### **CORRECTION #1**

KOLAR Document ID: 1523996

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 #:	Location of fluid diagonal if bouled offsite.
	Location of fluid disposal if hauled 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 I II III Approved by: Date:					

CORRECTION #1

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Operator Name: _				Lease Name	e:			Well #:	
Sec Twp.	S. R.		st West	County:					
open and closed, f and flow rates if ga	lowing and shu as to surface te	it-in pressures, w st, along with fina	hether shut-in pre Il chart(s). Attach	essure reached extra sheet if m	static lev nore spac	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 subm	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 G	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 eport all strings set-	RECORD	New [	Used	ion, etc.		
Purpose of Strin		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	Type of Cement # Sacks		ed Type and Percent Additives				
Perforate Protect Casi									
Plug Back TI Plug Off Zon									
Did you perform a     Does the volume o     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 Producti Injection:	ion/Injection or Re	esumed Production	Producing Meth	nod:	Gas	ift 🗆 c	Other (Explain) _		
Estimated Production Per 24 Hours	on	Oil Bbls.			Water		bls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:    Vented		METHOD OF COMPLETION:  Perf. Dually Comp.			PRODUCTION INT Top		N INTERVAL: Bottom		
(If vented,	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	Type	Set At			(Amount and	Kind of Material Used)	
TUBING RECORD:	Size:	Set A	At:	Packer At:					

Form	ACO1 - Well Completion		
Operator	Murfin Drilling Co., Inc.		
Well Name	DORSCH 1-24		
Doc ID	1523996		

# All Electric Logs Run

DUCP	
DIL	
MEL	
BHCS	

Form	ACO1 - Well Completion		
Operator	Murfin Drilling Co., Inc.		
Well Name	DORSCH 1-24		
Doc ID	1523996		

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.250	8.625	23	306	Class A	285	3% cc, 2% gel
Production	7.875	5.500	15.5	5098	SMD, EA2	525	1/2# flo- cel,10% salt, 5% cal-seal, 1/2# per SX flo-cel, 1/4% D- AIR, 3/4%, CFR-1.

## **Summary of Changes**

Lease Name and Number: DORSCH 1-24

API/Permit #: 15-023-21533-00-00

Doc ID: 1523996

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	06/11/2020	07/17/2020
Method Of Completion - Perf	No	Yes
Producing Method Pumping	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=15 09519	//kcc/detail/operatorE ditDetail.cfm?docID=15 23996