Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1139121

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	WELL	HISTORY	- DESCRIP	TION OF	WELL &	LEASE
--	------	---------	-----------	---------	--------	-------

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
G G GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane) 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)
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	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			
Geologist Report Received			
UIC Distribution			
ALT I II III Approved by: Date:			

1139121

Operator Name:	Lease Name:	_ Well #:
Sec TwpS. R	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 (Attach Additional Sheets)		Yes No	L	og Formatio	on (Top), Depth an	d Datum	Sample
Samples Sent to Geological Survey		Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-o	RECORD Ne		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 / SQL	EEZE RECORD	1		
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing							
Plug Off Zone							
Did you perform a hydra	ulic fracturing treatment of	on this well?		Yes	No (If No, ski	o questions 2 an	d 3)
		raulic fracturing treatment ex n submitted to the chemical of				o question 3) out Page Three o	f the ACO 1
was the hydraulic fractu	ing reament mormatio		usciosure registry?	Yes		ou raye milee (n me ACO-1)
Shots Per Foot		ON RECORD - Bridge Plug			cture, Shot, Cement		l Dopth

Shots Per Foot	Specify Footage of Each Interval Perforated						(Amount and Kind	l of Material Used)	Depth
TUBING RECORD:	Si	ze:	Set At:	Pac	ker At:	Liner F	Run:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	۹.	Producing Method:	Imping] Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas Mcf	Wa	ter	Bbls.	Gas-Oil Ratio	Gravity
								I	
DISPOSITION OF GAS:		METHOD OF COMPLETIC		ETION:		PRODUCTION IN	TERVAL:		
Vented Sold Used on Lease			Open Hole Perf.		y Comp. <i>ACO-5)</i>	Commingled (Submit ACO-4)			
(If vented, Submit ACO-18.)			Other (Specify)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion			
Operator	Citation Oil & Gas Corp.			
Well Name	Shutts 10			
Doc ID	1139121			

All Electric Logs Run

Micro Log
Compensated Neutron
Geological Drill Time
Induction Log

Summary of Changes

Lease Name and Number: Shutts 10

API/Permit #: 15-051-26448-00-00

Doc ID: 1139121

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	05/10/2013	05/13/2013
Fluid Mngmt - Fluid Volume	7000	70
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 31344	//kcc/detail/operatorE ditDetail.cfm?docID=11 39121



KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1131344

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

CONFIDENTIAL OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

	LICTORY	DESCRIPTION	9 I E A C E
/VELL	HISTORT -	DESCRIPTION	. & 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 Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Designate Type of Completion:	
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan
Well Name:	(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content: ppm Fluid volume: bbls
Deepening Re-perf. Conv. to ENHR Conv. to SWD	
Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	
ENHR Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date	

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
Letter of Confidentiality Received Date:
Confidential Release Date:
Wireline Log Received Geologist Report Received
UIC Distribution

KOLAR Document ID: 1131344

Operator Name:	Lease Name: Well #:
Sec TwpS. R East 🗌 West	County:

Page Two

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 (Attach Additional Sh	acate)	Y	′es 🗌 No			og Formatio	n (Top), Depth a	and Datum	Sample
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c		Ne	w Used rmediate, productio	on, etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose:	Depth Top Bottom	Туре	e of Cement	# Sacks Use	d		Type and	Percent Additives	
Protect Casing Plug Back TD Plug Off Zone									
 Did you perform a hydra Does the volume of the Was the hydraulic fracture 	total base fluid of the	hydraulic fr	acturing treatment		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	MPLE	TION:		PRODUCTIC Top	DN INTERVAL: Bottom
Vented Sold (If vented, Subn	Used on Lease		Open Hole		-	·	mingled	юр	
Shots Per Perforation Perforation Foot Top Bottom		Bridge Plug Type	ge Plug Bridge Plug Type Set At		Acid,		ementing Squeezend of Material Used)		
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Citation Oil & Gas Corp.
Well Name	Shutts 10
Doc ID	1131344

All Electric Logs Run

Micro Log
Compensated Neutron
Geological Drill Time
Induction Log

Form	ACO1 - Well Completion
Operator	Citation Oil & Gas Corp.
Well Name	Shutts 10
Doc ID	1131344

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
0	3617'	50 sx cmt	3617'
0	1390'	50 sx cmt	1390'
0	750'	80 sx cmt	750'
0	40'	10 sx cmt	40'

Form	ACO1 - Well Completion
Operator	Citation Oil & Gas Corp.
Well Name	Shutts 10
Doc ID	1131344

