Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1246701

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:					
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.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:				
	Elevation: Ground: Kelly Bushing:				
Gas D&A ENHR SIGW	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)				
	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:				
Dual Completion Permit #: SWD Permit #:	Leastion of fluid dispaced if housed effects				
ENHR Permit #:	Location of fluid disposal if hauled 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 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

1246701

Operator Nar	me:			Lease Name:	_ Well #:
Sec	Twp	_S. R	East West	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 Yes No (Attach Additional Sheets)		Yes No	L	Log Formation (Top), Depth and Datum			Sample
		Yes No	Nam	Name		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c	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
Purpose: Perforate	Depth Top Bottom	Type of Cement	CEMENTING / SQU # Sacks Used		Type and Pe	ercent Additives	
Protect Casing Plug Back TD Plug Off Zone							
Does the volume of the t		n this well? aulic fracturing treatment ex submitted to the chemical o		? 🗌 Yes [No (If No, ski	o questions 2 an o question 3) out Page Three (
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				cture, Shot, Cement mount and Kind of Mar		d Depth

TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Date of First, Resumed Production, SWD or ENHR. Producing Method: Pumping Gas Lift Other (Explain) Flowing Estimated Production Water Oil Bbls. Gas Mcf Bbls. Gas-Oil Ratio Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: 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	Citation Oil & Gas Corp.
Well Name	Hummel CB 3
Doc ID	1246701

Tops

Name	Тор	Datum
Stone Corral	1583	795
Hutchinson Salt	1972	406
Topeka	3623	-1245
Heebner Shale	3821	-1443
Toronto	3838	-1460
Lansing	3871	-1493
Cherokee	4392	-2014
Mississippian	4487	-2109

Form	ACO1 - Well Completion
Operator	Citation Oil & Gas Corp.
Well Name	Hummel CB 3
Doc ID	1246701

Casing

	Size Casing Set	Setting Depth	Type Of Cement	Type and Percent Additives

Summary of Changes

Lease Name and Number: Hummel CB 3 API/Permit #: 15-083-21886-00-01 Doc ID: 1246701 Correction Number: 1 Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
API	15-083-21886-00-00	15-083-21886-00-01
Approved Date	06/25/2014	03/20/2015



1209360

Confidentiality Requested:

CONFIDENTIAL

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

-		VV I	ELL	CON	/IPLE	:110		ORIN		
WE	LL	HIST	ORY	- DES	CRIP		OF W	ELL	& LI	EASE

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: ()					
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:				
	Elevation: Ground: Kelly Bushing:				
Gas D&A ENHR SIGW	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)				
	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #: 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	QuarterSecTwpS. 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:

KOLAR Document ID: 1209360

Operator Nam	ie:			Lease Name:	Well #:
Sec	Twp	S. 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 Sheets)		Y	′es 🗌 No		Log Formation (Top), Depth and Datum		Sample		
			⁄es 🗌 No	1	Name	Э		Тор	Datum
Samples Sent to Geological Survey Cores Taken Electric Log Run Geologist Report / Mud Logs 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 Used		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	od: Pumping Gas Lift Other <i>(Explain)</i>					
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF GAS:		METHOD OF			TION:		PRODUCTION INTERVAL: Top Bottom	
Vented Sold (If vented, Subn	Used on Lease		Open Hole Perf.		Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)		•	юр	
		ation	Bridge Plug Bridge Plug Type Set At						
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Citation Oil & Gas Corp.
Well Name	Hummel CB 3
Doc ID	1209360

Tops

Name	Тор	Datum	
Stone Corral	1583	795	
Hutchinson Salt	1972	406	
Topeka	3623	-1245	
Heebner Shale	3821	-1443	
Toronto	3838	-1460	
Lansing	3871	-1493	
Cherokee	4392	-2014	
Mississippian	4487	-2109	

Form	ACO1 - Well Completion
Operator	Citation Oil & Gas Corp.
Well Name	Hummel CB 3
Doc ID	1209360

