CORRECTION #1

KOLAR Document ID: 1685731

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
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.xxxxx)
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? 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 #:	Location of fluid diagonal if bouled offsite.
	Location of fluid disposal if hauled offsite:
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:					

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Operator Name: _				Lease Name:			Well #:	
Sec Twp	oS. R.	Eas	t West	County:				
	flowing and shu	ıt-in pressures, wh	ether shut-in pre	essure reached sta	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subr						iled to kcc-well-lo	gs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests Taken Yes (Attach Additional Sheets)		Yes No	Log Formation (Top), I		on (Top), Depth ar		Sample	
Samples Sent to	Geological Surv	ey	Yes No	Na	me		Тор	Datum
Electric Log Run Geologist Report / Mud Logs			Yes No Yes No Yes No					
List All E. Logs Ru	un.							
		Rep			New Used ntermediate, product	ion, etc.		
Purpose of Stri			ize Casing	Weight	Setting	Type of	# Sacks	Type and Percent
	o Dri	illed S	et (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives
			ADDITIONAL	CEMENTING / SO	UEEZE RECORD			
Purpose:	De	epth Tur	e of Cement	# Sacks Used	JOEEZE NEGOND	Type and F	Parcant Additives	
Perforate		Bottom	De of Cement	# Jacks Osed	Type and Percent Additives			
Protect Cas								
Plug Off Zo	ne							
2. Does the volume	of the total base fl	ing treatment on this luid of the hydraulic t	racturing treatmen	_		No (If No, sk	ip questions 2 an ip question 3) out Page Three o	
	tion/Injection or Re	esumed Production/	Producing Meth	nod:				
Injection:			Flowing	Pumping	Gas Lift C	Other (Explain)		
Estimated Product Per 24 Hours	ion	Oil Bbls.	Gas	Mcf W	ater B	bls. (Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:				METHOD OF COMP	LETION:		PRODUCTIO	
☐ Vented ☐ Sold ☐ Used on Lease ☐ Open Hole ☐ (If vented, Submit ACO-18.)				1 3 1		Bottom		
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid	Fracture, Shot, Cer	menting Squeeze	Record
1 000	ТОР	Bottom	1,700	001711		() unount and rane	or material Good)	
TUBING RECORD	: Size:	Set At	:	Packer At:				

Form	ACO1 - Well Completion
Operator	Bobcat Oilfield Service, Inc.
Well Name	SHIELDS F-3
Doc ID	1685731

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	8.75	6	10	20	Portland	5	50/50 POZ
Production	5.625	2.875	8	705	Portland	102	50/50 POZ