CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION KOLAR Document ID: 1411467

Form ACO-1 January 2018 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:			
	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 #:				
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:				

Confidentiality Requested:

# CORRECTION #1

Operator Name:	Lease Name:	_ Well #:				
Sec TwpS. R East _ West	County:					
<b>INSTRUCTIONS:</b> 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).						

			0	,	,				
Drill Stem Tests Taken (Attach Additional S	heets)	Ye	es 🗌 No			og Formatio	n (Top), Depth	and Datum	Sample
Samples Sent to Geolo	ogical Survey	Ye	es 🗌 No		Nam	e		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Muc ist All E. Logs Run:	d Logs	Ye	es No es No es No						
		Repo		RECORD	Ne Ne urface, inte	w Used ermediate, producti	on, etc.		
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)	Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Purpose:	Depth	Τ				JEEZE RECORD	T		
Perforate Protect Casing	Top Bottom	Туре	of Cement	ent # Sacks Used Type and Percent Additives			d Percent Additives		
Plug Back TD Plug Off Zone									
Did you perform a hydr Does the volume of the Was the hydraulic fract	e total base fluid of the	hydraulic fra	acturing treatmer		-	Yes Ins? Yes Yes	No (If No,	skip questions 2 an skip question 3) fill out Page Three	
Date of first Production/Ir njection:	njection or Resumed P	roduction/	Producing Met	thod:	g	Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bt	bls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:					nmingled nit ACO-4)	PRODUCTIC Top	DN INTERVAL: Bottom		
Shots Per Pe Foot	rforation Perfo Top Bot		Bridge Plug Type	Bridge Plu Set At					

Packer At:

Size:

Set At:

TUBING RECORD:

Form	ACO1 - Well Completion
Operator	Thornberry Family Partnership Ltd.
Well Name	COBBS 4-T
Doc ID	1411467

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	18	20	Type II	5	N/A
Production	5.625	2.875	6.5	628	Type II	75	N/A

### Summary of Changes

Lease Name and Number: COBBS 4-T API/Permit #: 15-107-25272-00-00 Doc ID: 1411467 Correction Number: 1 Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	04/10/2018	06/07/2018
Date of First or Resumed Production or		5/1/2018
SWD or Enhr Method Of Completion - Open Hole	No	Yes
Producing Method Pumping	No	Yes
Production Interval #1		629
Production Interval #3		639