CORRECTION #1

KOLAR Document ID: 1294793

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:	SecTwpS. R				
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)				
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)				
	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
EOR Permit #:	Location of haid disposal if hadied offsite.				
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:					

CORRECTION #1

KOLAR Document ID: 1294793

Operator Name:				Lease Name	e:			Well #:	
Sec Twp	S. R.	East	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 la 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 Take			∕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 F	Percent Additives	
Perforate		Bottom							
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	nod:		as Lift C	other (Explain)		
Estimated Production		Oil Bbls.			Water			Gas-Oil Ratio	Gravity
Per 24 Hours		OII DDI3.	das	IVIOI	vvaioi	Di			Gravity
DISPOSIT	TION OF GAS:		N.	METHOD OF CON	//PLETI	ON:		PRODUCTIO	N INTERVAL:
Vented So		on Lease	Open Hole		ually C	_	nmingled	Тор	Bottom
(If vented, S	Submit ACO-18.)			(St	ubmit AC	CO-5) (Subi	mit ACO-4)		
	Perforation	Perforation	Bridge Plug	Bridge Plug		Acid,	Fracture, Shot, Cer		Record
Foot	Тор	Bottom	Type	Set At			(Amount and Kind	of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					
		22.7		•					

Form	ACO1 - Well Completion
Operator	Noble Petroleum, Inc.
Well Name	SCULLY 1-19
Doc ID	1294793

All Electric Logs Run

Compensated Neutron-Density
Dual Induction
Microresistivity
Compensated Sonic

Form	ACO1 - Well Completion
Operator	Noble Petroleum, Inc.
Well Name	SCULLY 1-19
Doc ID	1294793

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
Surface	12.25	8.625	23	222	Class A	3%CaCl, 2% gel, .25# Flo- Seal

Summary of Changes

Lease Name and Number: SCULLY 1-19

API/Permit #: 15-115-21503-00-00

Doc ID: 1294793

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	03/01/2016	03/03/2016
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 90037	//kcc/detail/operatorE ditDetail.cfm?docID=12 94793

Summary of Attachments

Lease Name and Number: SCULLY 1-19

API: 15-115-21503-00-00

Doc ID: 1294793

Correction Number: 1

Attachment Name

Geological Report



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1290037

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

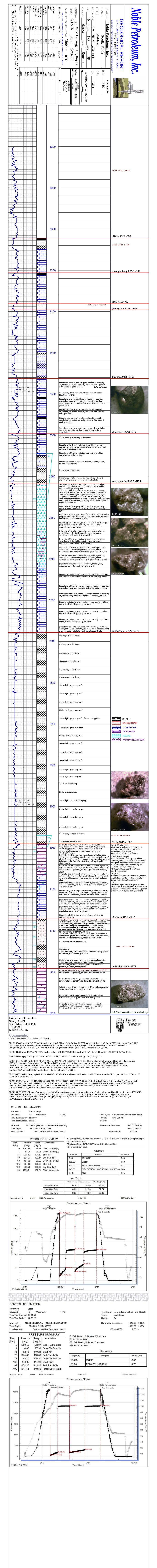
OPERATOR: License #	API No. 15			
Name:	Spot Description:			
Address 1:	SecTwpS. R			
Address 2:	Feet from North / South Line of Section			
City:	Feet from _ East / _ West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()	□NE □NW □SE □SW			
CONTRACTOR: 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 WSW SWD SIOW				
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 Recompletion Date Recompletion Date	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
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:



810 E 7TH PO Box 92 EUREKA, KS 67045 (620) 583-5561



Cement or Acid Field Report

Ticket No. 2681

Foreman Kevin McCoy

Camp Eureka

Date	Cust. ID#	l	ease & Well Number	1	Section	Township	Range	County	State
2-18-16	1027	Sca	1/4 1-19		19	185	25	MARION	K
Customer			Safety	Unit #	Dr	iver	Unit #	Driver	
Noble Petroleum, INC.		Meeting	105	DAVE	G		The latest		
Mailing Address 8918 ω. 21 ⁵ 57. Ν. Ste 200 #304		KM DG SM	113	Steve	m.		7.1 9104		
87/8 a	1.21-57.	N. 070 2	200 7304	3/11					
City	4A	State	Zip Code 67205	ww pely					

