CORRECTION #1

KOLAR Document ID: 1354854

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form ACO-1 November 2016 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.: |
|---|--|
| 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: | Datum: NAD27 NAD83 WGS84 |
| Wellsite Geologist: | County: |
| Purchaser: | |
| Designate Type of Completion: | Lease Name: Well #: |
| ☐ New Well ☐ Re-Entry ☐ Workover | Field Name: |
| ☐ Oil ☐ WSW ☐ SWD | Producing Formation: |
| ☐ Gas ☐ DH ☐ EOR | Elevation: Ground: Kelly Bushing: |
| ☐ OG ☐ GSW | 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 EOR ☐ Conv. to SWD | Drilling Fluid Management Plan |
| ☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer | (Data must be collected from the Reserve Pit) |
| Commingled Paymit # | Chloride content:ppm Fluid volume:bbls |
| □ Commingled Permit #: □ Dual Completion Permit #: | Dewatering method used: |
| SWD Permit #: | Location of fluid disposal if hauled offsite: |
| EOR Permit #: | , i |
| 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

| KCC Office Use ONLY | | | | | |
|---|--|--|--|--|--|
| Confidentiality Requested | | | | | |
| Date: | | | | | |
| Confidential Release Date: | | | | | |
| Wireline Log Received Drill Stem Tests Received | | | | | |
| Geologist Report / Mud Logs Received | | | | | |
| UIC Distribution | | | | | |
| ALT I II III Approved by: Date: | | | | | |

