CORRECTION #1

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

1351467

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:				st West		
Address 2:			Feet from North / South Line	of Section		
City: Sta	ate: Zi <sub>l</sub>	p:+	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)		
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84			
Purchaser:			County:			
Designate Type of Completion:  New Well  Re-Entry  Workover			Lease Name: Well #:			
			Field Name:			
	_		Producing Formation: Kelly Bushing:			
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW				
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:			
CM (Coal Bed Methane)	dow	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			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:			<u> </u>			
Deepening Re-perf.	Conv. to Ef	NHR Conv. to SWD	Drilling Fluid Management Plan			
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)			
O constituents at	D		Chloride content:ppm Fluid volume:	bbls		
<ul><li>Commingled</li><li>Dual Completion</li></ul>			Dewatering method used:			
SWD			Location of fluid disposal if hauled offsite:			
☐ ENHR			Location of hald disposal if fladied offsite.			
GSW	Permit #:		Operator Name:			
_			Lease Name: License #:			
Spud Date or Date Read	ched TD	Completion Date or	Quarter Sec TwpS. R Ea	st 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

Confidentiality Requested:

Yes No

KCC Office Use ONLY				
Confidentiality Requested				
Date:				
Confidential Release Date:				
Wireline Log Received				
Geologist Report Received				
UIC Distribution				
ALT I II Approved by: Date:				



# 

Operator Name:			Lease Name:			_ Well #:	
Sec Twp	S. R [	East West	County:				
open and closed, flow and flow rates if gas to Final Radioactivity Log	ing and shut-in pressur o surface test, along wit g, Final Logs run to obt	rmations penetrated. D res, whether shut-in pre th final chart(s). Attach ain Geophysical Data a r newer AND an image f	ssure reached station extra sheet if more and Final Electric Lo	c level, hydrosta space is needed	tic pressures, bo d.	ttom hole tempe	erature, fluid recovery,
Drill Stem Tests Taken Yes No (Attach Additional Sheets)			Log Formation (Top)		on (Top), Depth a	and Datum	Sample
Samples Sent to Geol	ogical Survey	Yes No	Name	9		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-c	conductor, surface, inte	rmediate, producti	on, 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
		ADDITIONAL	CEMENTING / COL	FEZE DECODO			
Purpose:	Depth	Type of Cement	# Sacks Used	Type and Percent Additives			
Perforate Top Bottom Protect Casing Plug Back TD		Type of collient		Type and Followith Additives			
Plug Off Zone							
Does the volume of the to	-	this well? ulic fracturing treatment ex submitted to the chemical of	_		No (If No, si	kip questions 2 an kip question 3) Il out Page Three	
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				
	Specify Footage of Each Interval Periorated			(7.11	nount and rand or m	atorial coody	Вориг
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No	)	
Date of First, Resumed	Production, SWD or ENHI	R. Producing Meth		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil Bb		Mcf Wate			Gas-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS:	N.	METHOD OF COMPLE	TION:		PRODI ICTIC	ON INTERVAL:
Vented Sold		Open Hole		Comp. Cor	nmingled mit ACO-4)	. 110000110	TO THE LIVE
(If vented, Sub	omit ACO-18.)	Other (Specify)	(		´   _		

Form	ACO1 - Well Completion
Operator	Jackson, Leland dba Lone Jack Oil Co.
Well Name	North Dawson I-1
Doc ID	1351467

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9.875	7	18	20	Type II	20	N/A
Production	5.625	2.875	6.5	651	Type II	75	N/A

# **Summary of Changes**

Lease Name and Number: North Dawson I-1

API/Permit #: 15-001-31258-00-00

Doc ID: 1351467

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	03/24/2015	04/11/2017
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=13
Well Type	47016 OIL	51467 EOR