CORRECTION #1

Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

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			
Address 2:		Feet from North / South Line of Section			
City: State: 2	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.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	Elevation: Ground: Kelly Bushing:			
☐ Gas ☐ D&A ☐ ENHR☐ OG ☐ GSW	☐ SIGW	Total Vertical Depth: Plug Back Total Depth:			
☐ OG ☐ GSW ☐ CM (Coal Bed Methane)	Temp. Abd.	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					
Deepening Re-perf. Conv. to I	<u>.</u>	Drilling Fluid Management Plan			
	GSW Conv. to Producer	(Data must be collected from the Reserve Pit)			
	_	Chloride content:ppm Fluid volume:bbls			
		Dewatering method used:			
		Downtoning motion dood.			
		Location of fluid disposal if hauled offsite:			
		Operator Name:			
GSW Permit #:		Lease Name: License #:			
Canad Data as Data Data LTD	Completion Data and	Quarter Sec Twp S. R			
Spud Date or Date Reached TD Recompletion Date	Completion Date or 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 III Approved by: Date:				

CORRECTION #1

Operator Name:			Lease Name:			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	ring and shut-in pressu	ormations penetrated. Dres, whether shut-in pre	ssure reached stati	c level, hydrosta	tic pressures, bott		
		tain Geophysical Data a r newer AND an image f		gs must be ema	iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes No			on (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	☐ Yes ☐ No	Nam	9		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne conductor, surface, inte		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
		ADDITIONAL	CEMENTING / SQU	EEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives			
Protect Casing Plug Back TD							
Plug Off Zone							
	ulic fracturing treatment or otal base fluid of the hydra	n this well? aulic fracturing treatment ex	ceed 350.000 gallons	Yes ? Yes		p questions 2 an p question 3)	d 3)
	· ·	submitted to the chemical of	_	Yes		out Page Three	of the ACO-1)
Shoto Par Foot	PERFORATIO	N RECORD - Bridge Plug	s Set/Type	Acid, Fra	cture, Shot, Cement	Squeeze Record	i
Shots Per Foot	Specify Fo	ootage of Each Interval Perf	orated	(AI	mount and Kind of Ma	terial Used)	Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:			
					Yes No		
Date of First, Resumed	Production, SWD or ENH	R. Producing Meth		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil B		Mcf Wate			as-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS:	N.	METHOD OF COMPLE	TION:		PRODUCTIO	ON INTERVAL:
Vented Sold		Open Hole	Perf. Dually	Comp. Cor	nmingled		
	bmit ACO-18.)	Other (Specify)	(Submit A	ACO-5) (Sub	mit ACO-4)		

Form	ACO1 - Well Completion
Operator	Utah Oil LLC
Well Name	VanTyle SV10
Doc ID	1192536

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	20	Portland	6	50/50 POZ
Completio n	5.6250	2.8750	8	286	Portland	43	50/50 POZ

Summary of Changes

Lease Name and Number: VanTyle SV10

API/Permit #: 15-121-29681-00-00

Doc ID: 1192536

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	02/18/2014	03/05/2014
Producing Formation	Burges	Hepler
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 88987	//kcc/detail/operatorE ditDetail.cfm?docID=11 92536



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1188987

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: 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:		
Oil WSW SWD SIOW 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:	Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt.		
□ 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)		
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used:		
Dual Completion Permit #:			
SWD Permit #:	Location of fluid disposal if hauled offsite:		
GSW Permit #:	Operator Name:		
	Lease Name: License #:		
Spud Date or Date Reached TD Completion Date or Recompletion Date	QuarterSec. TwpS. 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.

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KOLAR Document ID: 1188987

Page Two

Operator Name: _				Lease Name:			Well #:	
Sec Twp.	S. R.	E	ast West	County:				
	flowing and shu	ut-in pressures, v	vhether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample
Samples Sent to 0	Geological Surv	/ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		B	CASING eport all strings set-c		New Used	ion, etc.		
Purpose of Strir		Hole illed	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	UEEZE RECORD			
Purpose:		epth T Bottom	ype of Cement	# Sacks Used		Type and F	Percent Additives	
Perforate Protect Casi Plug Back T								
Plug Off Zor								
Did you perform a Does the volume Was the hydraulic	of the total base f	fluid of the hydrauli		_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Product Injection:	tion/Injection or R	esumed Production	Producing Meth	nod:	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			DN INTERVAL: Bottom
	Sold Used	I on Lease	Open Hole			mmingled mit ACO-4)	Тор	BOROTT
,	,			B.11 B1				
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	: Size:	Set	Δ+-	Packer At:				
TODING RECORD:	. 3126.	Set	n.	i donei Al.				

Form	ACO1 - Well Completion
Operator	Utah Oil LLC
Well Name	VanTyle SV10
Doc ID	1188987

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	237-247	2" DML RTG	10

Form	ACO1 - Well Completion
Operator	Utah Oil LLC
Well Name	VanTyle SV10
Doc ID	1188987

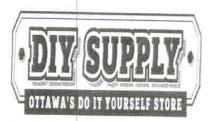
Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9	7	10	20	Portland	6	50/50 POZ
Completio n	5.6250	2.8750	8	286	Portland	43	50/50 POZ

| 1 ASE NAME Va. Tyle OPERATOR Utch O.1 | WHILE SU-10 LOCATION: SURLACE PIPE 7" In 20' Coment bags; 6 | PRODUCTION: PIPE: SIZE 27/x =11 317.05

API = 11-8-13

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
4	solvelay		ч				
25	line	***************************************	. 29				
7	Shale		36				
19	line		55				
4	shele		59				
4	1:m		63				
5	shelo		68				
5	line		7 5				
22	shale		95				
1	brokensand	good bleed	96				
22	grey sand		118-				
5	line		123				
93	shele		SIC				
Ч	11.10		220				
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ור	Shele	70	320				
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same officials							
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		773H 7744		Michelle de la companya de la compan			



DIY SUPPLY Ottawa #3505 2204 S PRINCETON CIRCLE DR **OTTAWA, KS 66067**

PHONE: (785) 242-8200

PAGE NO 1 CUSTOMER COPY

CUST NO: *9

JOB NO: 000

PURCHASE ORDER: DEAN UTAH OIL REFERENCE:

785-241-3923

CASH/CHECK/BANKCARD

CLERK: 9DDG

8/30/13 2:00

SOLD TO: **** CASH ****

SHIP TO:

TERMINAL: 903

ORDER: 84425

DEL. DATE: 8/27/13

TAX: 090 OTTAWA SALES TAX

INVOICE: A85031

LINE	CHIDDED	IODDEDED.		0.00		40.			_
		ORDERED	_	SKU	DESCRIPTION	SUGG	UNITS	PRICE/ PER	EXTENSION
1	525	525	EA	1290915	PORTLAND CEMENT 94LB MFG part# 1124-94	9.45	525	8.50 /EA	
2	15	15	EA		PALLET QUIKRETE/PAVESTN MFG part# PALLET		15	15.00 /EA	225.00
				4 PLTS	an 8-30-13 in	GR			
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PRIOR DEPOSIT

5097.66

TAX AMOUNT

SUBTOTAL

TAXABLE

NON-TAXABLE

410.16

4687.50

4687.50

0.00

TOTAL

5097.66

Received By

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