Confide	ntiality F	Requested:
Yes	No	

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1358329

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

WELL COMPLETION FORM

WELL HISTORY - DE	SCRIPTION OF	WELL & LEASE
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OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / 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:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	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?
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 #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	Quarter Sec Twp S. R East West
Spud Date orDate Reached TDCompletion Date orRecompletion DateRecompletion 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

1358329

Operator Name:	Lease Name:	_ Well #:
Sec TwpS. 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 Taker (Attach Additional		Ye	es 🗌 No			Log Forma	tion (Top), Depth ar	nd Datum	Sample
Samples Sent to Geo		Ye	es 🗌 No		Nar	ne		Тор	Datum
Cores Taken Electric Log Run		Y€							
List All E. Logs Run:									
				RECORI		lew Used			
	Qina Hala	-	-			termediate, produ		" Os slas	Tura and Davaard
Purpose of String	Size Hole Drilled		e Casing t (In O.D.)		Veight os. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONA		ITING / SQ		 D		
Purpose:	Depth Top Bottom	Туре	of Cement	# Sad	cks Used		Type and P	ercent Additives	
Perforate Protect Casing Plug Back TD									
Plug Off Zone									
Did you perform a hydrau	ulic fracturing treatment	on this well?	?			Yes	No (If No, ski	p questions 2 an	nd 3)
Does the volume of the t	-		-		-	s? Yes		p question 3)	
Was the hydraulic fractur	ing treatment information	on submitted	to the chemical	disclosure	e registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot			RD - Bridge Plue Each Interval Pe		De		racture, Shot, Cement Amount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:		Packe	r At·	Liner Run:			
							Yes No		
Date of First, Resumed	Production, SWD or El	NHR.	Producing Met	thod:	ping	Gas Lift	Other (Explain)		
Estimated Production	Oil	Bbls.	Gas	Mcf	Wa	iter	Bbls. G	Gas-Oil Ratio	Gravity

Per 24 Hours

Form	ACO1 - Well Completion
Operator	Culbreath Oil & Gas Company, Inc.
Well Name	Bixenman Brothers 1-18
Doc ID	1358329

All Electric Logs Run

CND	
DIL	
Micro	
Sonic	

Form	ACO1 - Well Completion
Operator	Culbreath Oil & Gas Company, Inc.
Well Name	Bixenman Brothers 1-18
Doc ID	1358329

Tops

Name	Тор	Datum
Anhydrite	2522	+426
Base Anhy	2552	+396
Topeka	3749	-801
Heebner	3963	-1015
Lansing	3998	-1050
Muncie	4125	-1177
Stark	4214	-1266
ВКС	4273	-1325
Marmaton	4303	-1355
Pawnee	4395	-1447
Fort Scott	4468	-1520
Cherokee	4495	-1547
Miss	4578	-1630

Form	ACO1 - Well Completion
Operator	Culbreath Oil & Gas Company, Inc.
Well Name	Bixenman Brothers 1-18
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Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
Surface	12.25	8.625	24	304	common	3%gel,2% cc
Production	5.5	5.5	13	4650	OWC	3%gel,2% cc

Summary of Changes

Lease Name and Number: Bixenman Brothers 1-18 API/Permit #: 15-179-21391-00-00 Doc ID: 1358329 Correction Number: 1 Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	03/24/2015	06/26/2017
Completion Or Recompletion Date	01/25/2015	02/17/2017
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 45037	//kcc/detail/operatorE ditDetail.cfm?docID=13 58329