## **CORRECTION #1**

KOLAR Document ID: 1696634

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:				
Name:	(e.g. xx.xxxxxx) (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:				
	Producing Formation:				
Oil	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         □ Plug Back       □ Liner       □ Conv. to GSW       □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls				
Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
EOR					
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	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 III Approved by: Date:						

CORRECTION #1

KOLAR Document ID: 1696634

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R [	East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery,  Digital electronic log
Drill Stem Tests Taken Yes  (Attach Additional Sheets)			es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample	
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name	)		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud Logs List All E. Logs Run:		Y€  Y€	es No							
			Repo		RECORD [	Nev	w Used rmediate, producti	on. etc.		
Purpose of St		e Hole Size Casing rilled Set (In O.D.)		Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
				ADDITIONAL	OF MENTING /					
Purpose:	[	Depth	Typo		# Sacks Use		EEZE RECORD	Typo a	ad Paraant Additivas	
Perforate Protect Casing Plug Back TD		Type of Cement		# Sacks Oseu		Type and Percent Additives				
Plug Off Z										
Did you perform     Does the volum     Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Production/Injection or Resumed Production/ Producing Method: Injection: Pumping Cool iff Other (Finite)										
Estimated Production Oil Bbls.		le.	Flowing Pumping  Gas Mcf			Gas Lift Other (Explain)  Water Bbls.		Gas-Oil Ratio	Gravity	
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUC				PRODUCTIO	N INTERVAL:					
☐ Vented ☐ Sold ☐ Used on Lease ☐ Open Hole			Open Hole			ually Comp. Commingled		Тор	Bottom	
(If vente	(If vented, Submit ACO-18.) (Submit ACO-5) (Submit ACO-4)									
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type	Bridge Plug Set At			Record		
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Greenwood Resources L.L.C.
Well Name	MCGILVRAY A W 26
Doc ID	1696634

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	10	8.625	28	99	n/a	50	n/a
Production	7.875	5.50	14	1975	Class A	200	2%
Liner	5.50	2.875	14	1941	Class A	200	2 %

# **Summary of Changes**

Lease Name and Number: MCGILVRAY A W 26

API/Permit #: 15-073-19827-00-01

New Doc ID: 1696634
Parent Doc ID: 1677425
Correction Number: 1

Approved By: David Befort

Field Name	Previous Value	New Value
CasingNumbSacksUse dPDF_2	400	200
CasingNumbSacksUse dPDF_3	400	200
Approved Date	12/28/2022	02/27/2023
Production Interval #3	2064	2054