CORRECTION #1

KOLAR Document ID: 1666897

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:	
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 ☐ 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 □ Plug Back □ Liner □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Described	Chloride content: ppm Fluid volume: bbls
☐ Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	·
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date	Quarter Sec. TwpS. R East West 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 Tw	rpS.	R [East	West	County:						
	l, flowing and s	hut-in pressure	es, whet	her shut-in pre	essure reache	ed stati	c level, hydrosta	tic pressures, bo		val tested, time tool erature, fluid recovery,	
Final Radioactivi files must be sub							gs must be ema	iled to kcc-well-l	ogs@kcc.ks.gov	. Digital electronic log	
Drill Stem Tests -	Taken tional Sheets)		Ye	s No				og Formation (Top), Depth and Datum			
Samples Sent to	Geological Su	irvey	Ye	s No		Name			Тор	Datum	
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		☐ Ye ☐ Ye ☐ Ye	s No							
			Repor		RECORD conductor, surfa	Ne	w Used	on, etc.			
Purpose of St		Size Hole		Casing	Weight		Setting	Type of	# Sacks	Type and Percent	
	9	Drilled	Set	(In O.D.)	Lbs. / F	t.	Depth	Cement	Used	Additives	
	l			ADDITIONAL		3 / SQU	IEEZE RECORD				
Purpose:		Depth	Type	of Cement	# Sacks U			Type and	Percent Additives		
Perforate		p Bottom	Type or comein		Gaoile Good		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Protect Ca	TD										
Plug Off Z	one										
 Did you perform Does the volume Was the hydraul 	e of the total bas	e fluid of the hyd	raulic frac	cturing treatmer		_	Yes The second of the second o	No (If No, s	kip questions 2 an kip question 3) Il out Page Three (•	
Date of first Produ	ction/Injection or	Resumed Produ	iction/	Producing Met	hod:						
Injection:	,			Flowing	Pumping		Gas Lift C	other (Explain)			
Estimated Production Oil Bbls. Per 24 Hours		S.	Gas Mcf			er B	ols.	Gas-Oil Ratio Gravity			
DISPOSITION OF GAS:			I	METHOD OF COMPLETION:					N INTERVAL:		
Vented	Sold Us	ed on Lease	_ o	pen Hole	Perf.	_ ,		nmingled mit ACO-4)	Тор	Bottom	
(If vente	ed, Submit ACO-1	8.)				(Subitilit	ACO-3) (SUDI	TIII ACO-4)			
Shots Per Foot	Perforation Top	Perforatio Bottom	n I	Bridge Plug Type	Bridge Plug Set At		Acid,	Fracture, Shot, Co (Amount and Kir	ementing Squeeze and of Material Used)	Record	
TUDICO					.						
TUBING RECOR	D: Size:		Set At:		Packer At:						

Form	ACO1 - Well Completion					
Operator	Zeta Energy, LLC					
Well Name	MILLER 0-12					
Doc ID	1666897					

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	11	8.625	20	20	Portland	5	NA
Production	6.5	4.5	15	699	Portland	80	NA