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	24	1340	С	3% CC, 2% gel

QUALITY OILWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107

Home Office P.O. Box 32 Russell, KS 67665

No. 6498

Phone 785-483-2025 Cell 785-324-1041

	Sec.	Twp.	Range	14843	County	State	On Location	Finish		
Date 4.2.13	5	12	17	Ei	ITS 20	KANSAS ?	al gan what and a second	1:00pm		
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Lease Shutts			Well No. # 10		Owner OTON OT					
Contractor NUKE	2	197 19 6 I			Vou are here	lwell Cementing, Inc. by requested to rent of	cementing equipmen	t and furnish		
Type Job L. Succe	CE	67.993		gen de	cementer and	d helper to assist owr	ner or contractor to d	o work as listed.		
Hole Size 12 14		T.D.	1240	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Charge To	TATION OIL		27		
Csg. 85%	94. or 1	Depth	1340	igo an s	Street 140	17 CUTTER	RS			
Tbg. Size		Depth		15	City Hou	STON	State TX 7	7269		
Tool		Depth	Wheel a Street	ing and	The above wa	s done to satisfaction ar	nd supervision of owne	agent or contractor.		
Cement Left in Csg.		Shoe J	loint 64		Cement Amo	ount Ordered 500	com - 322 2	REL		
Meas Line	2. gran.	Displac	e RIBW.	5.00	randas abas	Condensation The M	The Constant			
	EQUIP	VENT			Common	a la recelte colași (n. 1				
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Bulktrk DI No. Drive	r Care	50			Calcium	al de la company de la company Al de la company de la comp				
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Remarks:	ann a leite Tha a leite			214 14147	Salt					
Rat Hole	1. cy/		4.) Anistra	ી સ્વર્ધ કે	Flowseal					
Mouse Hole	ne tre te diwel	and the second sec			Kol-Seal					
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Baskets	in de la	de se a l	e		CFL-117 or CD110 CAF 38					
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	da areal			NUT STA	Guide Shoe					
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X Signature			a - K	a to Probably Ro		Total Charge	•			

QUAL	ITY OILWEL	L CEMENTING, INC	
Phone 785-483-2025 Cell 785-324-1041		Sox 32 Russell, KS 67665 No.	6732
Date 4-6-13 5	12 17 EI	11,5 15 -	Fin to
01 140	Locat	tion toulow Nto Bucheye HD 210	-m/C
Lease Shutts	Well No. 10	Owner To Quality Oilwell Cementing, Inc.	· ·
Contractor Duke 2		the second to root compating equipment a	nd furnish ork as listed.
Type Job Dlug		cementer and helper to assist owner or contractor to do w	Nork do noto di
Hole Size 71/8	T.D.	Charge To CITATIO	
csg. Dill Dive	Depth	Street Out 7	Cas
Tbg. Size	Depth	City State	
Tool	Depth	The above was done to satisfaction and supervision of owner ag	ent or contractor
Cement Left in Csg.	Shoe Joint	Cement Amount Ordered 200 5/15 60/	40
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Meas Line EQ	UIPMENT	Common 132	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
No. Cementer	mit	Poz. Mix 88	11561
Pumptrk Helper No. Driver		Gel.	a di Martina di Kalendari di Kale Kalendari di Kalendari
Bulktrk Driver	Le tan	Calcium	5 2 - 2 ⁵
Bulktrk 100 Driver	CES & REMARKS	Hulls	
JUB SERVI	CES & REMARKS	Salt	
Remarks:	A	Flowseal 50	
Rat Hole 50 M	5		
Mouse Hole		Kol-Seal	
Centralizers		Mud CLR 48	
Baskets		CFL-117 or CD110 CAF 38	
D/V or Port Collar		Sand	
157 3617	50 545	Handling	-
241 1390	50 515	Mileage	
36d 750	80 9715	FLOAT EQUIPMENT	
4 40	105/15	Guide Shoe	<u> </u>
		Centralizer	dan ing k
1	マクモッズ1-20年 1984年代 - 間子 18	Baskets	
		AFU Inserts	
	and all should be a second	Float Shoe	
		Latch Down	
		Wood plug 84/8	
		Pumptrk Charge Plug	
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		Tax	
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X time It	a he was it that the	Total Charge	
Signature Dion Vo	uquey y wind		

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Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802 Kansas Corporation Commission

Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner Sam Brownback, Governor

May 09, 2013

Liana Ramirez Citation Oil & Gas Corp. 14077 Cutten Rd PO BOX 690688 HOUSTON, TX 77269-0688

Re: ACO1 API 15-051-26448-00-00 Shutts 10 NE/4 Sec.05-12S-17W Ellis County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, Liana Ramirez