CORRECTION #1

KOLAR Document ID: 1475944

Confidentiality Requested:

Yes No

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.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:			
□ 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)			
	Chloride content: ppm Fluid volume: bbls			
Commingled Permit #:	Dewatering method used:			
☐ Dual Completion Permit #: ☐ SWD Permit #:	Location of fluid disposal if hauled offsite:			
EOR Permit #:	Location of huld disposal if flauled offsite.			
GSW Permit #:	Operator Name:			
_	Lease Name: License #:			
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. 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 LI III Approved by: Date:						

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Operator Name:					Lease Na	ame: _			Well #:		
Sec Tw	rpS.	R [East	West	County:						
	l, flowing and s	hut-in pressure	es, whet	her shut-in pre	essure reache	ed stati	c level, hydrosta	tic pressures, bo		val tested, time tool erature, fluid recovery,	
Final Radioactivi files must be sub							gs must be ema	iled to kcc-well-l	ogs@kcc.ks.gov	. Digital electronic log	
Drill Stem Tests -	Taken tional Sheets)		Ye	s No				on (Top), Depth a		Sample	
Samples Sent to	Geological Su	irvey	Ye	s No		Nam	е		Тор	Datum	
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		☐ Ye ☐ Ye ☐ Ye	s No							
			Repor		RECORD conductor, surfa	Ne	w Used	on, etc.			
Purpose of St		ze Hole		Casing	Weigh		Setting	Type of	# Sacks	Type and Percent	
	9	Drilled	Set	(In O.D.)	Lbs. / F	t.	Depth	Cement	Used	Additives	
	l			ADDITIONAL		3 / SQU	IEEZE RECORD				
Purpose:		Depth	Type	of Cement	# Sacks U			Type and	Percent Additives		
Perforate		p Bottom	71			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Protect Ca	TD										
Plug Off Z	one										
 Did you perform Does the volume Was the hydraul 	e of the total bas	e fluid of the hyd	raulic frac	cturing treatmer		_	Yes The second of the second o	No (If No, s	kip questions 2 an kip question 3) Il out Page Three (•	
Date of first Produ	ction/Injection or	Resumed Produ	iction/	Producing Met	hod:						
Injection:	,			Flowing	Pumping		Gas Lift C	other (Explain)			
Estimated Produc Per 24 Hours		Oil Bbl	S.	Gas	Mcf	Wate	er B	ols.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS: METHOD OF			METHOD OF C	F COMPLETION: PRODUCTION INTERVAL:							
Vented	Sold Us	ed on Lease	_ o	pen Hole	Perf.	_ ,		nmingled mit ACO-4)	Тор	Bottom	
(If vente	ed, Submit ACO-1	8.)				(Subitilit	ACO-3) (SUDI	TIII ACO-4)			
Shots Per Foot	Perforation Top	Perforatio Bottom	n I	Bridge Plug Type	Bridge Plug Set At		Acid,	Fracture, Shot, Co (Amount and Kir	ementing Squeeze and of Material Used)	Record	
TUDICO					.						
TUBING RECOR	D: Size:		Set At:		Packer At:						

Form	ACO1 - Well Completion
Operator	Poverty Knob Production, LLC
Well Name	KITCHEN 4-W
Doc ID	1475944

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9	7	10	22	PORTLAN D	6	PORTLAN D
Production	5.625	2.875	8	657	PORTLAN D	68	THIXO 2

Summary of Changes

Lease Name and Number: KITCHEN 4-W

API/Permit #: 15-121-31584-00-00

Doc ID: 1475944

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	08/05/2019	10/17/2019
Method Of Completion - Perf	No	Yes
Producing Method Pumping	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=14 67283	//kcc/detail/operatorE ditDetail.cfm?docID=14 75944