CORRECTION #1

Kansas Corporation Commission Oil & Gas Conservation Division 1355386

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:, (e.gxxx.xxxxx)				
Name:					
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	Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth:				
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW					
☐ OG ☐ ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? Yes \ \ \ \ No				
Cathodic Other (Core, Expl., etc.):					
	If yes, show depth set: Feet				
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from:				
Operator:	feet depth to:w/sx cmt.				
Well Name:	sx cm.				
Original Comp. Date: Original Total Depth:					
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Bata mast be conceiled norm the reserve rity)				
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls				
Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:	O construction of the cons				
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. 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

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				JEEZE RECORD		d Percent Additives		
Perforate Top Bottom Top Bot		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	Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			ı	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	SM Oil & Gas, Inc.
Well Name	Fulsom B 2
Doc ID	1355386

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	11.75	8.625	17	40	port	10	none
Production	7.875	5.5	17	2144	Class A	275	2% KCL

Summary of Changes

Lease Name and Number: Fulsom B 2 API/Permit #: 15-019-27507-00-00

Doc ID: 1355386

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	01/11/2016	05/19/2017
CasingNumbSacksUse dPDF_2	375	275
Contractor License Number	34103	35116
Contractor Name	Lamamco Drilling Co., a General Partnership	SM Oil & Gas, Inc.
Disposition Of Gas - Used on lease	No	Yes
If Alternate II Completion - Cement		2144
Circulated From If Alternate II Completion - Cement		0
Circulated To If Alternate II Completion - Sacks of		275
Cement Method Of Completion - Open Hole	No	Yes

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Operator's Contact Name	Skylar Miller	Stan Miller, Sr.
Operator's Phone	520-4244	629-2151
Perf_Record_1	n/a	2046-2052
Plug Back Total Depth		2144
Production - Barrels Oil		8
Production - Barrels of Water		100
Production Interval #1		Mississippi Chat, 2042- 2052
Purchaser's Name		CVR
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=13
Total Depth	74245 2136	55386 2150