Confide	ntiality F	Requested:
Yes	No No	

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1370865

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: ()			
CONTRACTOR: License #	_ GPS Location: Lat:, Long:		
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)		
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84		
Purchaser:	County:		
Designate Type of Completion:	Lease Name: Well #:		
	Field Name:		
New Well Re-Entry Workover	Producing Formation:		
	Elevation: Ground: Kelly Bushing:		
Gas DH EOR	Total Vertical Depth: Plug Back Total Depth:		
OG GSW	Amount of Surface Pipe Set and Cemented at: Feet		
CM (Coal Bed Methane)			
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 Produce	(Data must be collected from the Reserve Pit)		
Description Description	Chloride content: ppm Fluid volume: bbls		
Commingled Permit #:	Dewatering method used:		
Dual Completion Permit #:      SWD Permit #:			
SWD         Permit #:           EOR         Permit #:			
GSW Permit #:	Operator Name:		
	Lease Name: License #:		
Spud Date or Date Reached TD Completion Date or	- Quarter Sec TwpS. R East West		
Recompletion Date 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 Drill Stem Tests Received				
Geologist Report / Mud Logs Received				
UIC Distribution				
ALT I II III Approved by: Date:				

# CORRECTION #1

1370865

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			Y	es 🗌 No			_og	Formatio	n (Top), Dept	h and Datum	Sample
Samples Sent to		INVOV		es 🗌 No		Nam	ne			Тор	Datum
Cores Taken Electric Log Run Geolgist Report / List All E. Logs F	/ Mud Logs	a vey	Y	es No es No es No es No							
			Repo	CASING ort all strings set-	i RECORD		ew [ ermed	Used iate, production	on, etc.		
Purpose of St	ring S	ize Hole Drilled	Size Casing Set (In O.D.)			Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONA							
Purpose: Depth Top Bottom		Type of Cement		# Sacks Used		Type and Percent Additives					
Perforate Protect Ca Plug Back Plug Cff 7	то										
Plug Off Zo	one										
<ol> <li>Did you perform</li> <li>Does the volume</li> <li>Was the hydraul</li> </ol>	e of the total bas	se fluid of the hy	draulic fra	acturing treatmer		-		Yes Yes	No (If No	n, skip questions 2 ar n, skip question 3) n, fill out Page Three	
Date of first Production/Injection or Resumed Prod Injection:		luction/	Producing Met	hod:	ng	] Gas L	_ift 🗌 O	ther <i>(Explain)</i>			
Estimated Produce Per 24 Hours			Mcf	Water Bbls. Gas-Oil Rati			Gas-Oil Ratio	Gravity			
DISPOSITION OF GAS: MI			METHOD OF COMPLETION: PRODUCTION INTERVAL: Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)								
Shots Per Foot	Perforation Top	Perforati Botton		Bridge Plug Type	Bridge Plug Set At Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)						

Packer At:

TUBING RECORD:

Size:

Set At:

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	Smith 1-34
Doc ID	1370865

# 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	23	210	Common	3% CC; 2% Gel
Production	7.875	5.50	15.5	4666	EA-2	w/additive s

### Summary of Changes

Lease Name and Number: Smith 1-34 API/Permit #: 15-109-20959-00-01 Doc ID: 1370865 Correction Number: 1 Approved By: Karen Ritter

Field Name	Previous Value	New Value
Operator's Contact Name	Ronald N. Sinclair	Michael Reilly
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13 70753	//kcc/detail/operatorE ditDetail.cfm?docID=13 70865