CORRECTION #1

KOLAR Document ID: 1735647

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 N	ame: _			Well #:	
Sec Tw	pS. F	R	East	West	County:					
	, flowing and sh	ut-in pressure	es, whet	her shut-in pr	essure reach	ed stati	c level, hydrosta	itic pressures, b		val tested, time tool erature, fluid recovery,
Final Radioactivi files must be sub							gs must be ema	ailed to kcc-well-	logs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests (Attach Addit			Ye	s No		Log Formation (Top), Dep				Sample
Samples Sent to	Geological Sur	vey	Ye	s No		Name			Тор	Datum
Electric Log Run		☐ Ye ☐ Ye ☐ Ye	s No							
List All E. Logs F	Run:									
			Reno		RECORD	Ne	w Used	ion etc		
D (0)	. Siz			e Casing		Weight		Type of	# Sacks	Type and Percent
Purpose of St		rilled		(In O.D.)	Lbs. /		Setting Depth	Cement	Used	Additives
				ADDITIONA	L CEMENTIN	G/SQL	EEZE RECORD			
Purpose:		Depth Bottom	Туре	of Cement	# Sacks I	Used	Type and Percent Additives			
Perforate Protect Ca		Dottom								
Plug Back	TD									
Plug Off Zo	one									
Did you perform	a hvdraulic fractu	ring treatment	on this w	ell?			Yes	No (If No. :	skip questions 2 an	nd 3)
2. Does the volume	-	-			nt exceed 350,	000 gallo	=	=	skip question 3)	
3. Was the hydraul	ic fracturing treatr	nent information	n submitt	ed to the chemi	cal disclosure	registry?	Yes	No (If No,	fill out Page Three	of the ACO-1)
Date of first Produ	ction/Injection or F	Resumed Produ	iction/	Producing Me	thod:					
Injection:				Flowing	Pumping		Gas Lift 🔲 0	Other (Explain)		
Estimated Production Per 24 Hours	stimated Production Oil Bbls. Per 24 Hours		Gas	Mcf	Wate	er B	bls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS:				METHOD OF	COMPLE	TION:				
Vented Sold Used on Lease Open Hole			Perf.	_ ,		3 - 1				
(If vente	ed, Submit ACO-18.)				(Submit	ACO-5) (Sub	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforatio Bottom	n	Bridge Plug Type	Bridge Plug Set At	J	Acid		ementing Squeeze	Record
TUBING RECORI	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion				
Operator	Barnard, R.L. dba Barnard Oil Operations				
Well Name	GARTH-HESS 11				
Doc ID	1735647				

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	14	102	Portland	69	2% gel
Production	7.875	5.5	14	2001	Portland	119	2%

Summary of Changes

Lease Name and Number: GARTH-HESS 11

API/Permit #: 15-073-23724-00-01

New Doc ID: 1735647

Parent Doc ID: 1725341

Correction Number: 1

Approved By: David Befort

Field Name Previous Value New Value

Approved Date 08/17/2023 11/02/2023

TopsDatum1 GL