### **CORRECTION #1**

KOLAR Document ID: 1307233

Confidentiality Requested: 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 #:	Dewatering method used:
☐ Dual Completion         Permit #:           ☐ SWD         Permit #:	Location of fluid disposal if hauled offsite:
EOR   Permit #:	Location of huld disposal if flauled 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 Approved by: Date:						

CORRECTION #1

KOLAR Document ID: 1307233

Operator Name: _				Lease Name	e:			Well #:	
SecTwp.	S. R.	Ea	st West	County:					
open and closed, f and flow rates if ga	lowing and shu as to surface te	t-in pressures, w st, along with fina	hether shut-in pre al chart(s). Attach	essure reached extra sheet if m	static lev	el, hydrosta ce is neede	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery,  v. Digital electronic log
files must be subm	nitted in LAS ve	rsion 2.0 or newe	er AND an image	file (TIFF or PD	F).				
Drill Stem Tests Ta			Yes No		Log	Formatio	on (Top), Dept		Sample
Samples Sent to G	Geological Surv	ey	Yes No	ı	Name			Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No						
		Re	CASING eport all strings set-	RECORD	New [	Used	on, etc.		
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING /	SQUEEZ	E RECORD			
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used	# Sacks Used Type and Percent Additi			and Percent Additives	
Perforate Protect Casi									
Plug Back TI Plug Off Zon									
Did you perform a     Does the volume o     Was the hydraulic	of the total base f	luid of the hydraulic	fracturing treatmen		-	Yes Yes Yes	No (If No	o, skip questions 2 an o, skip question 3) o, fill out Page Three (	•
Date of first Producti Injection:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas	Lift 🗆 C	other (Explain) _		
Estimated Production Per 24 Hours	on	Oil Bbls.			Water		bls.	Gas-Oil Ratio	Gravity
	SITION OF GAS:	on Lease	N Open Hole	METHOD OF COM	MPLETION		nmingled	PRODUCTIC Top	N INTERVAL: Bottom
(If vented,	Submit ACO-18.)			(St	ubmit ACO	-5) (Sub	mit ACO-4)		
Shots Per	Perforation	Perforation	Bridge Plug	Bridge Plug		Acid,		Cementing Squeeze	Record
Foot	Тор	Bottom	Type	Set At			(Amount and	Kind of Material Used)	
TUBING RECORD:	Size:	Set A	At:	Packer At:					

Form	ACO1 - Well Completion			
Operator	McCann Drilling, Inc.			
Well Name	George Royse 6			
Doc ID	1307233			

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	12.5	8.63	22	40	Portland	10	0
Production	6.75	4.5	10.5	650	Portland	109	60/40

# **Summary of Changes**

Lease Name and Number: George Royse 6

API/Permit #: 15-049-22608-00-00

Doc ID: 1307233

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	04/20/2016	05/20/2016
Disposition Of Gas - Vented	Yes	No
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13 03327	//kcc/detail/operatorE ditDetail.cfm?docID=13 07233



Confidentiality Requested:

Yes No

## Kansas Corporation Commission Oil & Gas Conservation Division

1303327

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:
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 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:						

## Finney Drilling Company 402685 W. 100 Road Wann, OK 74083

RECEIVED FEB 2 9 2016

INVOICE

Invoice Number: 928

Invoice Date:

Feb 23, 2016

4,800.83

4,800.83

4,800.83

Page:

1

PHONE: 620-330-1420

KCC#: 5989

Federal ID#: 48-0925903

Bill To:

MCCANN DRILLING CO 1613 W. 6th ST. BARTLESVILLE, OK 74003

CUSTOMER	ID#	LEASE AND WELL NUMBER		COUNTY	3/24/16	
MCCANN		GEORGE ROYSE (		ELK		
Quantity	tity Description Unit Price				Amount	
668.	00 FOOT	OF HOLE, AMOUNT PER FOOT		7.00	4,676.00	
1.	00 PORT	LAND CEMENT -		124.83	124.83	
He .						
a .				'h-1'		
( <del>-</del> 11						
1 196 25						
					11	
				62 150 4		

Subtotal Sales Tax

TOTAL

Total Invoice Amount
Payment/Credit Applied

DRII	LERS	LOG

API NO:	15 - 049 -	22606 - 0	0 - 00	)

**OPERATOR:** MCCANN DRILLING CO

ADDRESS: 1613 W. 6th ST., BARTLESVILLE, OK 74003

WELL#: 6

LEASE NAME: GEORGE ROYSE

FOOTAGE LOCATION: 1980 FEET FROM (N) (S)

LINE 660

FEET FROM (E) (W)

GEOLOGIST: MARK MCCANN

LINE

KB:

W.

CONTRACTOR: FINNEY DRILLING COMPANY

2/17/2016

TOTAL DEPTH: 668

S. 18 T. 31 R. 13 <u>E.</u>

LOCATION: NE SE COUNTY: ELK

ELEV. GR.:

P.B.T.D.

DATE COMPLETED: 2/18/2016

SPUD DATE:

OIL PURCHASER: N/A

**CASING RECORD** 

REPORT OF ALL STRINGS - SURFACE, INTERMEDIATE, PRODUCTION, ETC.

