CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION KOLAR Document ID: 1713051

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

WELL COMPLETION FORM

Confidentiality Requested:

Yes No

WELL HISTORY - DESCRIPTION OF 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 #:
	Field Name:
New Well Re-Entry Workover	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas DH EOR	Total Vertical Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	
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 #:	
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 Reached TD Recompletion Date of 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:						

					N #1	KOL	_AR Doci	ument ID: 17130
Operator Name:			Lease N	ame:			Well #:	
Sec Twp	S. R	East West	County:					
open and closed, flowing	g and shut-in press	formations penetrated. D sures, whether shut-in pre with final chart(s). Attach	ssure reach	ed static le	vel, hydrosta	tic pressures, botte	0 0	
, ,	0	btain Geophysical Data a or newer AND an image f		0	must be ema	iled to kcc-well-log	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional She	eets)	Yes No		Log	Formatic	on (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	gical Survey	Yes No		Name			Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud	Logs	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
		CASING Report all strings set-c	RECORD	New face, interme	Used ediate, producti	on, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weigh Lbs. / F		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

1. Did you perform a hydraulic fracturing treatment on this well?	
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	

TUBING RECORD:

Size:

No (If No, skip questions 2 and 3)

1.	Did you perform a hydraulic fracturing treatment on this well?	Yes
2.	Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
3.	Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

Set At:

No	(If No, skip question 3)
No	(If No, fill out Page Three of the ACO-1)

Date of first Produ Injection:	ction/Injection	or Resumed Prod	uction/	Producing Me	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Produce Per 24 Hours		Oil Bł	ols.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:			METHOD OF COMPLETION:			PRODUCTION Top	N INTERVAL: Bottom			
			Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)							
Shots Per Foot	Perforation Top	n Perforati Bottorr	-			ot, Cementing Squeeze Record d Kind of Material Used)				

Packer At:

Form	ACO1 - Well Completion
Operator	Kent, Roger dba R J Enterprises
Well Name	NORMAN UNIT 11-I
Doc ID	1713051

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	20	20	Portland	5	
Production	5.625	2.875	20	684	portland	66	

Summary of Changes

Lease Name and Number: NORMAN UNIT 11-I API/Permit #: 15-001-30650-00-00

New Doc ID: 1713051

Parent Doc ID: 1154345

Correction Number: 1

Approved By: David Befort

Field Name	Previous Value	New Value
CasingNumbSacksUse dPDF_1	66	5
CasingPurposeOfString PDF_1	surface	Surface
CasingPurposeOfString PDF_2	production	Production
CasingTypeOfCementP DF_2		portland
Contractor Name	Kent, Roger dba R J Enterprises	RJ Energy, LLC
Fracturing Question 1		No
Geologist Report / Mud Logs?		No
Approved By	Deanna Garrison	David Befort
Approved Date	08/07/2013	05/10/2023
Perf_perf1bottom		658

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_perf1top		635
Perf_shots1		2
Perforations		[[dataGrid]]
Production Interval #1		635
Production Interval #3		658