Confiden	tiality Re	quested:
Yes	No	

CORRECTION #2

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1309888

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

OPERATOR: License #	API No. 15
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.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
OG GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
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 ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back 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 #:	Dewatening method used.
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	Quarter Sec TwpS. R East West
Spud Date or Date Reached TD Completion Date or Recompletion Date 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.

KCC Office Use ONLY						
Confidentiality Requested						
Date:						
Confidential Release Date:						
Wireline Log Received						
Geologist Report Received						
UIC Distribution						
ALT I II III Approved by: Date:						

CORRECTION #2

1309888

Operator Na	me:			Lease Name:	_ Well #:
Sec	Twp.	_S. R	East West	County:	

INSTRUCTIONS: 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).

Drill Stem Tests Taker (Attach Additional		Yes No			-	on (Top), Depth ar			Sample
Samples Sent to Geo	logical Survey	Yes No		Nam	9		Тор	E	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No							
List All E. Logs Run:									
		CASIN Report all strings s	IG RECORD et-conductor, su	Ne Inface, inte		ion, etc.			
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used		and Percent dditives
		ADDITION	AL CEMENTIN	NG / SQU	EEZE RECORD				
Purpose: Perforate	Depth Top Bottom	Type of Cement	Type of Cement # Sacks Used			Type and Percent Additives			
Protect Casing Plug Back TD									
Plug Off Zone									
	ulic fracturing treatment o				Yes [p questions 2 an	d 3)	
	otal base fluid of the hydr ring treatment information				? Yes Yes		p question 3) out Page Three o	of the ACC	D-1)
Shots Per Foot	ots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					cture, Shot, Cement		i	Depth
									Dopui

Date of First, Resumed Product	ion, SWD or EN⊦	IR.	Producing Me	ethod:	ing 🗌 Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:				METHOD C	OF COMPLETION:		PRODUCTION	INTERVAL:

Packer At:

TUBING RECORD:

Size:

Set At:

Vented Sold Used on Lease	Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)	
(If vented, Submit ACO-18.)	Other (Specify)	

Liner Run:

Yes

No

Form	ACO1 - Well Completion
Operator	Tailwater, Inc.
Well Name	Winfrey 1-IW
Doc ID	1309888

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	0	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.8650	7	17	24	Portland	6	POZ
Production	5.6250	2.8750	6.45	850	Portland	120	50/50 POZ

Summary of Changes

Lease Name and Number: Winfrey 1-IW

API/Permit #: 15-003-25735-00-00

Doc ID: 1309888

Correction Number: 2

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	06/14/2016	06/21/2016
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13	//kcc/detail/operatorE ditDetail.cfm?docID=13
Tubing Set At	09153 850	09888
Tubing Size	2.8750	

Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1309153

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL	HISTORY	- DESCRIPTION	OF WELL	& I FASE
	III JIONI	- DESCRIF HOR		a LLASL

OPERATOR: License #	API No. 15
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 #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	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?
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 ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back 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 #:	Leasting of fluid dispersal if have a fifthing
	Location of fluid disposal if hauled offsite:
ENHR Permit #: GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East 🗌 West
Recompletion Date Reached TD Completion Date of 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.

KCC Office Use ONLY
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II Approved by: Date:

CORRECTION #1

1309153

Operator Na	me:			Lease Name:	_ Well #:
Sec	Twp	_S. R	East West	County:	

INSTRUCTIONS: 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).

Drill Stem Tests Taken (Attach Additional Sheets)		Yes No		Log Formation	on (Top), Depth an	d Datum	Sample
Samples Sent to Geological Survey		Yes No	Na	ne		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c		lew Used Itermediate, product	ion, 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
Purpose:	Depth		CEMENTING / SC				
Perforate	Top Bottom	Type of Cement	# Sacks Used		Type and Po	ercent Additives	
Protect Casing							
Plug Off Zone							
	tal base fluid of the hydr	n this well? aulic fracturing treatment ex a submitted to the chemical c		☐ Yes [s? ☐ Yes [☐ Yes [No (If No, ski	o questions 2 an o question 3) out Page Three	
Shots Per Foot	Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				cture, Shot, Cement mount and Kind of Ma		d Depth

TUBING RECORD:	Size:	Set At:		Packer	At:	Liner Ru	in:	No	
Date of First, Resumed Production, SWD or ENHR.			Producing M	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
			DF COMPLE	Comp.	Commingled (Submit ACO-4)	PRODUCTION IN	TERVAL:		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Tailwater, Inc.
Well Name	Winfrey 1-IW
Doc ID	1309153

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	0	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.8650	7	17	24	Portland	6	POZ
Production	5.6250	2.8750	6.45	850	Portland	120	50/50 POZ

Summary of Changes

Lease Name and Number: Winfrey 1-IW

API/Permit #: 15-003-25735-00-00

Doc ID: 1309153

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	01/29/2013	06/14/2016
CasingAdd_Type_PctP DF_1		POZ
CasingPurposeOfString PDF_1	surface	Surface
CasingPurposeOfString PDF_2	completion	Production
Fracturing Question 1		No
LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=22&t	https://kolar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=22&t
Save Link	ditDetail.cfm?docID=11 10376	//kcc/detail/operatorE ditDetail.cfm?docID=13 09153



CONFIDENTIAL WELL COMPLETION FORM

1110376

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WFII	HISTORY	- DESCRIPTION	OF WELL &	IFASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: feet depth to: w/ sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: ppm Fluid volume: bbls Dewatering method used:
Conv. to GSW Plug Back: Plug Back Total Depth Commingled Permit #:	Location of fluid disposal if hauled offsite:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R East West
ENHR Permit #: GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date	

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.

KCC Office Use ONLY						
Letter of Confidentiality Received						
Date:						
Confidential Release Date:						
Wireline Log Received						
Geologist Report Received						
UIC Distribution						
ALT I II III Approved by: Date:						



CONFIDENTIAL WELL COMPLETION FORM

1110376

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WFII	HISTORY	- DESCRIPTION	OF WELL &	IFASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: feet depth to: w/ sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: ppm Fluid volume: bbls Dewatering method used:
Conv. to GSW Plug Back: Plug Back Total Depth Commingled Permit #:	Location of fluid disposal if hauled offsite:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R East West
ENHR Permit #: GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date	

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