CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION KOLAR Document ID: 1666036

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 North / South Line of Section			
City: State:	Zip:+	Feet from Cast / 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 #:			
New Well Re-Entry	Workover	Field Name:			
		Producing Formation:			
☐ Oil ☐ WSW ☐ SWD ☐ Gas ☐ DH ☐ EOR		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: Origina					
Deepening Re-perf. Conv. to		Drilling Fluid Management Plan			
	o GSW Conv. to Producer	(Data must be collected from the Reserve Pit)			
Commingled Permit #:		Chloride content: ppm Fluid volume: bbls			
		Dewatering method used:			
		Location of fluid disposal if hauled offsite:			
		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:	Lease Name:	_ Well #:					
Sec TwpS. R East _ West	County:						
<b>INSTRUCTIONS:</b> 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 obtain Geophysical Data and files must be submitted in LAS version 2.0 or newer AND an image file	5	ogs@kcc.ks.gov. Digital electronic log					

Drill Stem Tests Taken			Yes No			og Formatic	n (Top), Dept	h and Datum	Sample
(Attach Additional Sheets) Samples Sent to Geological Survey Cores Taken Electric Log Run Geologist Report / Mud Logs List All E. Logs Run:		Irvey	Yes     No       Yes     No       Yes     No       Yes     No       Yes     No		Name			Тор	Datum
			CASINC Report all strings set	G RECORD	Ne ace, inte		on, etc.		
Purpose of String		ize Hole Drilled	Size Casing Set (In O.D.)	Weigh Lbs. / F		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Purpose:	Depth p Bottom	ADDITIONA Type of Cement	L CEMENTING		EEZE RECORD	Туре а	nd Percent Additives		
Perforate Protect Casing Plug Back TD Plug Off Zone									
<ol> <li>Did you perform a hy</li> <li>Does the volume of t</li> <li>Was the hydraulic fra</li> </ol>	he total bas	e fluid of the hydrau	ulic fracturing treatme		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No	o, skip questions 2 an o, skip question 3) o, fill out Page Three (	
Date of first Production Injection:	/Injection or	Resumed Producti	on/ Producing Me	thod:		Gas Lift 🗌 C	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours			Mcf	Water Bbls. Gas-Oil Ratio Gravity					
DISPOSIT		ed on Lease	Open Hole	METHOD OF C	COMPLE Dually (Submit	Comp. Cor	nmingled nit ACO-4)	PRODUCTIC Top	DN INTERVAL: Bottom
Shots Per F Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At					Record

Packer At:

TUBING RECORD:

Size:

Set At:

Form	ACO1 - Well Completion
Operator	J-V Oil, LLC
Well Name	DOTSON 47
Doc ID	1666036

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	U U	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	10	7	15	20	portland	5	0
Production	2.875	2.875	7	626	portland	75	0