CORRECTION #1

Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

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:	
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 #:
	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:
Gas DH EOR 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:	
Well Name:	
Original Comp. Date: Original Total Dep	
	Conv. to SWD Drilling Fluid Management Plan
	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 #:	
EOR Permit #:	Operator Name:
GSW Permit #:	License #:
	Quarter Sec TwpS. R
·	pletion Date or

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:

1369375 CORRECTION #1

Operator Name:				Lease Name	e:			_ Well #:	
Sec Twp	S. R.	Eas	t West	County:					
and flow rates if gas	wing and shu to surface te	t-in pressures, wh st, along with final	ether shut-in pre chart(s). Attach	essure reached s extra sheet if m	static I nore sp	evel, hydrosta bace is needed	tic pressures, bot d.	tom hole tempe	val tested, time tool rature, fluid recovery, Digital electronic log
files must be submit								0	0 0
Drill Stem Tests Take			Yes No		_ Log	g Formatic	on (Top), Depth a		Sample
Samples Sent to Ge	ological Surv	ey	Yes No	N	Name			Тор	Datum
Cores Taken Electric Log Run Geolgist Report / Mu List All E. Logs Run:	_		Yes No Yes No Yes No						
		Rep	CASING port all strings set-c	RECORD	New , interm	Used	on, etc.		
Purpose of String			ize Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
	5.1		ot (III 0.5.)	200.711.		Борит	Comont	0000	/ Iddilivos
			ADDITIONAL	CEMENTING /	SQUE	EZE RECORD			
Purpose: Perforate		epth Typ Bottom	e of Cement	# Sacks Used	b		Type and F	Percent Additives	
Protect Casing	9								
Plug Off Zone									
									(0)
 Did you perform a h Does the volume of 	-	_		t exceed 350,000	gallons	Yes Yes		ip questions 2 an ip question 3)	d 3)
3. Was the hydraulic fra		-	=		-	Yes	= '	out Page Three o	of the ACO-1)
Date of first Production	n/Injection or Re	esumed Production/	Producing Meth	nod:					
Injection:			Flowing	Pumping	Ga	as Lift C	other (Explain)		
Estimated Production Per 24 Hours	1	Oil Bbls.	Gas	Mcf	Water	BI	bls. (Gas-Oil Ratio	Gravity
DISPOSIT	TION OF GAS:		N	METHOD OF COM	//PLETI	ON:			N INTERVAL: Bottom
Vented So		on Lease	Open Hole		ually C		nmingled mit ACO-4)	Тор	Bottom
(If vented, S	Submit ACO-18.)			(00		(Cabi	7111.7100 1)		
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At		Acid,	Fracture, Shot, Cei (Amount and Kind	menting Squeeze d of Material Used)	Record
TUBING RECORD:	Size:	Set At		Packer At:					
	J.20.	OU! AI	-	. 20.0171					

Form	ACO1 - Well Completion	
Operator	StrataKan Exploration, LLC	
Well Name	BNE 19-22	
Doc ID	1369375	

All Electric Logs Run

CDNL	
DIL	
MICRO	
SONIC	

Form	ACO1 - Well Completion	
Operator	StrataKan Exploration, LLC	
Well Name	BNE 19-22	
Doc ID	1369375	

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.5	8.625	23	308	80/20		3%CC 2% Gel
Production	7.875	5.5	15.5	3305	Q Pro C	180	10% SALT 5% GS 1/4# FS

Summary of Changes

Lease Name and Number: BNE 19-22 API/Permit #: 15-053-21325-00-00

Doc ID: 1369375

Correction Number: 1

Approved By: Karen Ritter

Field Name Previous Value New Value

Approved By NAOMI JAMES Karen Ritter

Approved Date 08/20/2015 10/04/2017

Geologist Report / Mud

Logs?

Perf_acid1 Gas Gun

Perf_acid2 150 Gallons 15% MCA

Perf_acid3 250 Gallons 15%

NE/FE/CE 2%MS

No

Perf_perf1bottom 3226

Perf_perf1top 3223

Perf_shots1 6

PerforationsRevised [[dataGrid]]

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Production Interval #1	3223-3226	3223
Production Interval #3		3226
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 61763	//kcc/detail/operatorE ditDetail.cfm?docID=13 69375
Total Depth	330	3307



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1261763

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 🗌 East 🗌 Wes
Address 2:			Feet from North / South Line of Section
City: Sta	ate: Zi	p:+	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.xxxxxx)
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84
Purchaser:			County:
Designate Type of Completion:			Lease Name: Well #:
New Well Re-I	Entry	Workover	Field Name:
	_	SIOW	Producing Formation:
☐ Oil ☐ WSW ☐ D&A	☐ SWD		Elevation: Ground: Kelly Bushing:
Gas D&A	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	dow	remp. Abu.	Amount of Surface Pipe Set and Cemented at: Fe
Cathodic Other (Core,	Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info			If yes, show depth set: Fee
Operator:			If Alternate II completion, cement circulated from:
Well Name:			feet depth to:w/sx cn
Original Comp. Date:			·
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)
Comming alor	Da wasit #		Chloride content: ppm Fluid volume: bb
CommingledDual Completion			Dewatering method used:
SWD			Location of fluid disposal if hauled offsite:
☐ ENHR			Location of hala disposal in hauted offsite.
☐ GSW			Operator Name:
_			Lease Name: License #:
Spud Date or Date Read	ched TD	Completion Date or	Quarter Sec TwpS. R East We
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 Approved by: Date: