CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION KOLAR Document ID: 1447991

Form ACO-1 January 2018 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

Confidentiality Requested:

Yes No

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No.:			
Name:	Spot Description:			
Address 1:				
Address 2:	Feet from Dorth / South Line of Section			
City: State: Zip:+	Feet from East / West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()				
CONTRACTOR: License #	GPS Location: Lat:, Long:			
Name:	(e.g. xx.xxxx) (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:			
	Producing Formation:			
	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?			
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 diagonal if bould officiat			
EOR Permit #:	Location of fluid disposal if hauled offsite:			
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

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

Operator Name:	Lea	ase Name:	Well #:			
Sec TwpS. R	East West Co	unty:				
INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.						
Final Radioactivity Log, Final Logs run to files must be submitted in LAS version 2.0		0	nust be emailed to kcc-well-logs@kcc.ks.	gov. Digital electronic log		
Drill Stem Tests Taken (Attach Additional Sheets)	Yes No	Log	Formation (Top), Depth and Datum	Sample		
Samples Sent to Geological Survey	Yes No	Name	Тор	Datum		

		CASING Report all strings set-c	RECORD Ne		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 / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Perforate Protect Casing Plug Back TD				
Plug Off Zone				

1.	Did you perform a hydraulic fracturing treatment on this well?	Yes
2.	Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes

No (If No, skip questions 2 and 3)

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

Yes No

Yes No

Yes No

Cores Taken

3.

Electric Log Run

List All E. Logs Run:

Geologist Report / Mud Logs

No (If No, skip question 3)

No (If No, fill out Page Three of the ACO-1)

Date of first Production/Injection or Resumed Production/ Producing Method: Injection: Injection:				Gas Lift	Other (Explain)					
Estimated Produc Per 24 Hours	Estimated Production Oil Bbls. Per 24 Hours		Gas	Mcf	Ň	Water	Bbls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS: METHOD Vented Sold Used on Lease (If vented, Submit ACO-18.) Open Hole Perf.			METHOD	Du	PLETION: Jally Comp. <i>bmit ACO-5)</i>	Commingled (Submit ACO-4)	PRODUCTIO Top	N INTERVAL: Bottom		
Shots Per Foot	Perforatior Top	n Perforatio Bottom		Bridge Plug Type	Bridge Set A				t, Cementing Squeeze I d Kind of Material Used)	Record
TUBING RECORD): Siz	:e:	Set At:		Packer At	t:				

Form	ACO1 - Well Completion
Operator	Lawco Holdings, LLC
Well Name	RADCLIFF 4-4
Doc ID	1447991

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	24	317	Class A	190	Calz Chloride 3%; Gel 2%; Floseal 1/4 #/sk
Production	7.825	5.5	15.5	3261	Pozmix & Thick Set	325	Gel@6%; Phenoseal @ 2#/sk; Kolseal @ 5#/sk; Phenoseal @ 1#/sk

Summary of Changes

Lease Name and Number: RADCLIFF 4-4

API/Permit #: 15-035-24700-00-00

Doc ID: 1447991

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	02/18/2019	02/25/2019
Method Of Completion - Perf	No	Yes
Producing Method Pumping	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=14 36159	//kcc/detail/operatorE ditDetail.cfm?docID=14 47991