CORRECTION #1

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| Sec. Top. S. R. Set. Set. Set. Set. County: STRUCTIONS: Show important tops of formation penetrated. Detail all cores. Report all final oppies of drill stems tests giving interval setsed, time tod open and closed, flowing and shut in pressures, whether shut in pressures reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and four interior flows to surface test, along with final chart(s). Attach sets a fixed if more space is needed. Fixel Radioactivity, top, Fixel Logs into closing Ceophysical Data and final Extent Logs must be emailed to kno-well-logs@kcc ks.gov. Digital electronic log fines must be submitted in LAS version 2.0 or never AND an image fine (TIFF or PDF). Drill Stem Tests Taken | Operator Name: | | | | | Lease N | Name: _ | | | Well #: | |
|--|-------------------------------------|-----------------------|----------------|-----------|---------------|--------------|---|-------------------|--------------------|-------------------|--------------------------|
| open and closed, flowing and shuf-in pressure, whether shuf-in pressure reached static level, hydrostatic pressures, bottom field temperature, fluid recovery, and flow rates if sub surface lests, along with final charge. Attack more size in seeded. Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to loc-well-logs @koc.ks.gov. Digital electronic log littles must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF). Drill Stem Tasta Tasten | Sec Tw | pS. F | R |] East | West | County: | : | | | | |
| Flies must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF). Drill Stem Tests Taken Yes No Log Formation (Top), Depth and Datum Sample (Atlanch Address) Samples Sent to Geological Survey Yes No | open and closed | l, flowing and sh | ut-in pressure | s, wheth | er shut-in pı | essure reacl | ned stati | c level, hydrosta | atic pressures, b | | |
| Samples Sent to Geological Survey | | | | | | | | gs must be ema | ailed to kcc-well- | logs@kcc.ks.gov | . Digital electronic log |
| Samples Sent to Geological Survey | | | | Yes | ☐ No | | | | on (Top), Depth | | |
| Electric Log Rum Yes No Casing Record Munt Logs Ves No Purpose of Siting Size Hole Size Casing Weight Depth Cement Used Type and Percent Additives Purpose Type of Cement Factor Sake (In O.D.) Lbs./Fit. Depth Cement Used Depth Cement Used Additives Purpose Perforate Protect Casing Purpose Type of Cement Factor Sakes Used Type and Percent Additives Purpose Protect Casing Purpose Type of Cement Facks Used Type and Percent Additives Purpose Type of Cement Facks Used Type and Percent Additives Purpose Type of Cement Facks Used Type and Percent Additives Purpose Type of Cement Facks Used Type and Percent Additives Purpose Type of Cement Facks Used Type and Percent Additives Purpose Type of Cement Facks Used Type and Percent Additives Purpose Type of Cement Facks Used Type and Percent Additives Purpose Type of Cement Facks Used Type and Percent Additives Purpose Type of Cement Facks Used Type and Percent Additives Percorate Type of Cement Facks Used Type and Percent Additives Percorate Type of Cement Facks Used Type and Percent Additives Percorate Type of Cement Facks Used Type and Percent Additives Percorate Type of Cement Facks Used Type and Percent Additives Percorate Type of Cement Type of Cement Facks Used Type and Percent Additives Percorate Type of Cement Facks Used Type and Percent Additives Percorate Type of Cement Type Type of Cement Type of Cement Type Type of Cement Type of Cement Type of Cement Type of Cement Type of Cement | Samples Sent to | Geological Sur | vey | Yes | □No | | Nam | 9 | | Гор | Datum |
| CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Purpose of String Size Hole Size Casing Weight Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Top Bettom Type of Cement # Sacks Used Type and Percent Additives Perforate Protect Casing Plug Bask TD Plug Off Zone Purpose that Value Protect Casing Plug Bask TD Plug Off Zone Weight Sacks Used Type and Percent Additives 1. Did you perform a hydraulic fracturing treatment on this well? Yes No (#No, skip questions 2 and 3) 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350.000 gallons? Yes No (#No, skip questions 2 and 3) 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350.000 gallons? Yes No (#No, skip questions 2 and 3) 3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (#No, skip questions 2 and 3) 3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (#No, skip questions 2 and 3) 4. Was the hydraulic fracturing treatment exceed 350.000 gallons? Yes No (#No, skip questions 2 and 3) 5. No (#No, skip questions 2 and 3) 6. Was the hydraulic fracturing treatment exceed 350.000 gallons? Yes No (#No, skip questions 2 and 3) 7. Death of the volume of the total base fluid of the hydraulic fracturing treatment exceed 350.000 gallons? Yes No (#No, skip questions 2 and 3) 7. Death of the volume of the total base fluid of the hydraulic fracturing treatment exceed 350.000 gallons? Yes No (#No, skip questions 2 and 3) 7. Death of the volume of the total base fluid of the hydraulic fracturing treatment exceed 350.000 gallons? Yes No (#No, skip questions 2 and 3) 7. Death of the volume of the total base fluid of the hydraulic fracturing treatment exceed 350.000 gallons? Yes No (#No, ski | Electric Log Run Geolgist Report | / Mud Logs | | Yes | ☐ No | | | | | | |
| Purpose of String Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Additives Purpose of String Size Hole Size Casing Weight Cement Used Additives | List All E. Logs F | Run: | | | | | | | | | |
| Purpose of String Size Hole Size Casing Weight Setting Type of B Sacks Type and Percent Lbs. /FL Depth Cement Used Additives Additive | | | | Report | | | | | tion etc | | |
| ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Parforate Protect Casing Prug Sat TD Plug Off Zone 1. Did you perform a hydraulic fracturing treatment on this well? 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No (If No, skip questions 2 and 3) 3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, fill out Page Three of the ACO-1) Date of first Production/Injection or Resumed Production/ Producing Method: hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, fill out Page Three of the ACO-1) Date of first Production/Injection or Resumed Production/ Producing Method: hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, fill out Page Three of the ACO-1) Date of first Production/Injection or Resumed Production/ Producing Method: hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, fill out Page Three of the ACO-1) Date of first Production/Injection or Resumed Production/ Producing Method: hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, fill out Page Three of the ACO-1) Estimated Production Oil Bbls. Gas McT Water Bbls. Gas-Oil Ratio Gravity Gravity Gas Gas-Oil Ratio Gravity Gas Gas-Oil Ratio Gravity Gas Gas-Oil Ratio Gas-Oil Rati | D (0) | Siz | e Hole | · · | | | · · | | 1 | # Sacks | Type and Percent |
| Purpose: Protect Casing Protect Casing Plug Back TD Plug Off Zone 1. Did you perform a hydraulic fracturing treatment on this well? 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No (If No, skip questions 2 and 3) 3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, skip questions 2 and 3) 4. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, fill out Page Three of the ACO-1) Date of first Production/Injection or Resumed Production/ Injection: Producing Method: Produ | Purpose of St | | | | | | | | | | |
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| Perforate Protect Casing Plug Bakx TD Plug Off Zone 1. Did you perform a hydraulic fracturing treatment on this well? 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No (If No, skip questions 2 and 3) 3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, fill out Page Three of the ACO-1) Date of first Production/Injection or Resumed Production/ Producing Method: Injection: Estimated Production Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours DISPOSITION OF GAS: WETHOD OF COMPLETION: Wented Sold Used on Lease (If vented, Submit ACO-18.) Shots Per Perforation Perforation Bridge Plug Bridge Plug Set At (Amount and Kind of Material Used) Shots Per Perforation Perforation Bridge Plug Set At (Amount and Kind of Material Used) | Dumana | |) on th | | | | | EEZE RECORD | | | |
| Prug Back TD Plug Off Zone 1. Did you perform a hydraulic fracturing treatment on this well? 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No (If No, skip questions 2 and 3) 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No (If No, skip question 3) 3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, fill out Page Three of the ACO-1) Date of first Production/Injection or Resumed Production/ Injection: Producing Method: Injection: Gas Mcf Water Bibls. Gas-Oil Ratio Gravity Estimated Production Per 24 Hours DISPOSITION OF GAS: METHOD OF COMPLETION: Submit ACO-18.) DISPOSITION OF GAS: METHOD OF COMPLETION: Submit ACO-18. (Submit ACO-18.) Shots Per Perforation Bottom Bridge Plug Set At Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used) | | | | Type of | f Cement | # Sacks | Used | | Type and | Percent Additives | |
| Plug Off Zone | Protect Ca | | | | | | | | | | |
| 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? | | | | | | | | | | | |
| 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? | | | | | | | | | | | |
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| Date of first Production/Injection or Resumed Production/ Injection: | | | = | | - | | _ | | | | of the ACO-1) |
| Injection: | | | | | | | rogioti y . | | | out rago rinco | |
| Estimated Production Per 24 Hours DISPOSITION OF GAS: Vented Sold Used on Lease (If vented, Submit ACO-18) Shots Per Perforation Foot Top Bottom Bottom Bridge Plug Set At Set At (Amount and Kind of Material Used) Set At (Amount and Kind of Material Used) Gas-Oil Ratio Gravity PRODUCTION INTERVAL: Top Bottom Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used) | | iction/Injection or F | Resumed Produc | tion/ I | | | a | Gas Lift (| Other (Explain) | | |
| DISPOSITION OF GAS: Vented Sold Used on Lease (If vented, Submit ACO-18.) Shots Per Foot Perforation Top Bottom Bridge Plug Set At S | Estimated Produc | ction | Oil Bbls | - ' | | | | | | Gas-Oil Batio | Gravity |
| Vented Sold Used on Lease Open Hole Perf. Dually Comp. (Submit ACO-4) Shots Per Foot Top Bottom Shots Per Foot Top Bottom Shots Per Foot Top Bottom Set At Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used) | | | O., 25.0 | | Guo | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | G. G. G. |
| Vented Sold Used on Lease Open Hole Perf. Dually Comp. (Submit ACO-4) Shots Per Foot Top Bottom Shots Per Foot Top Bottom Shots Per Foot Top Bottom Set At Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used) | DISPO | OSITION OF GAS | : | ' | | METHOD OF | COMPLE | TION: | | PRODUCTIO | ON INTERVAL: |
| Shots Per Perforation Perforation Bottom Top Bottom Set At Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used) | Vented | Sold Use | d on Lease | □ Ор | en Hole | | _ | | mmingled | | |
| Foot Top Bottom Type Set At (Amount and Kind of Material Used) | (If vente | ed, Submit ACO-18. | .) | | | | (Submit | ACO-5) (Sub | omit ACO-4) | | |
| | | | | В | | | g | Acid | | | Record |
| TUBING RECORD: Size: Set At: Packer At: | | 134 | | | .,,,, | | | | (| | |
| TUBING RECORD: Size: Set At: Packer At: | | | | | | | | | | | |
| TUBING RECORD: Size: Set At: Packer At: | | | | | | | | | | | |
| TUBING RECORD: Size: Set At: Packer At: | | | | | | | | | | | |
| TUBING RECORD: Size: Set At: Packer At: | | | | | | | | | | | |
| | TUBING RECOR | D: Size: | | Set At: | | Packer At: | | | | | |

