CORRECTIC

Confidentiality Requested: KANSAS CORPORATION C

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 🔲 East 🗌 West			
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:					

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). No **Drill Stem Tests Taken** Yes Loa Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes No J Yes Cores Taken No Electric Log Run ___ Yes 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) Yes Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? No (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: Gas Lift Flowing Pumping Other (Explain) **Estimated Production** Bbls. Oil Bbls Gas Mcf Water Gas-Oil Ratio Gravity Per 24 Hours

METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Form	ACO1 - Well Completion			
Operator	Kansas City Oil, LLC			
Well Name	KU 16			
Doc ID	1244803			

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	420	Portland	65	50/50 POZ

Summary of Changes

Lease Name and Number: KU 16 API/Permit #: 15-121-30451-00-00

Doc ID: 1244803

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	10/02/2014	03/04/2015
LocationInfoLink Number of Feet East or	https://kolar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=23&t 4102	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=23&t1260
West From Section Line		
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 25749	//kcc/detail/operatorE ditDetail.cfm?docID=12 44803

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

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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:	Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	County:
Purchaser:	Lease Name: Well #:
Designate Type of Completion:	Field Name:
☐ New Well ☐ Re-Entry ☐ Workover	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ 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? 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: 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 #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	QuarterSecTwpS. R East West
Spud Date or Date Reached TD 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 Approved by: Date:					



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division 1220611

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
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Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW ☐ Temp. Abd. ☐ 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:
	feet depth to:w/sx cmt.
Well Name:	sx cm.
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)
Trug Back Only, to down to Houde	
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR	Operator Name:
GSW Permit #:	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West

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KOLAR Document ID: 1220611

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	of Cement	# Sacks Use		EEZE RECORD	Typo a	nd Percent Additives	
Perforate Protect Ca Plug Back	Top	Bottom	туре	or cement	# Sacks Use	,u		туре а	ia Percent Additives	
Plug Off Z										
2. Does the volume	1. Did you perform a hydraulic fracturing treatment on this well? 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? 3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, skip questions 2 and 3) No (If No, skip question 3) No (If No, fill out Page Three of the ACO-1)								,	
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	Kansas City Oil, LLC			
Well Name	KU 16			
Doc ID	1220611			

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	344-354	2" DML RTG	10

Form	ACO1 - Well Completion
Operator	Kansas City Oil, LLC
Well Name	KU 16
Doc ID	1220611

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	420	Portland	65	50/50 POZ

	Operator Licens Operator Address City Contractor Contractor Licen T.D. T.D. of pipe Surface pipe siz Surface pipe de	nse#		y Oil, LLC Stone Road MO 64152	API# Lease Nam Well# Spud Date Cement Da Location County	ite 660	15-121-3045 KU 16 8/9/2014 Sec 23 feet from feet from Miami	T 18 S W	R 22 line line
	Well Type		Injection						
	Í	Driller's	Log	1951					
Thickness	Strata		From						
2	soil		0	2					
5	clay		2	7					
21	lime		7	28					
23	shale		28	51					
10	lime		51	61					
40	shale		61	101					
10	lime		101						
10	shale		111						
29	lime		121						
6	coal		150	!					
24	lime		156						
4	coal		180						
14	lime		184						
140	shale		198						
3	oil sand		338		ok				
3	oil sand		341	!	ok				
3	oil sand		344	i	good				
3	oil sand		347		good				
3	oil sand		350		v-good				
3	oil sand		353	i .	good				
6	shale		356						
15	lime		362						
43	shale		377	420					

Hurricane Services, Inc. 104 Prairie Plaza Parkway Garnett, KS 66032 Office # 785-448-3100 Toll Free # 855-718-8027

(Rev 1-2011)



Ticket	No	50269	
Location			
Foreman	DUNGE	ne Je	٧

Customer Signature

	·····		Cement	Service	ticket	- 01		
Date	Customer #				Sec./Town	ship/Range	County	
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