CORRECTION #1

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:			Sec TwpS. R
Address 2:			Feet from North / South Line of Section
City: Sta	ate: Zi	p:+	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-l	Entry	Workover	Field Name:
			Producing Formation:
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	d3vv	remp. Abu.	Amount of Surface Pipe Set and Cemented at: Fee
Cathodic Other (Core,	. Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info			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:			·
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)
O constituents at	D		Chloride content: ppm Fluid volume: bbls
CommingledDual Completion			Dewatering method used:
SWD			Location of fluid disposal if hauled offsite:
☐ ENHR			Location of hala disposal in fladica offsite.
☐ GSW			Operator Name:
_			Lease Name: License #:
Spud Date or Date Read	ched TD	Completion Date or	QuarterSecTwpS. R East Wes
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

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). **Drill Stem Tests Taken** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No 」Yes Cores Taken Electric Log Run ___ Yes No 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) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (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: Flowing Pumping Gas Lift Other (Explain) **Estimated Production** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: DISPOSITION OF GAS: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Form	ACO1 - Well Completion
Operator	Utah Oil LLC
Well Name	VanTyle SV9
Doc ID	1192529

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	21	Portland	6	50/50 POZ
Completio n	5.6250	2.8750	8	310	Portland	45	50/50 POZ

Summary of Changes

Lease Name and Number: VanTyle SV9

API/Permit #: 15-121-29683-00-00

Doc ID: 1192529

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	02/14/2014	03/05/2014
Producing Formation	Burges	Hepler
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 88962	//kcc/detail/operatorE ditDetail.cfm?docID=11 92529



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1188962

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:	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:
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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)
Coverning alord Paymeit #	Chloride content: ppm Fluid volume: bbls
☐ Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR	
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

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

KOLAR Document ID: 1188962

Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R [East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery, Digital electronic log
Drill Stem Tests (Attach Addit			Ye	es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name)		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Y€ Y€	es No						
			Repo		RECORD [Nev	w Used rmediate, producti	on. etc.		
Purpose of St		ze Hole Orilled	Siz	e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[Depth	Typo		# Sacks Use		EEZE RECORD	Typo a	ad Paraant Additivas	
Perforate Protect Ca Plug Back	Top	Bottom	Type of Cement		# Gacks Oseu		Type and Percent Additives			
Plug Off Z										
Did you perform Does the volum Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)		
Estimated Produc	otion	Oil Bb	le.	Flowing Gas	Pumping Mcf	Wate		ther <i>(Explain)</i> bls.	Gas-Oil Ratio	Gravity
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPO	OSITION OF GAS	S:		N	METHOD OF CO	MPLE.	TION:		PRODUCTIO	N INTERVAL:
Vented	Sold Use	d on Lease		Open Hole		Dually		nmingled	Тор	Bottom
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (Subi	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type	Bridge Plug Set At		Acid,		Cementing Squeeze Kind of Material Used)	Record
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion				
Operator	Utah Oil LLC				
Well Name	VanTyle SV9				
Doc ID	1188962				

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	242-257	2" DML RTG	15

Form	ACO1 - Well Completion
Operator	Utah Oil LLC
Well Name	VanTyle SV9
Doc ID	1188962

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	21	Portland	6	50/50 POZ
Completio n	5.6250	2.8750	8	310	Portland	45	50/50 POZ

WILE SV #9 LOCATION: NEW LOW COSTER IS APTERIOR TO COMMENCE PRODUCTION: 2/8 PIPE: 20-310-31/1: ===1

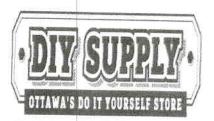
6. ASI NAME VOINTY/LE OPERATOR UTON ON STARTDAIL: 11.7-13

NITH ACT PIPE 7" IT 21.1 Comment(=bags) 10 bags

PRODUCTION: 2/8 PIPE: 20-310-31/1: ===1

6. AFTE 279.7

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Deptin
نو	SO 1/014X		Q				
30	Lime		36				
ie	Share		42				
\7	Lime		59			1	
8	Shale	V	67				
7	Lime		69		<u> </u>		
5	Shale		74				
7	Lime		81			**************************************	
5	Shale		84				
4	Lime		90	1		·	
8	Share		95		 		
\	Brokensan	Little smell Bleed	94				
7		Smell verturteland		1	-		
l			112				
129	Shale		741				
\	Greisun		242		D-0-11	7	
ιl	BILLIEUR	W Little Brow	246				
9		Creek Bicel	755				
1	Carrisan	The state of the s	256				7
L\		D Lithe Bleen	240				
ĺ	Green Sand		741				
Ve	Shale		247				
5	arelsund		202			POTENTIAL DE LA CONTRACTOR DE LA CONTRAC	
10	Shue		282				1
3	Lime		755				
5	Shale		796				
4	L: me		794				
7 4	Shale		320				
			-04-11				
102. 1 -30-00-102						- Texasilla and texasile and texasile and texasile and	



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	IODDEDES.		5101	T	40.			
		ORDERED	_	SKU	DESCRIPTION	SUGG	UNITS	PRICE/ PEF	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			
				4 8413	1011 3×213 /5	,			_
				1-on t	he 3rd of Sep	,			
				-	7				
		48		13 pits	bact 1				
				,					
		-			. 1				1
						E			
				-					20
				21	<	8			

PRIOR DEPOSIT

5097.66

TAX AMOUNT

SUBTOTAL

TAXABLE

NON-TAXABLE

410.16

4687.50

4687.50

0.00

TOTAL

5097.66

Received By

Χ