## **CORRECTION #1**

KOLAR Document ID: 1545570

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:			
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.xxxxxx) (e.gxxx.xxxxxx)		
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84		
Purchaser:	County:		
Designate Type of Completion:	Lease Name: Well #:		
New Well Re-Entry Workover	Field Name:		
	Producing Formation:		
Oil	Elevation: Ground: Kelly Bushing:		
	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         □ Plug Back       □ Liner       □ Conv. to GSW       □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)		
Commingled Permit #:	Chloride content:ppm Fluid volume: bbls		
Dual Completion Permit #:	Dewatering method used:		
SWD Permit #:	Location of fluid disposal if hauled offsite:		
EOR			
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 I II III Approved by: Date:					

CORRECTION #1

KOLAR Document ID: 1545570

Operator Name: _				Lease Name	e:			Well #:	
Sec Twp.	S. R.		st West	County:					
open and closed, and flow rates if ga	flowing and shu as to surface te	t-in pressures, w st, along with fina	hether shut-in pre ll chart(s). Attach	essure reached extra sheet if m	static levenore space	el, hydrosta ce is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery,  v. Digital electronic log
files must be subn	nitted in LAS ve	rsion 2.0 or newe	er AND an image	file (TIFF or PD	F).				
Drill Stem Tests Ta			Yes No		Log	Formatio	on (Top), Dept		Sample
Samples Sent to 0	Geological Surv	ey	Yes No	ı	Name			Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No						
		Re	CASING	RECORD	New [	Used	ion. etc.		
Purpose of Strii		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	,	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING /	SQUEEZ	E RECORD			
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used	# Sacks Used Type and Percent Additives				
Perforate Protect Casi									
Plug Back T									
Did you perform a     Does the volume     Was the hydraulic	of the total base f	luid of the hydraulic	fracturing treatmen		-	Yes Yes Yes	No (If No	o, skip questions 2 an o, skip question 3) o, fill out Page Three (	•
Date of first Product Injection:	tion/Injection or Re	esumed Production	Producing Meth	nod:	Gas	Lift 🗆 C	Other (Explain) _		
Estimated Producti Per 24 Hours	ion	Oil Bbls.			Water		bls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:    Vented			ETHOD OF COMPLETION:  PRODUCTION IN Top  Perf. Dually Comp. Commingled			N INTERVAL: Bottom			
(If vented	l, Submit ACO-18.)			(St	ubmit ACO	-5) (Sub	mit ACO-4)		
Shots Per	Perforation	Perforation	Bridge Plug	Bridge Plug		Acid,		Cementing Squeeze	Record
Foot	Тор	Bottom	Туре	Set At			(Amount and	Kind of Material Used)	
TUBING RECORD:	: Size:	Set A	At:	Packer At:					

Form	ACO1 - Well Completion
Operator	Allam Production, Inc.
Well Name	GRABER 1
Doc ID	1545570

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	10	8.625	24	250	Class A	200	2%cc
Production	7.875	5.5	14	3980	POZMIX	200	2%cc
Liner	5	4.5	10	3965	POZMIX	130	6% gel

# **Summary of Changes**

Lease Name and Number: GRABER 1

API/Permit #: 15-155-01700-00-03

Doc ID: 1545570

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Additional Type And Percent Additive	4 sks calcium chloide	4 % cc
CementingDepth2_PDF	-	62-93
Approved Date	12/02/2020	01/27/2021
Method Of Completion - Open Hole	No	Yes
Producing Method Other	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=15 37040	//kcc/detail/operatorE ditDetail.cfm?docID=15 45570