CORRECTION #2

KOLAR Document ID: 1737755

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

OPERATOR: License #	API No.:
Name:	_ Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from \(\square \) North / \(\square \) South Line of Section
City:	Feet from
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	_ NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	
Wellsite Geologist:	County:
Purchaser:	Lease Name: Well #:
Designate Type of Completion:	Field Name:
☐ New Well ☐ Re-Entry ☐ Workover	Producing Formation:
Oil SWD	Elevation: Ground: Kelly Bushing:
Gas DH EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
	Multiple Stage Cementing Collar Used? Yes No
	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	
Operator:	
Well Name:	
Original Comp. Date: Original Total Depth:	
□ Deepening	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	Quarter Sec TwpS. R
Spud Date or Date Reached TD Completion Date or 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 Approved by: Date:	