## CORRECTION #2

KOLAR Document ID: 1667342

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 □East □ West
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.xxxxxx)
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?
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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD         Permit #:           EOR         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	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 #2

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Operator Name:					Lease Na	ame: _	Well #:				
Sec Tw	pS.   I	R [	East	West	County:						
	, flowing and sl	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 Yes No (Attach Additional Sheets)							on (Top), Depth a		Sample		
Samples Sent to	Geological Su	rvey	Ye	s 🗌 No		Nam	9		Top Da		
Cores Taken  Electric Log Run  Geologist Report / Mud Logs  List All E. Logs Run:			☐ Ye ☐ Ye ☐ Ye	s No							
			Repor		RECORD	Ne	w Used	on etc			
Purpose of St	ring Si			e Casing	Weight		Setting	Type of	# Sacks	Type and Percent	
ruipose oi si	9	Drilled	Set	(In O.D.)	Lbs. / F	t.	Depth	Cement	Used	Additives	
				ADDITIONAL	CEMENTING	3/SQU	EEZE RECORD				
Purpose:		Depth p Bottom	Туре	of Cement	# Sacks U	# Sacks Used Type and Percent Additives					
Perforate Protect Ca		o zotto									
Plug Back Plug Off Z											
1 ldg 0 ll 2	0110										
<ol> <li>Did you perform</li> <li>Does the volume</li> <li>Was the hydraul</li> </ol>	e of the total base	e fluid of the hyd	raulic frac	cturing treatmer		-	Yes ns? Yes Yes	No (If No, s	kip questions 2 an kip question 3) Il out Page Three d	•	
Date of first Produ	ction/Injection or	Resumed Produ	ction/	Producing Met	hod:						
Injection:	ouon, injouron or	Tiodamod Frode	Ottorii	Flowing	Pumping		Gas Lift C	other (Explain)			
Estimated Production Oil Bbls. Per 24 Hours		S.	Gas	Gas Mcf Water		er Bbls.		Gas-Oil Ratio	Gravity		
DISPO	OSITION OF GAS	S:		1	METHOD OF C	OMPLE	TION:			N INTERVAL:	
Vented	Sold Use	ed on Lease	_ o	pen Hole	Perf.	_ ,		nmingled	Тор	Bottom	
(If vente	ed, Submit ACO-18	8.)				(Submit	ACO-5) (Sub	mit ACO-4)			
Shots Per Foot	Perforation Top	Perforatio Bottom	n I	Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze and of Material Used)	Record	
TUBING RECOR	D: Size:		Set At:		Packer At:						

Form	ACO1 - Well Completion					
Operator	J-V Oil, LLC					
Well Name	DOTSON 113					
Doc ID	1667342					

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9	7	15	22	portland	5	2%
Production	5.875	2.875	7	685	portland	75	2