SM Oil & Gas, Inc.
Date of First or Resumed Production or SWD or Enhr		11/1/2015
Disposition Of Gas - Used on lease	No	Yes
Field Name		Leniton
Ground Surface Elevation	1043	1041
If Alternate II Completion - Cement		1208
Circulated From If Alternate II Completion - Cement Circulated To		0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
If Alternate II Completion - Sacks of		140
Cement Kelly Bushing Elevation	1047	1046
Liner Run?		No
Method Of Completion - Open Hole	No	Yes
Producing Formation	Layton	Layton Sandstone
Producing Method Other	No	Yes
Producing Method Other Detail		SWD
Production Interval #1		1208-1328
Purchaser's Name		CVR
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 87857	//kcc/detail/operatorE ditDetail.cfm?docID=13 55344