CORRECTION #2

KOLAR Document ID: 1667493

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 _ 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.xxxxxx) (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:
	Producing Formation:
Oil	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 □ Plug Back □ Liner □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content:ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
	Location of fluid disposal if hauled offsite:
EOR	
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 Name	e:			Well #:	
Sec Twp	S. R.	Eas	t West	County:					
and flow rates if gas	wing and shu to surface tes	t-in pressures, who st, along with final	ether shut-in pre chart(s). Attach	essure reached s extra sheet if m	static I nore sp	evel, hydrosta bace is needed	tic pressures, bot d.	tom hole tempe	val tested, time tool rature, fluid recovery, Digital electronic log
files must be submitt								go o noomoigo.	. 2.9 0.00
Drill Stem Tests Taken Yes [] Yes			∕es		Log	g Formatic	n (Top), Depth a		Sample
Samples Sent to Ge	ological Surv	ey 🗌 \	∕es □ No	N	Name			Тор	Datum
Cores Taken Electric Log Run Geologist Report / M List All E. Logs Run:	_		/es ☐ No /es ☐ No /es ☐ No						
Liot All E. Logo Han.									
		Rep	CASING ort all strings set-c	RECORD	New	Used	on, etc.		
Purpose of String			ze Casing	Weight		Setting	Type of	# Sacks	Type and Percent
	Dri	lled Se	et (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
	<u>'</u>		ADDITIONAL	. CEMENTING /	SQUE	EZE RECORD			
Purpose:		epth Typ	e of Cement	# Sacks Used	t	Type and Percent Additives			
Perforate Top Bottom Protect Casing		BOLLOTTI							
Plug Back TD Plug Off Zone	' <u> </u>								
r lug on zone									
1. Did you perform a h	ydraulic fracturi	ng treatment on this	well?			Yes	No (If No, sk	ip questions 2 an	d 3)
2. Does the volume of			_		-		=	ip question 3)	(" 100 1)
Was the hydraulic fra	acturing treatme	ent information subm	itted to the chemic	al disclosure regis	stry?	Yes	No (If No, fill	out Page Three o	of the ACO-1)
Date of first Production Injection:	n/Injection or Re	esumed Production/	Producing Meth Flowing	nod:		as Lift C	other (Explain)		
Estimated Production Oil Bbls.		Oil Bbls.	Gas Mcf		Water Bbls.			Gas-Oil Ratio	Gravity
Per 24 Hours		Oii Doio.	dus	IVIOI	vvator	Di			Gravity
DISPOSIT	ΓΙΟΝ OF GAS:		N.	METHOD OF CON	/PI FTI	ON.		PRODUCTIO	N INTERVAL:
			Open Hole				. Commingled Top		
(If vented, S	Submit ACO-18.)			(St	ubmit A0	CO-5) (Subi	mit ACO-4)		
	Perforation	Perforation	Bridge Plug	Bridge Plug		Acid,	Fracture, Shot, Cer	menting Squeeze	Record
Foot	Тор	Bottom	Туре	Set At			(Amount and Kind	of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					
				•					

Form	ACO1 - Well Completion
Operator	HB Energy LLC
Well Name	FASOLINO HB I5
Doc ID	1667493

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	20	Portland	8	NA
Production	5.875	2.875	6.5	848	Econobon d	102	NA