PURPOSE OF STRING	SIZE HOLE DRILLED	SIZE CASING SET (in O.D.)	WEIGHT LBS/FT	SETTING DEPTH	TYPE CEMENT	SACKS	TYPE AND % ADDITIVES
SURFACE:	12.25	8.625	28	42.10		10	
PRODUCTION:	6.75	4.5	11.6	657.23	N/A		N/A

### **WELL LOG**

CORES: # NO CORES

RAN:

RECOVERED: **ACTUAL CORING TIME:** 

FORMATION	TOP	BOTTO
TOP SOIL	0	4
SILT CLAY	4	23
SAND & GRAVEL	23	35
LIME	35	38
SHALE & SAND	38	301
LIME	301	313
SAND & SHALE	313	404
LIME	404	424
SAND & SHALE	424	494
LIME	494	497
SAND & SHALE	497	502
SAND	502	535
OIL SAND	535	574
LIME	574	576
SHALE	576	578
LIME	578	613
SHALE	613	616
SHALE & LIME	616	629
LIME	629	650
SHALE	650	651
LIME	651	668 T.D.

FORMATION	TOP	вотто	
		-	
		-	
		-	
	-		
	1		
	-		
	1		



250 N. Water, Ste 200 - Wichita, Ks 67202

### **HURRICANE SERVICES INC**

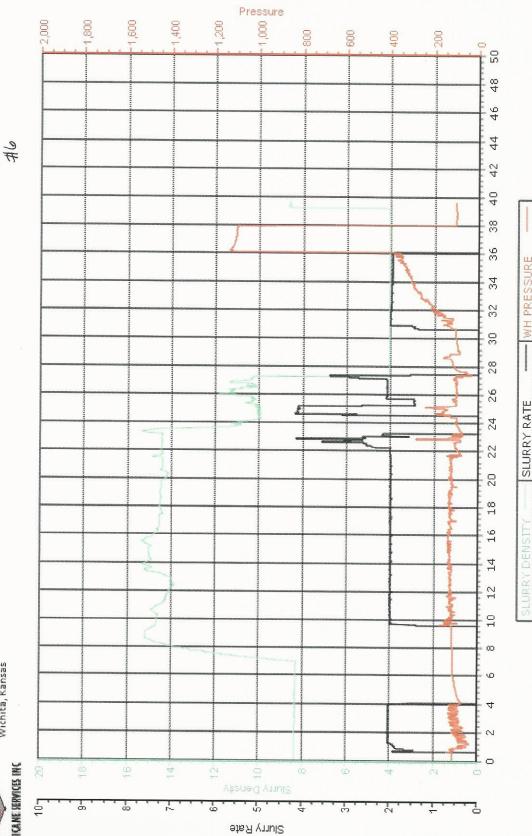
104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer	McCann Drilling Inc.				stomer Name:	Mark McCann Ticket No.:			100622		
Address:	1613 W 6 TH. St.				AFE No.:	Mark McCan	2/19/2016				
	Bartlesville Okla. 74003				-						
					-	4.5 longstring					
Service District:	Garnett,K	.s			Well Details:	18-31-13					
Well name & No.	George Royse # 4				Well Location:	Oak Valley K: County: Elk State: Kansas					as
Equipment #	Driver	Equipment #	Driver	Equipment #	Driver	TRUCK CALLED				AM TIME	
230	Tom					ARRIVED AT	CONTRACTOR OF THE PARTY OF THE			AM PM	2:15
242	Jr.					START OPERATION				AM PM	2:45
28	28 Todd					FINISH OPER				AM PM	3:30
						RELEASED			22	AM PM	3:45
					eatment Su	MILES FROM	STATION	TO WELL			
Product/Service					Unit of	nte de la companie	List	Gross			
	Description				* Measure	Quantity	Price/Unit	Amount			Net Amo
	ZORO DEPOCHIECO TOTAL	uip. One Way			mi	20.00	\$3.25	\$65.00			\$4:
and the same of th		o. One Way			mi	20.00	\$1.50	\$30.00			\$1
		ulk Truck - Minir	num		ea	1.00	\$300.00	\$300.00			\$19
	Cement Pu				ea	1.00	\$675.00	\$675.00			\$43
	Bentonite (	mix Cement			sack	109.00	\$12.00	\$1,308.00			\$85
	Calcium - (				lb	188.00	\$0.30	\$56.40			\$3
Marine San	Pheno Sea	106			lb lb	94.00 55.00	\$0.75 \$1.70	\$70.50 \$93.50			\$4 \$6
IRMS: Cash in advance unless Hurricane Services Inc has approved credit prior to sale. Credit ms of sale for approved accounts are total invoice due on or before the 30th day from the date invoice. Past due accounts may pay interest on the balance past due at the rate of 1 ½% per nith or the maximum allowable by applicable state or federal laws if such laws limit interest to asser amount. In the event it is necessary to employ an agency and/or attorney to affect the lection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred such collection. In the event that Customer's account with HSI becomes delinquent, HSI has right to revoke any and all discounts previously applied in arriving at neit invoice price. Upon ocation, the full invoice price without discount will become immediately due and owing and oject to collection. Authorization below acknowledges receipt and acceptance of all terms and diftions including the Standard Terms of Sale.		Total Taxable \$ 993.46 Tax Rate: 7.1  Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.  Date of Service: 2/19/2016			Net: 7.150% Sale Tax: Total:	\$	1,688 71 1,759				
					HSI Representative: Todd Seba  Customer Representative: Mark McCann						
X						Mark McCann					





Customer Name: Mark Well Name: Royc#5



Start Date: 02-19-16

Treater: Todd and Tom