Confide	ntiality F	Requested:
Yes	No	

CORRECTION #2

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1375703

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 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.xxxxx) (e.gxxx.xxxxx)		
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)	Multiple Stage Cementing Collar Used? Yes No		
Cathodic Other (Core, Expl., etc.):			
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 #: SWD Permit #:	Location of fluid diapocal if bould 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	Quarter Sec TwpS. 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

1375703

Operator Na	me:			Lease Name:	_ Well #:
Sec	Twp	_S. 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 Taken	a a ta l	Y	és 🗌 No		L	.og Formatic	on (Top), Depth a	ind Datum	Sample
(Attach Additional She Samples Sent to Geolog	,	ΠY	és 🗌 No		Nam	e		Тор	Datum
TCores aken Electric Log Run Geologist Report List All E. Logs Run:		Y	és No és No és No						
			CASING	RECORD	Ne	ew Used			
		Rep				ermediate, product	on, etc.		
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)	Weight Lbs. / Ft		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL		/ SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Туре	e of Cement	# Sacks Us			Type and	Percent Additives	
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? Yes No (If No, skip question 3)									
Date of first Production/Inje	ection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 C	Other <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls.	Gas-Oil Ratio	Gravity
DISPOSITION	I OF GAS:		N	IETHOD OF CO	OMPLE	ETION:			DN INTERVAL: Bottom
Vented Sold	Used on Lease		Open Hole	Perf.			nmingled mit ACO-4)	юр	
	oration Perfora	ation	Bridge Plug	Bridge Plug		Acid	Fracture, Shot, Ce	menting Squeeze	Becord
	Top Botto		Туре	Set At				d of Material Used)	
					-				
TUBING RECORD:	Size:	Set At:		Packer At:	_				

Form	ACO1 - Well Completion		
Operator	Palomino Petroleum, Inc.		
Well Name	RS 1		
Doc ID	1375703		

All Electric Logs Run

Dual Induction
Dual Receiver Cement Bond
Microresistiviy
Dual Compensated Porosity

Form	ACO1 - Well Completion	
Operator	Palomino Petroleum, Inc.	
Well Name	RS 1	
Doc ID	1375703	

Tops

Name	Тор	Datum
Anhy.	2307	(+567)
Base Anhy.	2367	(+507)
Heebner	3921	(-1047)
Toronto	3941	(-1067)
Lansing	3959	(-1085)
Muncie Creek	4109	(-1235)
Stark	4199	(-1325)
Hushpuckney	4233	(-1359)
ВКС	4273	(-1399)
Marmaton	4303	(-1429)
Pawnee	4393	(-1519)
Ft. Scott	4454	(-1580)
Cherokee Sh.	4480	(-1606)
Miss.	4465	(-1691)
LTD	4766	(-1892)

Form	ACO1 - Well Completion	
Operator	Palomino Petroleum, Inc.	
Well Name	RS 1	
Doc ID	1375703	

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugTyp e	BridgePlugSet At	Material Record
4	4131	4134			Acidized w/250 gal. 15% NE w/2% MS-1
4	4165	4170			
4	4181	4183			
4	4434	4438			Acidized w/250 gal. 15% NE w/2% MS-1
					Acidized w/750 gal. 15% NE w/2% MS-1
					Acidized w/1000 gal. 15% NE w/2% MS-1

Form	ACO1 - Well Completion
Operator	Palomino Petroleum, Inc.
Well Name	RS 1
Doc ID	1375703

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.250	8.6250	23	219	Common	165	2% gel, 3% c.c.
Production	7.8750	5.50	14	4763	SMD/EA-2		500 gal. mud flush with add. 20 bbls KCL water

Summary of Changes

Lease Name and Number: RS 1 API/Permit #: 15-063-22250-00-00 Doc ID: 1375703 Correction Number: 2 Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	08/06/2015	12/08/2017
Formation Top Source - Log	No	Yes
Geologist Report / Mud Logs?		No
Perf_acid1		Attached
Perf_bridgeplug1depth		Attached
Perf_bridgeplug1type		Attached
Perf_perf1bottom		Attached
Perf_perf1top		Attached
Perf_shots1		Attached

Summary of changes for correction 2 continued

Field Name	Previous Value	New Value
PerforationsRevised		[[dataGrid]]
Producing Formation	LKC	LKC H, I, J, Myrick Station
Production Interval #1		4131
Production Interval #3		4438
Tubing Packer At	4103	
Tubing Set At	2293	4708