CORRECTION #1

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

1369446

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 East | | |
| 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.xxxxxx) | | |
| Wellsite Geologist: | | Datum: NAD27 NAD83 WGS84 | | |
| Purchaser: | | County: | | |
| Designate Type of Completion: | | Lease Name: Well #: | | |
| New Well Re-Entry Workover | | Field Name: | | |
| □ Oil □ WSW □ SWE | | Producing Formation: | | |
| Gas DH EOR | | Elevation: Ground: Kelly Bushing: | | |
| | | 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 follow | | 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: Origin | nal 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) | | |
| | | Chloride content:ppm Fluid volume:bbls | | |
| _ | | Dewatering method used: | | |
| | | Location of fluid disposal if hauled offsite: | | |
| | | Location of fluid disposal if flauled offsite. | | |
| | | Operator Name: | | |
| | | Lease Name: License #: | | |
| Spud Date or Date Reached TD | Completion Date or | Quarter Sec TwpS. R | | |
| 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

Operator Name: Lease Name: _ Well #: _ 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). No **Drill Stem Tests Taken** Yes Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes Yes No Cores Taken ☐ No Electric Log Run _ Yes Geolgist Report / Mud Logs Yes List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone 1. Did you perform a hydraulic fracturing treatment on this well? 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? No (If No, fill out Page Three of the ACO-1) Producing Method: Date of first Production/Injection or Resumed Production/ Injection: Flowing Pumping Gas Lift Other (Explain) **Estimated Production** Water Bbls. Bbls Gas Mcf Gas-Oil Ratio Gravity Per 24 Hours DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL: **Bottom** Sold Used on Lease Open Hole Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Bridge Plug Shots Per Bridge Plug Perforation Perforation Acid, Fracture, Shot, Cementing Squeeze Record Foot Top **Bottom** Type Set At (Amount and Kind of Material Used) TUBING RECORD: Size: Set At: Packer At:

| Form | ACO1 - Well Completion |
|-----------|------------------------|
| Operator | Lang, Kenneth R. |
| Well Name | PYLE 5 |
| Doc ID | 1369446 |

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 | 212 | Surf 22 class A | 165 | 3% cc |
| Production | 8.875 | 5.5 | 15.5 | 1895 | lite VII/class A | 430 | 60/40 1/4#flose al/neat |
| | | | | | | | |
| | | | | | | | |

Summary of Changes

Lease Name and Number: PYLE 5 API/Permit #: 15-171-21208-00-00

Doc ID: 1369446

Correction Number: 1

Approved By: Karen Ritter

| Field Name | Previous Value | New Value |
|---|----------------|------------|
| Approved Date | 09/29/2017 | 10/05/2017 |
| Date of First or Resumed Production or | | 09/20/2017 |
| SWD or Enhr Method Of Completion - Perf | No | Yes |
| Perf_perf1bottom | | 1769 |
| Perf_perf1top | | 1759 |
| Perf_perf2bottom | | 1686 |
| Perf_perf2top | | 1666 |
| Perf_shots1 | | 3 |
| Perf_shots2 | | 3 |
| Producing Method Other | No | Yes |

Summary of changes for correction 1 continued

| Field Name | Previous Value | New Value |
|----------------------------------|--|--|
| Producing Method Other Detail | | injection |
| Production Interval #1 | | 1666 |
| Production Interval #2 | | 1759 |
| Production Interval #3 | | 1686 |
| Production Interval #4 | | 1769 |
| Save Link | //kcc/detail/operatorE ditDetail.cfm?docID=13 | //kcc/detail/operatorE ditDetail.cfm?docID=13 |
| Tubing Packer At | 68702 | 69446 1622 |
| Tubing Set At | | 1619 |
| Tubing Size | | 2.375 |