### CORRECTION #1

KOLAR Document ID: 1377152

Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

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 🗌 West
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.xxxxx)
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:
☐ OG ☐ 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:	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 #:  Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR   Permit #:	Location of huld disposal if flauled 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:						

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Operator Name:					Lease Na	ame: _			Well #:	
Sec Tw	pS. I	R	East	West	County:					
	l, flowing and sl	hut-in pressure	es, whet	her shut-in pr	essure reach	ed stati	c level, hydrosta	tic pressures, bo		val tested, time tool erature, fluid recovery,
Final Radioactivi files must be sub							gs must be ema	iled to kcc-well-l	ogs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests	Taken tional Sheets)		Ye	s No				on (Top), Depth a		Sample
Samples Sent to	Geological Su	rvey	Ye	s No		Nam	9		Тор	Datum
TCores a Electric Lo Geologist List All E. Logs F	og Run Report / Mud L	.ogs	☐ Ye ☐ Ye ☐ Ye	s No						
			Repor		RECORD conductor, surf	Ne nte face, inte	w Used rmediate, producti	on, etc.		
Purpose of St		ze Hole Orilled	Size	Casing (In O.D.)	Weigh Lbs. / F	nt	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONA	L CEMENTING	G/SQU	EEZE RECORD			
Purpose:		Depth	Туре	of Cement	# Sacks U	Jsed		Type and	Percent Additives	
Perforate Protect Casing										
Plug Back										
<ol> <li>Did you perform</li> <li>Does the volum</li> <li>Was the hydrau</li> </ol>	e of the total base	e fluid of the hyd	raulic fra	cturing treatmer		-	Yes ns? Yes Yes	No (If No, s	kip questions 2 an kip question 3) Il out Page Three (	•
Date of first Produ	ction/Injection or	Resumed Produ	iction/	Producing Met						
Estimated Produc	ction	Oil Bbl	c	Flowing  Gas	Pumping  Mcf	Wate		Other (Explain) bls.	Gas-Oil Ratio	Gravity
Per 24 Hours		Oii Bbi	3.	Gas	IVICI	vvale	51 0	uis.	das-On Hallo	Gravity
DISPOSITION OF GAS:  METHOD OF COMPLETION:  PRODUCTION II			N INTERVAL: Bottom							
Vented (If vented	Sold Use	ed on Lease 3.)	<u></u> □ 0	pen Hole	Perf.	_ ,		mmingled mit ACO-4)		Jettenn
Shots Per Foot	Perforation Top	Perforatio Bottom	n I	Bridge Plug Type	Bridge Plug Set At		Acid,	Fracture, Shot, Ce	ementing Squeeze	Record
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	SM Oil & Gas, Inc.
Well Name	Underwood 102
Doc ID	1377152

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	11	8.6250	27	40	Port	10	na
Production	6.75	4.5	9.5	1498	Class A	170	KCL_2%

### **Summary of Changes**

Lease Name and Number: Underwood 102

API/Permit #: 15-019-27458-00-00

Doc ID: 1377152

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	03/26/2015	12/26/2017
Contractor License Number	34103	35116
Contractor Name	Lamamco Drilling Co., a General Partnership	SM Oil & Gas, Inc.
Date of First or Resumed Production or SWD or Enhr		09/16/2014 No
Geologist Report / Mud Logs?		NO
Method Of Completion - Perf	No	Yes
Perf_perf1bottom		1502
Perf_perf1top		1490
Perf_shots1		2

## Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
PerforationsRevised		[[dataGrid]]
Producing Method Pumping	No	Yes
Production Interval #1		1490
Production Interval #3		1502