CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION KOLAR Document ID: 1666025

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

Confidentiality Requested:

Yes No

WELL	HISTORY	- DESCI	RIPTION	OF W	/ELL &	LEASE

OPERATOR: License #			API No.:
Name:			Spot Description:
Address 1:			
Address 2:			Feet from Dorth / South Line of Section
City: Sta	ate: Zij	0:+	Feet from Deast / 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.xxxx)
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84
Purchaser:			County:
Designate Type of Completion:			Lease Name: Well #:
	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: Fe
Cathodic Other (Core,	Expl., etc.):		Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info			If yes, show depth set: Fe
Operator:			If Alternate II completion, cement circulated from:
Well Name:			feet depth to:w/sx ci
Original Comp. Date:	Original To	otal Depth:	
Deepening Re-perf.	Conv. to EC		Drilling Fluid Management Plan
Plug Back Liner		SW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled	Permit #:		Chloride content: ppm Fluid volume: bt
Dual Completion			Dewatering method used:
			Location of fluid disposal if hauled offsite:
EOR	Permit #:		Or evelop Nerrey
GSW	Permit #:		Operator Name:
			Lease Name: License #:
Spud Date or Date Read	ched TD	Completion Date or	Quarter Sec TwpS. R East We
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:		Lease Name:	Well #:			
Sec TwpS. R [East West	County:				
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 obt files must be submitted in LAS version 2.0 or		0	ust 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-o		ew Used ermediate, producti	ion, 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 Protect Casing Plug Back TD	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Plug Off Zone				

Yes

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

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, s	skip question 3)	
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Yes	No	(If No, fill out Page Three of the ACO-1)
163		(II No, III out i age Thee of the AOO-I)

Date of first Produc Injection:	ction/Injection	or Resumed Prod	uction/	Producing Mo	ethod:	bing 🗌 Gas Lift	Other (Explain)		
Estimated Produc Per 24 Hours	tion	Oil Bb	ls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
Vented	DSITION OF G	Jsed on Lease	0	open Hole	METHOD (DF COMPLETION:	Commingled (Submit ACO-4)	PRODUCTION Top	INTERVAL: Bottom
Shots Per Foot	Perforation Top	n Perforatio Bottom		Bridge Plug Type	Bridge F Set A			ot, Cementing Squeeze R ad Kind of Material Used)	lecord
TUBING RECORE	D: Siz	ze:	Set At:		Packer At	:			

Form	ACO1 - Well Completion
Operator	J-V Oil, LLC
Well Name	DOTSON 98
Doc ID	1666025

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	11	20	portland	5	2
Production	5.625	2.85	7	680	portland	75	2