| Form | ACO1 - Well Completion |
|-----------|--------------------------|
| Operator | Citation Oil & Gas Corp. |
| Well Name | WIELAND UNIT 4-10 |
| Doc ID | 1354854 |

Casing

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

Summary of Changes

Lease Name and Number: WIELAND UNIT 4-10

API/Permit #: 15-051-22325-00-02

Doc ID: 1354854

Correction Number: 1

Approved By: Karen Ritter

| Field Name | Previous Value | New Value |
|---------------|--------------------|--------------------|
| API | 15-051-22325-00-01 | 15-051-22325-00-02 |
| Approved By | NAOMI JAMES | Karen Ritter |
| Approved Date | 01/08/2016 | 05/11/2017 |



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1275677

Form ACO-1
August 2013
Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL 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: |
| Name: | (e.g. xx.xxxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84 |
| Wellsite Geologist: | |
| Purchaser: | County: |
| Designate Type of Completion: | Lease Name: Well #: |
| ☐ New Well ☐ Re-Entry ☐ Workover | Field Name: |
| ☐ Oil ☐ WSW ☐ SWD ☐ SIOW | Producing Formation: |
| 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) |
| 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 #: | |
| GSW Permit #: | Operator Name: |
| | Lease Name: License #: |
| Spud Date or Date Reached TD Completion Date or | QuarterSecTwpS. R East West |
| Recompletion Date Recompletion Date | Countv: 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: |