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
	4498' - 4504'	Acidized w/ 900 gals 15% HCL acid. then Perf'd w/ 4spf. Treated w/ 500 gals 15% HCL acid	
4	4520' - 4524'	Perf'd w/ 4spf. Treated w/ 500 gals 15% HCL acid.	
	4518	Set CIBP @ 4518'. Mix & pmp 100 sxs common cmt to squeeze off perfs @ 4498' - 4504'	4518

Form	ACO1 - Well Completion
Operator	Citation Oil & Gas Corp.
Well Name	Hummel CB 3
Doc ID	1209360

Casing

	Size Casing Set	Setting Depth	Type Of Cement	Type and Percent Additives

ALLIED OIL & GAS SERVICES, LLC 055283

Federal Tax	(1.D.# 20-597 <u>5</u> 804			
AIT TO P.O. BOX 31		SERV	ICE POINT:	10 K
RUSSELL, KANSAS 67665			1545	self ki
SEC. TWP RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
1110 10 19 24 24 24			JOB START	STATE
	ss City		COUNTY Hodgman	1 Ks
LD OR NEW (Circle one)	0		U	
	C	-		
CONTRACTOR 4D 0,1 File	OWNER	· · · · · ·		
TYPE OF JOB Squeeze	CEMENT	3		
T.D. CASING SIZE 5 2 DEPTH	AMOUNTO	RDERED	100 S/C	. com
TUBING SIZE 2 1/8 DEPTH 4387				
DRILL PIPE DEPTH				
TOOL DEPTH		IUDSIC	017.9	\$ 1790.00
PRES. MAX MINIMUM MEAS, LINE SHOE JOINT	COMMON POZMIX		@	4 1110
MEAS. LINE SHOE JOINT CEMENT LEFT IN CSG.	ंहा –			
DÉDEC	CHLORIDE	18814	@/ . 28	8240.64
DISPLACEMENT 25.49 420	ASC		_@	
EQUIPMENT Mike T. (// ····	mathia	<u>@</u>	20.30,64
Otim GO(WA	1	- Thatte	@	
PUMPTRUCK CEMENTER_ DAY DAAR	rotiet	Lese	@ 30%	59
	(ND)		@	
BULK TRUCK			_@	
# 378 DRIVER 7796, O.			@	
# DRIVER David M (RD)	HANDLING		a@ 2.48	
Gary R (ND)	MILEAGE .		The 2.60	
REMARKS:			TOTA	L \$ 2514+4
		SERV	ICE	
				4387'
C A D IN 1	DEPTH OF	JOB CK CHARGE		F 2810.54
See Comenty VDb Log	EXTRA FO		@	1 =0. = 0 [
	MILEAGE	PRAVY 50		\$ 385.00
<u></u>	MANIFOLI		@ 4.4	p. 611 7
	12.0	Stat up		E430.00
CHARGE TO: Citation Dil & Gas.	1x >9	very Mariti		11009 34
CHARGE TO: Cifation OII & Cours	- 5	Alise 64	2 10 705	1 53135 81
STREET	10	Alise for	3,40 101	AL POILON !!
	1.			
CITYSTATEZ4P_V	Train the state	PLUG & FLO.	AT EQUIPM	ENT
To: Allied Oil & Gas Services, LLC.				
You are hereby requested to rent cementing equipment	nt	V		
and furnish cementer and helper(s) to assist owner or				
contractor to do work as is listed. The above work w done to satisfaction and supervision of owner agent o	as r	4		AL
contractor. I have read and understand the "GENERA	AT			
TERMS AND CONDITIONS" listed on the reverse s	ida OALEO IA	X (If Any)	in ne	
(Ac	TOTAL CH	IARGES	19.78	
DENTED MANE I III HEAVEN	DISCOUN	a Anto A	- / 12 10	PAID IN 30 DAYS
PRINTED NAME Neil Hannahil	DISCOUN	111 5.371	99	
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SIGNATURE US YIP	24			-
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