## **CORRECTION #1**

KOLAR Document ID: 1410618

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:, (e.gxxx.xxxxx)
Name:	Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	County:
Purchaser:	Lease Name: Well #:
Designate Type of Completion:	Field Name:
☐ New Well ☐ Re-Entry ☐ Workover	Producing Formation:
Oil SWD	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)  Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
, . , . ,	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:  Operator:	If Alternate II completion, cement circulated from:
	feet depth to:w/sx cmt.
Well Name:	sx crit.
Original Comp. Date: Original Total Depth:  Deepening Re-perf. Conv. to EOR Conv. to SWD	
Plug Back Liner Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (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 #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
Recompletion Date  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 I II Approved by: Date:					

CORRECTION #1

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Operator Name:					Lease Na	ame: _			Well #:	
Sec Tw	pS.   I	R [	East	West	County:					
	, flowing and sl	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 ional Sheets)		Ye	s No		Log Formation		on (Top), Depth a		Sample
Samples Sent to	Geological Su	rvey	Ye	s 🗌 No		Nam	9		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		☐ Ye ☐ Ye ☐ Ye	s No						
			Repor		RECORD	Ne	w Used	on etc		
Purpose of St	ring Si	ze Hole		e Casing	Weigh		Setting	Type of	# Sacks	Type and Percent
ruipose oi si	9	Drilled	Set	(In O.D.)	Lbs. / F	t.	Depth	Cement	Used	Additives
				ADDITIONAL	CEMENTING	3/SQU	EEZE RECORD			
Purpose:		Depth p Bottom	Туре	of Cement	# Sacks U	Used Type and Percent Additives				
Perforate Protect Ca		o zotto								
Plug Back Plug Off Z										
1 ldg 0 ll 2	0110									
<ol> <li>Did you perform</li> <li>Does the volume</li> <li>Was the hydraul</li> </ol>	e of the total base	e fluid of the hyd	raulic frac	cturing treatmer		-	Yes ns? Yes Yes	No (If No, s	kip questions 2 an kip question 3) Il out Page Three d	•
Date of first Produ	ction/Injection or	Resumed Produ	ction/	Producing Met	hod:					
Injection:	ouon, injouron or	Tiodamod Frode	Ottorii	Flowing	Pumping		Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours		Oil Bbl	S.	Gas	Mcf	Wate	er B	ols.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS: MET				METHOD OF C	ETHOD OF COMPLETION:			PRODUCTION INTERVAL:		
✓ Vented         ✓ Sold         ✓ Used on Lease         ✓ Open Hole			Perf.	_ ,				Bottom		
(If vente	ed, Submit ACO-18	8.)				(Submit	ACO-5) (Sub	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforatio Bottom	n I	Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze and of Material Used)	Record
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Val Energy, Inc.
Well Name	MAYBERRY V1-26
Doc ID	1410618

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	17.5	13.375	40	245	60/40	290	3%сс
Production	7.875	5.5	15.5	4948	aa2	255	CC

# **Summary of Changes**

Lease Name and Number: MAYBERRY V1-26

API/Permit #: 15-007-24324-00-00

Doc ID: 1410618

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	05/18/2018	05/31/2018
Date of First or Resumed Production or		5/30/2018
SWD or Enhr Method Of Completion - Perf	No	Yes
Perf_perf1bottom		4667
Perf_perf1top		4655
Perf_shots1		2
Producing Method Pumping	No	Yes
Production Interval #1		4655
Production Interval #3		4667