CORRECTION #1

Confidentiality Requested:

Yes No

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
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:
	Producing Formation:
Oil	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?
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)
Demois #	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Location of fluid disposal if fladied offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
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:			

1200269 CORRECTION #1

Operator Name:				_ Lease l	Name: _			Well #:		
Sec Twp	S. R	East V	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whether s with final chart(shut-in pre s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, flui	d recovery,
Final Radioactivity Lo- files must be submitte						gs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital el	ectronic log
Drill Stem Tests Taker (Attach Additional S		Yes	No				on (Top), Depth ar			mple
Samples Sent to Geo	logical Survey	Yes	☐ No		Nam	e		Тор	Da	tum
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No							
List All E. Logs Run:										
			CASING		☐ Ne					
	0: 11-1-	· ·				ermediate, product		# O	T	d Damasat
Purpose of String	Size Hole Drilled	Size Cas Set (In O		Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
		AD	DITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Ce	ement	# Sacks	Used		Type and F	ercent Additives		
Perforate Protect Casing										
Plug Back TD Plug Off Zone										
Did you perform a hydrau	•					Yes	No (If No, ski	p questions 2 ar	nd 3)	
Does the volume of the to							= :	p question 3)	of the ACO	()
Was the hydraulic fractur	ing treatment information	on submitted to the	e chemicai d	isciosure re	gistry?	Yes	No (If No, fill	out Page Three	or the ACO-1	<i>)</i>
Shots Per Foot		ION RECORD - I Footage of Each I					cture, Shot, Cement mount and Kind of Ma		d	Depth
TUBING RECORD:	Size:	Set At:		Packer A	i:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR. Prod	ducing Meth	ıod:		1				
			Flowing	Pumpin	g	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls. (Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	METHOD OF	COMPLE	ETION:		PRODUCTION	ON INTERVA	
Vented Sold		Open		Perf.	Dually	Comp. Cor	mmingled			
	bmit ACO-18.)		(Specify)		(Submit)	ACO-5) (Sub	mit ACO-4)			

Form	ACO1 - Well Completion
Operator	Vast Petroleum Corporation
Well Name	Schuknecht V-4
Doc ID	1200269

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	7	50/50 POZ
Completio n	8.6250	2.8750	8	419	Portland	70	50/50 POZ

Summary of Changes

Lease Name and Number: Schuknecht V-4

API/Permit #: 15-121-29825-00-00

Doc ID: 1200269

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	04/15/2014	04/17/2014
Date of First or Resumed Production or SWD or Enhr		1/22/2014
Producing Method Pumping	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 99800	//kcc/detail/operatorE ditDetail.cfm?docID=12 00269



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1199800

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:				
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:	Producing Formation: Elevation: Ground: Kelly Bushing: Feet 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.			
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)			
□ Commingled Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite:			
☐ ENHR Permit #: ☐ GSW Permit #:	Operator Name:			
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.

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:			

KOLAR Document ID: 1199800

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.		n.	i donei Al.				

Form	ACO1 - Well Completion
Operator	Vast Petroleum Corporation
Well Name	Schuknecht V-4
Doc ID	1199800

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	326-334	2"DML RTG	8

Form	ACO1 - Well Completion
Operator	Vast Petroleum Corporation
Well Name	Schuknecht V-4
Doc ID	1199800

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	9	7	10	21	Portland	7	50/50 POZ
Completio n	8.6250	2.8750	8	419	Portland	70	50/50 POZ

HAT DRILLING 12371 KS HWY 7 MOUND CITY, KS 66056 LICENSE # 33734

Schuknecht #V-4 API # 15-121-29825-00-00 SPUD DATE 1-20-14

Footage 2 9 14 27 31 43	Formation Topsoil clay sand/stone shale lime shale	Thickness 2 7 5 13 4 12	Set 21' of 8 5/8' TD 429' Ran 419' of 4 1/2 on 1-22-14
57 66	lime shale	14	
69	lime	9	
107	shale	38	
123	lime	16	
133	shale	10	
153	lime	20	
157	white sand	4	
209	lime	52	
327	shale	118	
328	sandy/shale	1	65% shale, 35% sand, good odor
333	oil sand	5	95% sand, good show, stronger odor
367	shale	34	, b
375	sandy/shale	8	strong bleed
409	shale	34	
429	lime	20	



265591

TICKET NUMBER LOCATION 10 + towa FOREMAN Fred Warder

DATE

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COLLUNA
1-22-14	8553	Schut Knecht	V LJ				COUNTY
CUSTOMER	11		1-7	NE ZO		23	m (
VAS-	T Patrala	um of HS ELC	1	TOLIONA			
MAILING ADDRE	SS	ONC OF ICE	1 1	TRUCK#	DRIVER	TRUCK#	DRIVER
1000			1 1	7/2	Fremad		
CITY	9 N Al		1 1	495	Har Bec		100000000000000000000000000000000000000
Highland UT 84003			,	370	JasRic	‡1	(00)
0] [510	Set Tuc	*\	- H
JOB TYPE <u>LO</u> CASING DEPTH	LILA	DRILL PIPE Baffle To	HOLE DEPTH	429	CASING SIZE & W	EIGHT 4//2	
SLURRY WEIGH	T	SI IIDDY VOI	TOBINGS (a.			OTHER	·
DISPLACEMENT		SLURRY VOL_	WATER gal/si		CEMENT LEFT in (CASING 3/4	Plug
1,		DISPLACEMENT PSI	MIX PSI		DATE -A A	14 12	
CA F	old Crew	safety meeting.	Establi	ch a went	lays me		100#
7500	100.10	mm 11 20 13 13 13 13 13 13 13 13 13 13 13 13 13	10114		<i>[// . /</i>	0.000	
30/30	TOT VILITY	(present ~ /2 (ul	79, /'.	0 1144 /1	. 1 / W/#	-1 /	
1 1001	~ II U IVLU	TIVUS (I.P.A.	11 1 - 41 - 41	0 117- 41	reference as an array of		
casi	S. Pres	sure 40 600#	PCI DI	- 70	our pug	to hattle	<u>~</u>
1/0/10	Clary	h casing,	1-1. VOI	ease pres	ssure. to	Set floa	X
- VIMI	· July	ve zasive,					
					12		
- 11	7			**	1 .		
Ha	+ Drilling	\			For Man	Que	
				10	- Toppe at		

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRO	UNIT PRICE	TOTAL	
5401		PUMP CHARGE	495	-	(= = D
5406	30 mi	MILEAGE	495		10850
5402	419	Casing footage			12600
5407	Minimi	Ton Wiles			N/C
5502C	2 hrs	80 BBL Vac Truck	570 376		36800
					700
11:824	70 s ks	50/50 Por Mix Cement			8059
1118	218#	Premion al			479
1102	118#	Calcium Chloride			920
4107	1824	Flo Spol	71 - 71	8 33	11114
4404		4'2" Rubber Play			47-2
		i		** ***	
* - 7 * -				#. #I	
				+	
- 4					
in 3737		!	7-65%	SALES TAX	7936
THORIZTION	Somoley	TITLE		ESTIMATED TOTAL	2875 01

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form