

CORRECTION #1

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1097316

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3194
 Name: Tri United, Inc
 Address 1: 950 270TH AVE
 Address 2: _____
 City: HAYS State: KS Zip: 67601 + 9503
 Contact Person: Eugene Leiker
 Phone: (785) 628-3670
 CONTRACTOR: License # 5184
 Name: Shields Oil Producers Inc.
 Wellsite Geologist: Eugene Leiker
 Purchaser: Plains Marketing LP

Designate Type of Completion:

- ☒ New Well ☐ Re-Entry ☐ Workover
- ☒ Oil ☐ WSW ☐ SWD ☐ SLOW
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW
☐ OG ☐ GSW ☐ Temp. Abd.
☐ CM (Coal Bed Methane)
☐ Cathodic ☐ Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- ☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD
☐ Conv. to GSW

☐ Plug Back: _____ Plug Back Total Depth _____☐ Commingled Permit #: _____☐ Dual Completion Permit #: _____☐ SWD Permit #: _____☐ ENHR Permit #: _____☐ GSW Permit #: _____

04/20/2012 04/26/2012 05/24/2012

Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion DateAPI No. 15 - 15-051-26292-00-00

Spot Description: _____

SE SE SW Sec. 15 Twp. 12 S. R. 18 ☐ East ☒ West330 Feet from ☐ North / ☒ South Line of Section2970 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SWCounty: EllisLease Name: KARLIN Well #: 7Field Name: Bemis-ShuttsProducing Formation: ArbuckleElevation: Ground: 2170 Kelly Bushing: 2170Total Depth: 3742 Plug Back Total Depth: 3740Amount of Surface Pipe Set and Cemented at: 206 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1430feet depth to: 0 w/ 245 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 46000 ppm Fluid volume: 500 bblsDewatering method used: Evaporated

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

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

☐ Letter of Confidentiality Received

Date: _____

☐ Confidential Release Date: _____☒ Wireline Log Received☐ Geologist Report Received☐ UIC DistributionALT ☐ I ☒ II ☐ III Approved by: Deanna Gamboa Date: 10/17/2012



1097316

Operator Name: Tri United, Inc Lease Name: KARLIN Well #: 7
Sec. 15 Twp. 12 S. R. 18 ☐ East ☒ West County: Ellis

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lansing KC	3426 -1255
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Arbuckle	3727 -1556
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	RTD	3742 -1571
List All E. Logs Run:			
Radiation Guard Log			

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12.625	8.765	20	206	Common	150	3%cc 2%gel
Production	7.875	5.625	15	3740	Common	185	10%salt 2%gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	1430-0	common	245	60/40-3%cc

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	3515 - 3518	300 gal - 15% NE	
2	3592 - 3596	500 gal - 15% NE	
3	3730 - 3738	400 gal mud acid - 15%	

TUBING RECORD:	Size: <u>2 7/8</u>	Set At: <u>3732</u>	Packer At: <u> </u>	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>07/01/2012</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) <u> </u>			
Estimated Production Per 24 Hours	Oil Bbls. <u>6</u>	Gas Mcf <u> </u>	Water Bbls. <u>35</u>	Gas-Oil Ratio <u> </u> Gravity <u>22</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) <u> </u>	PRODUCTION INTERVAL: <u> </u> <u> </u>
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Summary of Changes

Lease Name and Number: KARLIN 7

API/Permit #: 15-051-26292-00-00

Doc ID: 1097316

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Additional Type And Percent Additive		60/40-3%cc
Approved By	NAOMI JAMES	Deanna Garrison
Approved Date	10/08/2012	10/17/2012
Cementing Purpose Protect Casing	No	Yes
CementingDepth1_PDF	-	1430-0
CementingDepthBase1		0
CementingDepthTop1		1430
If Alternate II Completion - Cement Circulated From Number Of Sacks Used for Cementing / Squeezing- Line 1 Perf_Material_1	3740	1430 245 300 gal - 15% NE

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Material_2		500 gal - 15% NE
Perf_Material_3		400 gal mud acid - 15%
Production - Oil Gravity		22
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1095700	../../../../kcc/detail/operatorEditDetail.cfm?docID=1097316
Tubing Record - Set At		3732
Tubing Size		2 7/8
Type Of Cement Used for Cementing / Squeezing - Line 1		common