CORRECTION #2

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:	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.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 □ SWD	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 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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
☐ Dual Completion Permit #:	Location of fluid diapocal if hould affaita:
EOR Permit #:	Location of fluid disposal if hauled offsite:
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 #2

Operator Name: _					Lease N	lame: $_$			W	ell #:	
SecTwp	oS. R.		East	West	County:						
	flowing and shu	ut-in pressures	, wheth	er shut-in pre	essure reach	ned stati	c level, hydr	ostatic pressur			val tested, time tool rature, fluid recovery,
Final Radioactivity files must be subr							ogs must be	emailed to kcc	-well-logs	@kcc.ks.gov	Digital electronic log
Drill Stem Tests Ta			Yes	☐ No		L	_	mation (Top), D	·		Sample
Samples Sent to	Geological Surv	/ey	Yes	☐ No		Nam	е		٦	Гор	Datum
Cores Taken Electric Log Run Geolgist Report / List All E. Logs Ru	_		☐ Yes ☐ Yes ☐ Yes								
			Report	CASING all strings set-	RECORD	Ne					
Purpose of Stri		e Hole rilled	Size Casing Set (In O.D.)		Weight Lbs. / Ft.		Setting Depth			# Sacks Used	Type and Percent Additives
				ADDITIONAL	CEMENTIN	IG / SQL	JEEZE REC	ORD .			
Purpose:		epth Bottom	Type of	Cement	# Sacks	# Sacks Used Type and Percent Additives					
Perforate Protect Cas Plug Back T											
Plug Off Zo											
Did you perform a Does the volume Was the hydraulid	of the total base	fluid of the hydra	ulic fract	uring treatmen		•		s No (lf No, skip q	uestions 2 and uestion 3) Page Three c	·
Date of first Produc Injection:	tion/Injection or R	lesumed Produc	tion/ F	Producing Met	hod:	ı 🗆	Gas Lift	Other (Explai	in)		
Estimated Product Per 24 Hours	ion	Oil Bbls.		Gas	Mcf	Wat		Bbls.		-Oil Ratio	Gravity
DISPO	SITION OF GAS:			ľ	METHOD OF	COMPLE	ETION:	_	1	PRODUCTIO	N INTERVAL: Bottom
		on Lease	<u></u> Ор	en Hole	Perf.		Comp ACO-5)	Commingled (Submit ACO-4)		ОР	Bottom
(If Vented	d, Submit ACO-18.)	<u> </u>					-				
Shots Per Foot	Perforation Top	Perforation Bottom	Ві	ridge Plug Type	Bridge Plug Set At	g		Acid, Fracture, S (Amount		ting Squeeze Material Used)	Record
TUBING RECORD): Size:	S	et At:		Packer At:						

Form	ACO1 - Well Completion
Operator	SM Oil & Gas, Inc.
Well Name	FULSOM B 4
Doc ID	1371428

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.75	8.625	20	42	Portland	10	na
Production	7.875	5.50	17	2131	60/40 POZ, OWC	500	8% Gel

Summary of Changes

Lease Name and Number: FULSOM B 4

API/Permit #: 15-019-27512-00-00

Doc ID: 1371428

Correction Number: 2

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	02/27/2017	10/25/2017
Completion Or Recompletion Date	8/10/2015	8/7/2015
Date of First or Resumed Production or	8/10/2015	8/12/2015
SWD or Enhr Fracturing Question 1	No	Yes
Fracturing Question 2		No
Geologist Report / Mud Logs?		No
Perf_acid2		450 Gallons 15% Hcl, 6,000# Frac Sand
Perf_perf1bottom		2049
Perf_perf1top		2039
Perf_shots1		2

Summary of changes for correction 2 continued

Field Name	Previous Value	New Value	
PerforationsRevised		[[dataGrid]]	
Production - Barrels Oil	2	3	
Production - Barrels of Water	60	100	
Production Interval #1	2039 - 2054	2039	
Production Interval #3		2049	
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13 40124	//kcc/detail/operatorE ditDetail.cfm?docID=13 71428	
Tubing Packer At	2004	11720	