Job Type Surface Casing Depth 223 K.B. Casing Size & Wt. 858	Hole Depth 223 KB Hole Size 12'4" Cement Left in Casing 15'	Slurry Vol. <u>35 86C</u> Slurry Wt. <u>15 ***</u> Water Gal/SK <u>6.5 **</u>	Tubing Drill Pipe Other
Displacement 13.2 BbC	Displacement PSI	Bump Plug to	BPM
Remarks: Safety Meeting: MIXED 145 SKS C/ASS X S/URRY. DISPlace CU/ 13 = 12 BbL S/URRY to PIT	Rig up to 85/8 CASIM 9" Cement w/ 3% CACLE 3.2 Bbl Fresh water. . Job Complete. Rig d	og. BREAK CIRCUlation w/ 5. 2% Gel, 1/4 #flo-seal/sk (Shut Casing In. Good Centlown.	BOL FRESH WATER. 15 */gAL = 35 BBL 1ent Returns to Surface
1001			

Code	Qty or Units	Description of Product or Services	Unit Price	Total
2 101	/	Pump Charge	840.00	840.00
/07	60	Mileage	3.95	237.00
200	145 sks	Class "A" Cement	15.00	2175.00
205	410 #	CACLZ 3%	. 60 *	246.00
206	270#	Gel 2%	. 20 4	54.00
209	36 *	F10-SEAL 1/4#/5K	2.25	81.00
C/08 B	6.82 Tons	Ton Mikage 60 miles	1.35	552,42
				1000
		3.1.40	34	1 1 1
				4185.42
		THANK YOU	Less 5%	219.50
	1	THANK YOU 8.0%	Sales Tax	204.48
Authorization Calu Jameter Title Total				

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

810 E 7TH PO Box 92 EUREKA, KS 67045 (620) 583-5561



Cement or Acid Field Report							
Ticket No. 2728	_						
Foreman STEUR MEAR	_						
Camp Fuenko							

Date	Cust. ID#	Leas	e & Well Number		Section	To	wnship	Range	County		State
2.23-16	1027	Scully	\$ 1-19		19	18	8 5	26	mariar	,	Ks
Customer				Safety	Unit#		Driv	er	Unit #		Driver
Nah	1. Pat	roleum.	Inc	Meeting	105		Day	30			
Mailing Address				1	112		Kaui	n M.		\vdash	
8918	W. 215)	51. N. S	Te. 200 \$304			_				+-	
City	,	State	Zip Code	}	21 49						
Wichi	TO	Ks	67205								
Job Type PZ	Ά	Hole Der	oth _ 3250'		Slurry Vol				Tubing		
,,			e 7 7 y		Slurry Wt				Drill Pipe 4/5		
Casing Size & V			eft in Casing		Water Gal/SK				Other		
Displacement_			ement PSI						BPM		
•							7. V. V. L.		-1/1/1		
Remarks: _5	AFTY AN	sering.i	Plus W	MA	S Follow	_					
			355KS AT	2156	,						
			35 SKS AT							_	
			25 Sks AT	60 1	Surface				0.22		
			30 Sks in	ROTH	ole						
			25 sks 60	140	Pozmiy (<u>e</u> m	Tres	4% G	el.		
		Jobcom	plete Rigd	awn.							
			, , ,		Than	v.	44.1				

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C193	,	Pump Charge	1050.00	1050.00
C107	60	Mileage	3.95	237.00
C203	125 sKs	60/40 Pozmix Cement	12.75	1593.75
C206	4254	4% 601	.20	85.00
C.108 B	5.38	Jon Mileage Bulk Truck	1.35	435.78
			Sub Total	3401.53
	1)	8.0	% Sales Tax	- 176.19 134.30
Authoriz	ration &	Title	Total	3359.04

