CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION KOLAR Document ID: 1673159

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

# 

Confidentiality Requested:

Yes No

WELL H	<b>IISTORY</b> -	DESCRIP	<b>PTION OF</b>	WELL &	LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / 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:
	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? 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 #:           SWD         Permit #:	
EOR Permit #:	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 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:	Leas	se Name:	Wel	#:
Sec TwpS. R		nty:	-	
<b>INSTRUCTIONS:</b> Show important tops o open and closed, flowing and shut-in pres and flow rates if gas to surface test, along	f formations penetrated. Detail all sures, whether shut-in pressure re	cores. Report a eached static lev	II final copies of drill stems tests g el, hydrostatic pressures, bottom l	iving interval tested, time tool
Final Radioactivity Log, Final Logs run to files must be submitted in LAS version 2.0		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 Da	
Samples Sent to Geological Survey	Yes No	Name	То	p Datum
Cores Taken	Yes No			

5	
Geologist Report / Mud Logs	

Electric Log Run

List All E. Logs Run:

		CASING Report all strings set-c		ew Used ermediate, producti	on, 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	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

1.	Dia y	ou per	norm a	nyun	aulic	Iraciu	riri	gu	eatm	ent	on	unis	we	11 ?			
-	-																

1.	Did you perform a hydraulic fracturing treatment on this well?	Yes	No (If No, skip questions 2 and 3)
2.	Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes	No (If No, skip question 3)
З.	Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes	No (If No, fill out Page Three of the

 Yes
 No

 Yes
 No

No	(If No.	fill out	Page	Three	of the	ACO-1)

Date of first Produc Injection:	ction/Injection	or Resumed Prod	uction/	Producing M	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Produc Per 24 Hours		Oil Bb	ls.	Gas	Mcf	V	Vater	Bbls.	Gas-Oil Ratio	Gravity
Vented	DSITION OF G	Jsed on Lease		Open Hole	METHOD (	Du	PLETION: ally Comp. omit ACO-5)	Commingled (Submit ACO-4)	PRODUCTION Top	INTERVAL: Bottom
Shots Per Foot	Perforation Top	n Perforatio Bottom	n	Bridge Plug Type	Bridge F Set A				t, Cementing Squeeze Re d Kind of Material Used)	ecord
TUBING RECORD	D: Siz	ze:	Set At:		Packer At	::				

Form	ACO1 - Well Completion
Operator	JTC Oil, Inc.
Well Name	L. SCHENDEL L-24
Doc ID	1673159

# Casing

	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	20	70/30 Poz Mix	4	NA
Production	5.625	2.875	6.5	735	70/30 Poz Mix	90	NA