## KOLAR Document ID: 1660273

All blanks must be Fill         WELL HISTORY - DESCRIPTION OF WELL & LEASE         OPERATOR: License #         Address 1:       CANCELLED 916/2022         Name:       CANCELLED 916/2022         Address 1:       OPERATOR SUBNITTED         Address 2:       WRONG API jrr per DBeFort         Virgin 2:       State:         Zip:       +         Contact Person:       Prohe: ()         Phone: ()       Estate:         CONTRACTOR: License #       CONTRACTOR: License #         Name:       Well is Geologist:         Purchaser:       Designate Type of Completion:         Image:       Workover         Image:       OG         OG       GSW         If Workover/Re-entry:       Old Well Into as follows:         Operator:       If Alternate II completion, cement circulated from:	Confidentiality Requested:	OIL & GAS CONSE	ATION COMMISSION Form ACO-1 January 2018 ERVATION DIVISION Form must be Typed
City:		WELL HISTORY - DESCRI	PTION OF WELL & LEASE
City:	OPERATOR: License #	01612022	ATN 10.:
City:	Name:	ANCELLED SIGNAMITTEI	Spot Description:
City:	Address 1:	CANCERATOR SUB-	3/2022 
City:	Address 2:	OPENNG API jrr per De	Feet from North / South Line of Section
Contact Person:       Footages Calculated from Nearest Outside Section Corner:         Phone:	City: S	tate: Zip: +	Feet from East / West Line of Section
Phone:	-		
CONTRACTOR: License #       GPS Location: Lat:, Long:			
Name:       (e.g. x0xxxxx)       (e.g. x0xxxxx)         Wellsite Geologist:       (e.g. x0xxxxx)       (e.g. x0xxxxxx)         Purchaser:       Designate Type of Completion:       Image: Converting the set of the se			
Wellsite Geologist:			(e.g. xx.xxxx) (e.gxxx.xxxxx)
Purchaser:			Datum: NAD27 NAD83 WGS84
Designate Type of Completion:	-		County:
New Well Re-Entry   Oil WSW   Gas DH   EOR   OG GSW   CM (Coal Bed Methane)   Cathodic Other (Core, Expl., etc.):   If Workover/Re-entry: Old Well Info as follows:   Operator: Multiple Stage Cementing Collar Used?   Yes No   If Alternate II completion, cement circulated from:   feet depth to: w/   well Name: Original Comp. Date:   Deepening Re-perf.   Conv. to EOR Conv. to SWD			Lease Name: Well #:
Producing Formation:   Oil WSW   Gas DH   EOR   OG GSW   CM (Coal Bed Methane)   Cathodic Other (Core, Expl., etc.):   If Workover/Re-entry: Old Well Info as follows:   Operator: If yes, show depth set:   Well Name:   Original Comp. Date:   Original Total Depth:			Field Name:
Gas DH   Gas DH   OG GSW   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:   Operator:   Well Name:   Original Comp. Date:   Original Total Depth:   Deepening   Re-perf.   Conv. to EOR   Conv. to EOR   Conv. to SWD		· _	Producing Formation:
OG GSW   CM (Coal Bed Methane)   Cathodic Other (Core, Expl., etc.):   If Workover/Re-entry: Old Well Info as follows:    Operator: If Alternate II completion, cement circulated from:   Well Name: Willing Fluid Management Plan   Original Comp. Date:   Original Comp. Date: Original Total Depth:			Elevation: Ground: Kelly Bushing:
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: Operator: Well Name: Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to EOR Conv. to SWD Drilling Fluid Management Plan			Total Vertical Depth: Plug Back Total Depth:
Cathodic Other (Core, Expl., etc.):     Multiple Stage Cementing Collar Used?     Yes     No     If Workover/Re-entry:     Old Well Info as follows:     Operator:     Well Name:     Original Comp. Date:     Original Comp. Date:     Original Total Depth:     Deepening     Re-perf.   Conv. to EOR     Conv. to SWD     Drilling Fluid Management Plan			Amount of Surface Pipe Set and Cemented at: Feet
If Workover/Re-entry: Old Well Info as follows:       If yes, show depth set: F         Operator:       If Alternate II completion, cement circulated from:         Well Name:       Original Total Depth:         Deepening       Re-perf.         Conv. to EOR       Conv. to SWD         Drilling Fluid Management Plan		e, Expl., etc.):	Multiple Stage Cementing Collar Used?
Well Name:			If yes, show depth set: Feet
Original Comp. Date:        Original Total Depth:          Deepening       Re-perf.       Conv. to EOR       Conv. to SWD         Drilling Fluid Management Plan	Operator:		If Alternate II completion, cement circulated from:
Deepening Re-perf. Conv. to EOR Conv. to SWD Drilling Fluid Management Plan	Well Name:		feet depth to:w/sx cmt.
Deepening Re-perf. Conv. to EOR Conv. to SWD Drilling Fluid Management Plan	Original Comp. Date:	Original Total Depth:	
	,		Drilling Fluid Management Plan
		Conv. to GSW Conv. to Producer	
Chloride content: ppm Fluid volume: I	_		Chloride content: ppm Fluid volume: bbls
Commingled Permit #:			
SWD       Permit #:       Location of fluid disposal if hauled offsite:         EOR       Permit #:       Location of fluid disposal if hauled offsite:			Location of fluid disposal if hauled offsite:
EOR         Permit #:         Operator Name:           GSW         Permit #:         Operator Name:			Operator Name:
Lease Name: License #:		- omit π	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Quarter Sec. Twp. S. R. East W	Soud Date or Date Por	ached TD Completion Date or	Quarter Sec TwpS. R East _ West
		•	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:			