CORRECTION #1

KOLAR Document ID: 1371277

Confidentiality Requested: KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

Form ACO-1
January 2018
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.:
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.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:
□ Oil □ WSW □ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW	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 EOR □ Conv. to SWD □ Plug Back □ Liner □ 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
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	'
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec. Twp. S. 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 Drill Stem Tests Received							
Geologist Report / Mud Logs Received							
UIC Distribution							
ALT I II III Approved by: Date:							

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Operator Name: _				Lease Name	e:			Well #:	
SecTwp.	S. R.	Ea	st West	County:					
open and closed, f and flow rates if ga	lowing and shu as to surface te	t-in pressures, w st, along with fina	hether shut-in pre al chart(s). Attach	essure reached extra sheet if m	static lev	el, hydrosta ce is neede	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery, v. Digital electronic log
files must be subm	nitted in LAS ve	rsion 2.0 or newe	er AND an image	file (TIFF or PD	F).				
Drill Stem Tests Ta			Yes No		Log	Formatio	on (Top), Dept		Sample
Samples Sent to G	Geological Surv	Yes No	ı	Name			Тор	Datum	
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No						
		Re	CASING eport all strings set-	RECORD	New [Used	on, etc.		
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING /	SQUEEZ	E RECORD			
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used	d		Туре а	and Percent Additives	
Perforate Protect Casi									
Plug Back TI Plug Off Zon									
Did you perform a Does the volume o Was the hydraulic	of the total base f	luid of the hydraulic	fracturing treatmen		-	Yes Yes Yes	No (If No	o, skip questions 2 an o, skip question 3) o, fill out Page Three (•
Date of first Producti Injection:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas	Lift 🗆 C	other (Explain) _		
Estimated Production Per 24 Hours	on	Oil Bbls.			Water		bls.	Gas-Oil Ratio	Gravity
	SITION OF GAS:	on Lease	N Open Hole	METHOD OF COM	MPLETION		nmingled	PRODUCTIC Top	N INTERVAL: Bottom
(If vented,	Submit ACO-18.)			(St	ubmit ACO	-5) (Sub	mit ACO-4)		
Shots Per	Perforation	Perforation	Bridge Plug	Bridge Plug		Acid,		Cementing Squeeze	Record
Foot	Тор	Bottom	Type	Set At			(Amount and	Kind of Material Used)	
TUBING RECORD:	Size:	Set A	At:	Packer At:					

Form	ACO1 - Well Completion
Operator	SM Oil & Gas, Inc.
Well Name	GOODE "A" 8-2
Doc ID	1371277

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.5	8.625	20	43	Portland	10	0
Production	6.75	4.50	11.60	1618	50/50 POZ/OWC		200# Phenosea I, 6% Gel

Summary of Changes

Lease Name and Number: GOODE "A" 8-2

API/Permit #: 15-019-27568-00-00

Doc ID: 1371277

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	10/16/2017	10/24/2017
Completion Or Recompletion Date	9/7/2017	10/3/2017
Date of First or Resumed Production or		10/23/2017
SWD or Enhr Disposition Of Gas - Used on lease	No	Yes
Operator's Contact Name	Stan miller, Sr.	Stan Miller, Sr.
Perf_acid1	500 gallons 15% Hcl,	500 gallons 15% Hcl, 6,000# Frac Sand
Producing Method Pumping	No	Yes
Production - Barrels Oil		3
Production - Barrels of Water		75
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13 70431	//kcc/detail/operatorE ditDetail.cfm?docID=13 71277

Confidentiality Requested:

Kansas Corporation Commission Oil & Gas Conservation Division

Form ACO-1 November 2016 Form must be Typed Form must be Signed All blanks must be Filled

Yes No CONFIDENTIAL **WELL COMPLETION FORM**

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from
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)
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Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
□ Oil □ WSW □ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW	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 EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ 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:
EOR Permit #:	·
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 Drill Stem Tests Received
Geologist Report / Mud Logs Received
UIC Distribution
ALT I II Approved by: Date:

