CORRECTION #1

KOLAR Document ID: 1455191

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 North / South Line of Section				
City:	Feet from				
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:				
☐ 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)				
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls				
Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
EOR Permit #:	·				
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec. Twp. S. 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 N	lame: _			Well #:	
Sec Tw	pS. F	R	East	West	County:					
	l, flowing and sh	ut-in pressure	es, whet	her shut-in pr	essure reach	ed stati	c level, hydrosta	atic pressures, b		val tested, time tool erature, fluid recovery,
Final Radioactivi files must be sub							gs must be ema	ailed to kcc-well-	logs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests Taken Ye (Attach Additional Sheets)			Ye	s No		L		on (Top), Depth		Sample
Samples Sent to	Geological Sur	vey	Ye	s 🗌 No		Nam	е		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud Logs		☐ Ye ☐ Ye ☐ Ye	s No							
List All E. Logs F	Run:									
			Repo		RECORD	Ne	w Used	ion. etc.		
Burnoon of Ct	ring Siz	e Hole		e Casing	Weigh	•	Setting	Type of	# Sacks	Type and Percent
Purpose of St		rilled		(In O.D.)	Lbs. /		Depth	Cement	Used	Additives
				ADDITIONA	L CEMENTIN	G / SQL	IEEZE RECORD			
Purpose: Perforate		Depth Bottom	Type	of Cement	# Sacks I	# Sacks Used Type and Percent Additi			Percent Additives	
Protect Ca										
Plug Back Plug Off Z										
1. Did you perform	-	_					Yes	=	kip questions 2 ar	nd 3)
 Does the volum Was the hydrau 		-		_		-			skip question 3)	of the ACO 1)
3. was the nyurau	iic iracturing treatr	neni iniormatio	n submitt	ed to the chem	cai disclosure	registry?	Yes	NO (11 NO, 1	ill out Page Three	or trie ACO-1)
Date of first Produ	ction/Injection or F	Resumed Produ	iction/	Producing Me	thod: Pumping	. \Box	Gas Lift 0	Other (Explain)		
Flowing										
Estimated Production Per 24 Hours		Oil Bbl	S.	Gas	Mcf	vvate	er E	bls.	Gas-Oil Ratio	Gravity
DIOD:	0017101105010	. 1				0014015			PROPLICATION	
			METHOD OF (_		mmingled	Top	ON INTERVAL: Bottom		
Vented (If vente	Sold Use			pennole	reii	_ ,		omit ACO-4)		
Shots Per Foot	Perforation Top	Perforatio Bottom	n	Bridge Plug Type	Bridge Plug Set At	3	Acid		ementing Squeeze	Record
	,								,	
TUBING RECOR	D: Size:		Set At:		Packer At:					
105MG HEOON	0126.		Joi M.		, donor At.					

Form	ACO1 - Well Completion
Operator	Rose Rock Midstream Crude, L.P.
Well Name	MP 0 1
Doc ID	1455191

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	17	10	11.089	20	Portland	20	I-II-V

Summary of Changes

Lease Name and Number: MP 0 1 API/Permit #: 15-083-21958-00-00

Doc ID: 1455191

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=14	//kcc/detail/operatorE ditDetail.cfm?docID=14
Total Depth	54513 30	55191 300