CORRECTION #2

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1317411

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 & LEASE

OPERATOR: License #	API No. 15		
Name:	Spot Description:		
Address 1:	SecTwpS. R 🔲 East 🗌 West		
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.xxxxx) (e.gxxx.xxxxxx)		
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84		
Purchaser:	County:		
Designate Type of Completion:	Lease Name: Well #:		
New Well Re-Entry Workover			
	Producing Formation:		
Oil WSW SWD SIOW	Elevation: Ground: Kelly Bushing:		
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:		
☐ OG ☐ ☐ GSW ☐ Temp. Abd. ☐ 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		
•	If Alternate II completion, cement circulated from:		
Operator:	feet depth to:w/sx cmt.		
Well Name:	W SX CITIL		
Original Comp. Date: Original Total Depth:			
Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)		
Plug Back Colly. to G5vV Colly. to Produce			
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls		
Dual Completion Permit #:	Dewatering method used:		
SWD Permit #:	Location of fluid disposal if hauled offsite:		
ENHR Permit #:	Operator Name:		
GSW Permit #:	Operator Name:		
	Lease Name: License #:		
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. 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				
Geologist Report Received				
UIC Distribution				
ALT I II Approved by: Date:				



Operator Name:			Lease Name:			_ Well #:	
Sec Twp	S. R [East West County:					
open and closed, flow and flow rates if gas to Final Radioactivity Log	ing and shut-in pressur o surface test, along wit g, Final Logs run to obt	rmations penetrated. D res, whether shut-in pre th final chart(s). Attach ain Geophysical Data a r newer AND an image f	ssure reached stati extra sheet if more and Final Electric Lo	c level, hydrosta space is needed	tic pressures, bo d.	ttom hole tempe	erature, fluid recovery,
Drill Stem Tests Taken					Sample		
Samples Sent to Geol	ogical Survey	Yes No	Nam	Э		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-c	conductor, surface, inte	rmediate, producti	on, 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
		ADDITIONAL	CEMENTING / SOL	EEZE DECORD			
Purpose:	Depth	Type of Cement	# Sacks Used	EEZE RECORD	Type and	Percent Additives	
Perforate Protect Casing Plug Back TD	Top Bottom	Type of Certient # Gacks Osed Type and Fercent /					
Plug Off Zone							
Did you perform a hydraulic fracturing treatment on this well? Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?			_		No (If No, sk	kip questions 2 an kip question 3) I out Page Three (
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			cture, Shot, Cemen		d Depth	
	Specify I oolage of Lacti Illerval Feriolated			,		,	
TUBING RECORD: Size: Set At: Packer At: Liner Run:							
Date of First, Resumed	Production, SWD or ENHI	R. Producing Meth		Gas Lift C	other <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil Bb		Mcf Wate			Gas-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS:	h.	METHOD OF COMPLE	TION.		PRODUCTIO	ON INTERVAL:
Vented Sold		Open Hole		Comp. Con	nmingled mit ACO-4)	THODOUTIC	ZIN IINI ETIVAE.
(If vented, Sub	omit ACO-18.)	Other (Specify)	,000				

Form	ACO1 - Well Completion
Operator	S & K Oil Production, Inc.
Well Name	Woodward WI 5
Doc ID	1317411

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9.08750	7	6	20	One	5	None
Casing	5.06250	2.08750	6	688	One	75	None

Summary of Changes

Lease Name and Number: Woodward WI 5

API/Permit #: 15-011-24390-00-00

Doc ID: 1317411

Correction Number: 2

Approved By: Karen Ritter

Field Name	Previous Value	New Value
LocationInfoLink	https://kolar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=12&t	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=12&t
Number of Feet East or West From Section Line	2450	2105
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13 17383	//kcc/detail/operatorE ditDetail.cfm?docID=13 17411

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

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 & LEASE

OPERATOR: License #	API No. 15		
Name:	Spot Description:		
Address 1:	SecTwpS. R 🔲 East 🗌 West		
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.xxxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84		
Wellsite Geologist:			
Purchaser:	County:		
Designate Type of Completion:	Lease Name: Well #:		
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:		
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	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? 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 ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan		
☐ Plug Back ☐ 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:		
ENHR Permit #:			
GSW Permit #:	Operator Name:		
	Lease Name: License #:		
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West		
Recompletion Date Recompletion Date	Countv: 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

Confidentiality Requested:

Yes No

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 #1

Operator Name: _ Lease Name: __ Well #: _ 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). No **Drill Stem Tests Taken** Yes Loa Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes No J Yes Cores Taken No Electric Log Run ___ Yes List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) Yes Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? No (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No Date of First, Resumed Production, SWD or ENHR. Producing Method: Gas Lift Flowing Pumping Other (Explain) **Estimated Production** Bbls. Oil Bbls Gas Mcf Water Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: DISPOSITION OF GAS: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Form	ACO1 - Well Completion
Operator	S & K Oil Production, Inc.
Well Name	Woodward WI 5
Doc ID	1317383

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Cement		Type and Percent Additives
Surface	9.08750	7	6	20	One	5	None
Casing	5.06250	2.08750	6	688	One	75	None

Summary of Changes

Lease Name and Number: Woodward WI 5

API/Permit #: 15-011-24390-00-00

Doc ID: 1317383

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	03/07/2014	09/20/2016
LocationInfoLink Number of Feet East or West From Section Line	https://solar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=12&t 2350	https://kolar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=12&t 2450
Number of Feet North or South From Section	1665	2265
Line Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 92983	//kcc/detail/operatorE ditDetail.cfm?docID=13 17383



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1192983

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

CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #		API No. 15
Name:		Spot Description:
Address 1:		SecTwpS. R 🗌 East 🗌 West
Address 2:		Feet from North / South Line of Section
City: State:	Zip:+	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.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:
	∐ SIOW R □ SIGW	Elevation: Ground: Kelly Bushing:
	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? 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: Origina	al Total Depth:	
Deepening Re-perf. Conv. to	o ENHR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to	GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:		Chloride content: ppm Fluid volume: bbls
		Dewatering method used:
		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	QuarterSecTwpS. R East West
Recompletion Date	Recompletion Date	Countv: 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
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1192983

Form ACO-1
August 2013
Form must be Typed
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CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #		API No. 15
Name:		Spot Description:
Address 1:		SecTwpS. R 🗌 East 🗌 West
Address 2:		Feet from North / South Line of Section
City: State:	Zip:+	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.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:
	SIOW	Producing Formation:
Gas D&A ENHR		Elevation: Ground: Kelly Bushing:
□ og □ gsw	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
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☐ Plug Back ☐ Conv. to	GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:		Chloride content:ppm Fluid volume: bbls
		Dewatering method used:
		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	QuarterSecTwpS. 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:
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