CORRECTION #1

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

1351469

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:	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)			
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84			
Purchaser:		County:			
Designate Type of Completion:		Lease Name: Well #:			
New Well Re-Entry	Workover	Field Name:			
	SIOW	Producing Formation:			
Gas D&A ENHR		Elevation: Ground: Kelly Bushing:			
□ og □ gsw	Temp. Abd.	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: Origina	ıl 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			
		Dewatering method used:			
		Location of fluid disposal if hauled offsite:			
ENHR Permit #: _	_				
GSW Permit #:		Operator Name:			
		Lease Name: License #:			
Spud Date or Date Reached TD	Completion Date or	QuarterSecTwpS. 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

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	ing and shut-in pressu	ormations penetrated. Dures, whether shut-in presith final chart(s). Attach	ssure reached stati	c level, hydrosta	tic pressures, bot			
		tain Geophysical Data a r newer AND an image f		gs must be ema	iled to kcc-well-lo	gs@kcc.ks.gov	. Digital electronic log	
Drill Stem Tests Taken Yes No (Attach Additional Sheets)				Log Formation (Top), Depth and Datum			Sample	
Samples Sent to Geol	ogical Survey	Yes No	Name	Э		Тор	Datum	
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
		CASING I	RECORD Ne	w Used				
		Report all strings set-c			ion, 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 / SQU	EEZE DECORD				
Purpose:	Depth			LLZL NLOOND	Time and F	Davaget Additives		
Perforate Top Bottom Protect Casing		Type of Cement	# Sacks Used		Type and Percent Additives			
Plug Back TD Plug Off Zone								
Does the volume of the to	-	n this well? aulic fracturing treatment ex submitted to the chemical d	_	Yes [Yes [Yes [Yes [No (If No, sk	ip questions 2 an ip question 3) 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					
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or ENH	IR. Producing Meth		Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil Bl	bls. Gas I	Mcf Wate	er B	bls. (Gas-Oil Ratio	Gravity	
DISPOSITIO	ON OF GAS:	NA.	ETHOD OF COMPLE	TION		PRODITOTIO	N INTERVAL:	
Vented Sold		Open Hole			nmingled	THODOGIN	TA HALLITAL.	
(If vented, Sub		Other (Specify)	(Submit A		mit ACO-4)			

Form	ACO1 - Well Completion
Operator	Jackson, Leland dba Lone Jack Oil Co.
Well Name	Welch I-1
Doc ID	1351469

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	5	N/A
Production	5.625	2.875	6.5	661	Type II	80	N/A

Summary of Changes

Lease Name and Number: Welch I-1 API/Permit #: 15-011-24478-00-00

Doc ID: 1351469

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	47017 OIL	51469 EOR