KOLAR Document ID: 1370431

Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	rpS	S. R	Eas	st West	County:					
	l, flowing an	d shut-in pres	sures, wh	ether shut-in pre	ssure reached	static	level, hydrostat	ic pressures, bo		val tested, time tool erature, fluid recovery,
Final Radioactivi files must be sub							gs must be emai	led to kcc-well-l	ogs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests (Attach Addit)		Yes No		Lo		n (Top), Depth a		Sample
Samples Sent to	Geological	Survey		Yes No		Name			Тор	Datum
Cores Taken Electric Log Run Geologist Report List All E. Logs F	t / Mud Log	s		Yes No Yes No Yes No						
			Rep	CASING	RECORD [Nev		on, etc.		
Purpose of St	tring	Size Hole Drilled		Size Casing let (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	CEMENTING /	SQUE	EEZE RECORD		<u>'</u>	
Purpose: Perforate		Depth Top Bottom	Тур	pe of Cement	# Sacks Use	ed		Type and	Percent Additives	
Protect Ca										
Plug Off Z										
Did you perform Does the volume Was the hydraul	e of the total	base fluid of the	hydraulic	fracturing treatment		-	Yes S? Yes Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Date of first Produ Injection:	ction/Injectio	n or Resumed P	roduction/	Producing Meth	od:		Gas Lift O	ther <i>(Explain)</i>		
Estimated Product Per 24 Hours		Oil	Bbls.		Mcf	Water			Gas-Oil Ratio	Gravity
DISPO	OSITION OF	GAS:		N	METHOD OF CO	MPLET	ΓΙΟΝ:			DN INTERVAL: Bottom
Vented		Used on Lease		Open Hole		Dually (Submit A		nmingled nit ACO-4)	Тор	BOLLOTTI
,	ed, Submit AC							·		
Shots Per Foot	Perforation Top	on Perfor Bott		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze and of Material Used)	
TUBING RECORI	D: S	Size:	Set A	: -	Packer At:					

Form	ACO1 - Well Completion
Operator	SM Oil & Gas, Inc.
Well Name	GOODE "A" 8-2
Doc ID	1370431

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.5	8.625	20	43	Portland	10	0
Production	6.75	4.50	11.60	1618	50/50 POZ/OWC		200# Phenosea I, 6% Gel

SM Oil & Gas, Inc. P. O. Box 189 Skiatook, Oklahoma 74070

620-725-3200

August 31, 2017

Kansas Corporation Commission Conservation Division 266 N. Main Street – Suite #220 Wichita, Kansas 67202-1513

Re: Goode A #8-2 API #15-019-27568-00-00 Cement Usage ACO-1

To Whom It May Concern:

SM Oil & Gas, Inc. buys quantities of Portland Type I cement, which comes on pallets of 35 sacks per pallet, for the companies usage. In this case, the required 10 sacks of cement were mixed by our own drilling rig personnel and used to properly install the surface casing.

An invoice showing the bulk quantity of cement is available if needed.

Thank you,

Thomas H. Oast Area Manager 810 E 7TH PO Box 92 EUREKA, KS 67045 (620) 583-5561



Ticket No. 3487

Foreman Rick Ledford

Camp Eureka K5

Date	Cust. ID#	Lea	se & Well Number		Section	Township	Range	County	State
9-7-17	1180	Goode	A-2					Ca	KS
Customer	11100	- 505.10		Safety	Unit#	Dri	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS ADDRESS	Unit #	Driver
Customer	5, M. 0;	1 + 614		Meeting	104	Alan	M.		
		14 OH3		- RL	110	Jaso	O.H.		
Mailing Address	0.0	.00		Am	112	Russ	M.		F
	P.O. Box			TH RO					
City		State	Zip Code	1					
50.	ATOOK	OK	74070		Slurry Vol. 3				
Displacement. Remarks:	gel, 1# pho	Displanting - Lough / hull hout pury	Left in Casing O' comment PSI 750 Rig up to 4" (5, 5 Bb) wast R 12.8"/gal. od luces. O: PSI. Release to pil. 5	Vz" casi	11/25 5 1/25.16 1/25.16	CICLOSTI 1 125 SH KS OWC SI WATE + plug	on w/ files 50/50 Cement a	1 1 phenix	750
				" Tha	1/ }				

Code	Qty or Units	Description of Product or Services	Unit Price	Total
	/	Pump Charge	1050.00	1050.00
C102	30	Mileage	3.95	118.50
204	125 5K3	50/50 Pozmiy cemat	11.25	1406.25
206	630#	670 gel Lead cemant	,20	1210.00
208	125"	1# openised /su	1.25	156.25
202	75 585	OWC cement \ Tail cement	19.15	1436.25
ALTER AND ADDRESS OF THE PARTY	75#	1 phenosea) ISM	1.25	93.75
208	500*	sel-flush	, 20	100.00
214	300 40#	hulls	.45	18.00
108A	9.15	ton mileage	m/6 × 2	690.00
C403	1	41/2" top where plug	45.00	45.00
	3 ks	80 Bb) MAG TRIN (CHE OIL)	85.00	255.00
C113	3300 9013	·	10.00/1000	33.00
Authori			Subtote!	5528.00
			-590 disc.	290.91
		8.5%	Sales Tax	290.23
	1	Title	Total	5527.32