## **CORRECTION #1**

KOLAR Document ID: 1594666

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 #:  Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR   Permit #:	Location of huld disposal if flauled 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 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	e:			Well #:	
Sec Twp	S. R.	East	West	County:					
and flow rates if gas	owing and shu to surface tes	t-in pressures, whe st, along with final	ether shut-in pre chart(s). Attach	essure reached s extra sheet if m	static le nore sp	evel, hydrosta bace is needed	tic pressures, bot d.	tom hole tempe	val tested, time tool rature, fluid recovery,  Digital electronic log
files must be submit						maet 20 oma	ilou to Roo Woll le	go e noomo.gov	. Digital clockforms log
Drill Stem Tests Take	***	Y	∕es		_ Log	Formatio	n (Top), Depth a		Sample
Samples Sent to Ge	eological Surve	ey 🗌 Y	′es	l N	lame			Тор	Datum
Cores Taken Yes Electric Log Run Yes Geologist Report / Mud Logs Yes List All E. Logs Run:			′es						
		Rep	CASING ort all strings set-c	RECORD	New , interm	Used	on, etc.		
Purpose of String			ze Casing	Weight		Setting	Type of	# Sacks	Type and Percent Additives
	Dri	lled Se	et (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
		l	ADDITIONAL	CEMENTING / S	SQUEE	ZE RECORD	I		
Purpose:		pth Type	e of Cement	# Sacks Used			Type and F	Percent Additives	
Perforate		Sottom			Type and Total Nation Addition				
Protect Casing Plug Back TD									
Plug Off Zone									
Did you perform a h	wdraulio fracturi	ng troatment on this	woll?			Yes	□ No. (If No. sk	ip questions 2 an	d 2)
<ol> <li>Does the volume of</li> </ol>	-	-		t exceed 350,000	gallons'	=	=	ip questions 2 am ip question 3)	u 3)
3. Was the hydraulic fr	acturing treatme	ent information submi	itted to the chemic	al disclosure regis	stry?	Yes	No (If No, fill	out Page Three o	of the ACO-1)
Date of first Production	n/Injection or Re	esumed Production/	Producing Meth	nod:					
Injection:	,		Flowing	Pumping	Ga	ıs Lift C	ther (Explain)		
Estimated Production Per 24 Hours	1	Oil Bbls.	Gas	Mcf	Water	Bi	ols. (	Gas-Oil Ratio	Gravity
DISPOSI	TION OF GAS:		N	METHOD OF COM	/IPLETIC	ON:			N INTERVAL:
Vented Sc	old Used	on Lease	Open Hole		ually Co		nmingled	Тор	Bottom
(If vented, S	Submit ACO-18.)			(St	ıbmit AC	(Subi	mit ACO-4)		
Shots Per	Perforation	Perforation	Bridge Plug	Bridge Plug		Acid,	Fracture, Shot, Cer		Record
Foot	Тор	Bottom	Type	Set At			(Amount and Kind	of Material Used)	
TURING RECORD	Qi	0-1-41		Pookor At-					
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Farmer, John O., Inc.
Well Name	SUTOR-ZIEGLER 10
Doc ID	1594666

# All Electric Logs Run

, and the second	
Micro Resistivity	
Compensated Density Neutron	
Dual Induction	
Cement Bond	

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# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	''	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	221	80/20 Pozmix	150	3% C.C., 2% gel
Production	7.875	5.50	15.50	3995	SMDC	150	0

# **Summary of Changes**

Lease Name and Number: SUTOR-ZIEGLER 10

API/Permit #: 15-179-21474-00-00

Doc ID: 1594666

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Date of First or Resumed Production or	09/15/2021	10/7/2021
SWD or Enhr Approved Date	10/05/2021	10/18/2021
Producing Method Other	Yes	No
Producing Method Other Detail	awaiting UIC approval	
Producing Method Pumping	No	Yes
Well Type	SWD	EOR