CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION KOLAR Document ID: 1567962

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

Confidentiality Requested:

Yes No

WELL	HISTORY	- DESCI	RIPTION	OF WE	ELL &	LEASE

OPERATOR: License #			API No.:				
Name:			Spot Description:				
Address 1:			Sec.	TwpS. R □East □ West			
Address 2:			Fe	eet from 🗌 North / 🗌 South Line of Section			
City: State	e: Zip	:+	Fe	eet from East / West Line of Section			
Contact Person:			Footages Calculated from	Nearest Outside Section Corner:			
Phone: ()				/ 🗌 SE 🗌 SW			
CONTRACTOR: License #			GPS Location: Lat:	, Long:			
Name:				(e.g. xx.xxxx) (e.gxxx.xxxxx)			
Wellsite Geologist:			Datum: NAD27				
Purchaser:							
Designate Type of Completion:				Well #:			
New Well Re-Er	ntry [Workover					
Oil WSW	SWD		U U				
Gas DH	EOR		Elevation: Ground: Kelly Bushing:				
OG	GSW			Plug Back Total Depth:			
CM (Coal Bed Methane)			Amount of Surface Pipe Se	et and Cemented at: Feet			
Cathodic Other (Core, E	Expl., etc.):		, , , ,	Collar Used? Yes No			
If Workover/Re-entry: Old Well Info a	as follows:		If yes, show depth set:	Feet			
Operator:			If Alternate II completion, c	ement circulated from:			
Well Name:			feet depth to:	w/sx cmt.			
Original Comp. Date:	Original Tot	tal Depth:					
Deepening Re-perf.	Conv. to EC	R Conv. to SWD	Drilling Fluid Manageme				
Plug Back Liner	Conv. to GS	SW Conv. to Producer	(Data must be collected from t	he Reserve Pit)			
	Permit #·		Chloride content:	ppm Fluid volume:bbls			
_ •			Dewatering method used:				
			Location of fluid disposal if	hauled offsite:			
EOR F	Permit #:		Operator Name:				
GSW Permit #:							
				License #:			
Spud Date or Date Reach	ned TD	Completion Date or		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 II III Approved by: Date:						

			CORRECT	ION #1	KO	LAR Docu	ument ID: 15679
Operator Name: Sec Twp				Well #:			
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to s Final Radioactivity Log,	v important tops of g and shut-in press surface test, along Final Logs run to c	formations penetrated. D sures, whether shut-in pre with final chart(s). Attach obtain Geophysical Data a or newer AND an image f	etail all cores. Re ssure reached stat extra sheet if more nd Final Electric L	oort all final copie ic level, hydrosta space is neede	es of drill stems te tic pressures, bot d.	sts giving inter tom hole temp	rval tested, time tool erature, fluid recovery,
Drill Stem Tests Taken (Attach Additional She	eets)	Yes No		og Formatio	on (Top), Depth ar	nd Datum	Sample
Samples Sent to Geolog Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		Yes No Yes No Yes No Yes No Yes No	Nan	le		Тор	Datum
		CASING Report all strings set-o	RECORD N		ion, 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 / SQ	JEEZE RECORD			
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
	total base fluid of the	l ent on this well? hydraulic fracturing treatment ation submitted to the chemic			No (If No, ski	ip questions 2 ar ip question 3) out Page Three	

3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?

Date of first Production/Injection or Resumed Production/ Injection:			Producing M	ethod:	ping	Gas Lift	Other (Explain)			
Estimated Production Oil Bbls. Per 24 Hours		ls.	Gas	Mcf		Water	Bbls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS:			METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)			PRODUCTION Top	N INTERVAL: Bottom			
Shots Per Foot							t, Cementing Squeeze Record d Kind of Material Used)			
TUBING RECORD: Size: Set At:					Packer At	t:				

Form	ACO1 - Well Completion
Operator	Laymon Oil II, LLC
Well Name	F. TOEDMAN 24-20
Doc ID	1567962

Tops

Name	Тор	Datum
Soil	0	17
Shale	17	42
Lime	42	240
Shale	240	250
Lime	250	570
Shale	570	740
Lime	740	760
Shale	760	883
5' lime	883	888
Shale	888	895
Upper Squirrel Sand	895	905
Shale	905	926
Cap Rock	926	927
Shale	927	929
Cap Rock	930	931
Lower Squirrel Sand	931	945
Shale	945	1020

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Casing

	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	10.250	8.625	24	40	Portland	10	0
Production	6.125	2.875	7	1010	common	160	0

Summary of Changes

Lease Name and Number: F. TOEDMAN 24-20 API/Permit #: 15-207-29779-00-00 Doc ID: 1567962 Correction Number: 1 Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	02/17/2021	04/11/2021
Method Of Completion - Perf	No	Yes
Producing Method Pumping	No	Yes