CORRECTION #1

## Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

Form ACO-1 June 2009 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:	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□ NE □ NW □ SE □ SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil         WSW         SWD         SIOW           Gas         D&A         ENHR         SIGW           OG         GSW         Temp. Abd.           CM (Coal Bed Methane)         Cathodic         Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls  Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled         Permit #:	Operator Name:
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:
Spud Date or 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				
ALT I II III Approved by: Date:				

CORRECTION #1

Operator Name:			Lease Name:				Well #:				
Sec Twp	S. R	East V	Vest	est County:							
<b>INSTRUCTIONS:</b> Shitime tool open and clorecovery, and flow rate line Logs surveyed. A	sed, flowing and shutes if gas to surface tes	in pressures, v t, along with fir	whether shal chart(s	nut-in pres	sure read	ched static level,	hydrostatic press	sures, bottom h	ole temp	erature, fluid	
Drill Stem Tests Taken Yes No (Attach Additional Sheets)			No			og Formation (Top), Dep		oth and Datum		Sample	
Samples Sent to Geological Survey		Yes [	No	Nam		е		Тор	[	Datum	
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy		Yes [ Yes [ Yes [	No No No								
List All E. Logs Run:											
		Report all s	CASING trings set-c		Ne	ew Used	on, etc.				
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)		We Lbs.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives		
		ADI	DITIONAL	CEMENT	NG / SQL	JEEZE RECORD	,				
Purpose:  Depth Top Bottom  Perforate Protect Casing Plug Back TD Plug Off Zone  Depth Top Bottom  Type of Cement		# Sacks Used Typ		Type and F	e and Percent Additives						
1 lag 5 li 25 li 5											
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)  Depth						
TUBING RECORD:	Size:	Set At:		Packer A	At:	Liner Run:	Yes No				
Date of First, Resumed	Production, SWD or ENF		lucing Meth	od:	ng 🗌	Gas Lift C	other (Explain)				
Estimated Production Per 24 Hours	Oil B	bls.	Gas Mcf		Wate	Water Bbls.		Gas-Oil Ratio		Gravity	
DISPOSITION OF GAS:  METHOD OF COMPLETION:  PRODUCTION INT  Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled					ON INTER'	VAL:					
Vented Sold			Specify)		(Submit )		mit ACO-4)				

## **Summary of Changes**

Lease Name and Number: Orest Jones 6AW-12

API/Permit #: 15-121-29341-00-00

Doc ID: 1159977

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	03/05/2013	09/26/2013
Date of First or Resumed Production or		05/01/2013
SWD or Enhr Producing Method Pumping	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 00181	//kcc/detail/operatorE ditDetail.cfm?docID=11 59977
Well Type	EOR	OIL