CORRECTION #1

1219932

Confidentiality Requested:
☑ 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 # 35047
Name: Gillett, Denney
Address 1: 2530 DELAWARE RD
Address 2:
City: POMONA State: KS Zip: 66076 + _ _ _ _
Contact Person: Denney Gillett
Phone: (785) 566-3866
CONTRACTOR: License # 32834
Name: JTC Oil, Inc.
Wellsite Geologist: NA
Purchaser:

Designate Type of Completion:
☑ New Well ☐ Re-Entry ☐ Workover
☑ Oil ☐ WSW ☐ SWD ☐ SIOW
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW
☐ OG ☐ GSW ☐ Temp. Abd.
☐ CM *(Coal Bed Methane)*
☐ Cathodic ☐ Other *(Core, Expl., etc.)*:

If Workover/Re-entry: Old Well Info as follows:
Operator:
Well Name:
Original Comp. Date: Original Total Depth:
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer

☐ Commingled Permit #:
☐ Dual Completion Permit #:
☐ SWD Permit #:
☐ ENHR Permit #:
☐ GSW Permit #:

5/28/2014	5/30/2014	5/30/2014
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-26686-00-00
Spot Description:
NW_SE_NW_NW Sec. 8 Twp. 18 S. R. 21 ☑ East ☐ West
4292 Feet from ☐ North / ☑ South Line of Section
4292 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☐ SW
GPS Location: Lat: *(e.g. xx.xxxxx)*, Long: *(e.g. -xxx.xxxxx)*
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Franklin
Lease Name: Roberson Well #: I-1
Field Name:
Producing Formation: Squirrel
Elevation: Ground: 1020 Kelly Bushing: 0
Total Vertical Depth: 700 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
If yes, show depth set: Feet
If Alternate II completion, cement circulated from:
feet depth to: 20 w/ 6 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 1500 ppm Fluid volume: 80 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite:
Operator Name:
Lease Name: License #:
Quarter Sec. Twp. S. R. ☐ East ☐ West
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: 07/21/2014
☑ **Confidential Release Date:** 07/20/2016
☑ **Wireline Log Received**
☐ **Geologist Report Received**
☑ **UIC Distribution**
ALT ☐ **I** ☑ **II** ☐ **III** **Approved by:** NAOMI JAMES **Date:** 08/22/2014

CORRECTION #1 [redacted]
Page Two

1219932

Operator Name: Gillett, Denney Lease Name: Roberson Well #: I-1

Sec. 8 Twp. 18 S. R. 21 ☑ East ☐ West County: Franklin

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)

Samples Sent to Geological Survey ☐ Yes ☑ No

Cores Taken ☐ Yes ☑ No

Electric Log Run ☑ Yes ☐ No

List All E. Logs Run:

GammaRay/Neutron/CCL

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
GammaRay		

CASING RECORD ☑ New ☐ Used
Report all strings set-conductor, surface, intermediate, production, 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
Surface	9	7	10	20	Portland	6	50/50 POZ
Completion	5.6250	2.8750	8	720	Portland	107	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
____ 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)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☑ No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No *(If No, fill out Page Three of the ACO-1)*

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
3	626.5-643	2" DML RTG	16.5

TUBING RECORD: Size: Set At: Packer At: Liner Run: ☐ Yes ☐ No

Date of First, Resumed Production, SWD or ENHR. Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS:
☐ Vented ☐ Sold ☐ Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION:
☐ Open Hole ☐ Perf. ☐ Dually Comp. *(Submit ACO-5)* ☐ Commingled *(Submit ACO-4)*
☐ Other *(Specify)* _____

PRODUCTION INTERVAL:
_____
_____

Form	ACO1 - Well Completion
Operator	Gillett, Denney
Well Name	Roberson I-1
Doc ID	1219932

Casing

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Summary of Changes

Lease Name and Number: Roberson I-1

API/Permit #: 15-059-26686-00-00

Doc ID: 1219932

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/22/2014	08/22/2014
Save Link	../../kcc/detail/operatorEditDetail.cfm?docID=1210389	../../kcc/detail/operatorEditDetail.cfm?docID=1219932
Well Type	EOR	OIL

1210389

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CONFIDENTIAL

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KCC Office Use ONLY

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