#### **CORRECTION #1**

KOLAR Document ID: 1469931

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 WSW 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)	Multiple Stage Cementing Collar Used? Yes No
Cathodic Other (Core, Expl., etc.):	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	
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)
Flug Back Linei Conv. to Govv Conv. to Floudcei	, ,
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	QuarterSecTwpS. R East West
Spud Date or Date Reached TD Completion Date or 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:				

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Operator Name: _				Lease Name:			Well #:	
Sec Twp	oS. R.	Eas	t West	County:				
	flowing and shu	t-in pressures, who	ether shut-in pre	ssure reached sta	tic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subr						iled to kcc-well-lo	gs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests Ta			∕es		3	on (Top), Depth ar		Sample
Samples Sent to 0	Geological Surv	ey 🗌 \	∕es □ No	Nar	ne		Тор	Datum
Cores Taken Electric Log Run Geologist Report	_		/es ☐ No /es ☐ No /es ☐ No					
List All E. Logs Ru	un:							
		Rep		RECORD N	lew Used	on. etc.		
Purpose of Stri	ing Size	Hole Si	ze Casing	Weight	Setting	Type of	# Sacks	Type and Percent
ruipose oi Stii	Dri	lled Se	et (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives
			ADDITIONAL	. CEMENTING / SC	ILIEEZE BECORD			
Purpose:	De	epth Typ	e of Cement	# Sacks Used	- TEOGRE	Type and F	Percent Additives	
Perforate		Bottom		rement # Jacks Used Type and Felcent Additives				
Protect Cas	TD							
Plug Off Zor	ne							
2. Does the volume	of the total base fl	ng treatment on this vuid of the hydraulic fu	racturing treatment	=		No (If No, sk	ip questions 2 an ip question 3) out Page Three o	
	tion/Injection or Re	esumed Production/	Producing Meth	nod:				
Injection: Gas Lift Other (Explain)								
Estimated Producti Per 24 Hours	ion	Oil Bbls.	Gas	Mcf Wa	ater Bl	bls. (	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL:								
Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled (If vented, Submit ACO-18.)					Bottom			
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind		Record
TUBING RECORD	: Size:	Set At:		Packer At:				

Form	ACO1 - Well Completion
Operator	BlueRidge Petroleum Corporation
Well Name	ZIMMERMAN-ROSE 1-15
Doc ID	1469931

# All Electric Logs Run

CND	
Micro	
DIL	
Sonic	

Form	ACO1 - Well Completion
Operator	BlueRidge Petroleum Corporation
Well Name	ZIMMERMAN-ROSE 1-15
Doc ID	1469931

## Tops

Name	Тор	Datum
Heebner	1267	+231
Toronto	1278	+220
Douglas Sh	1294	+204
Lansing	1499	-1
ВКС	1799	-301
Hunton	1942	-444
Marquota Sh	2021	-523
Viola	2097	-599
Simpson	2187	-689
Arbuckle	2278	-780
LTD	2346	-848

Form	ACO1 - Well Completion
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# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
Surface	12.25	8.25	23	221	Common	2% Gel, 3% CC

### **Summary of Changes**

Lease Name and Number: ZIMMERMAN-ROSE 1-15

API/Permit #: 15-127-20601-00-00

Doc ID: 1469931

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=14	//kcc/detail/operatorE ditDetail.cfm?docID=14
Well Type	68701 OIL	69931 DH