CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION KOLAR Document ID: 1779674

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

Confidentiality Requested:

Yes No

WELL	COMPL	ETION	FORM

WELL HISTORY	- DESCRIPTION	<b>OF WELL &amp; LEASE</b>

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.xxxxx)
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84
Purchaser:		County:
Designate Type of Completion:		Lease Name: Well #:
	Workeyer	Field Name:
New Well Re-Entry		Producing Formation:
	SWD	Elevation: Ground: Kelly Bushing:
	EOR	Total Vertical Depth: Plug Back Total Depth:
G CM (Coal Bed Methane)	GSW	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl.	etc):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as for		If yes, show depth set: Feet
		If Alternate II completion, cement circulated from:
Operator:		feet depth to:w/sx cmt.
Well Name:		w/ w/ w/ w/ w/
Original Comp. Date: (	° .	
	Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Perr	mit #:	Chloride content: ppm Fluid volume: bbls
	mit #:	Dewatering method used:
	mit #:	Location of fluid disposal if hauled offsite:
EOR Perr	mit #:	Operator Name:
GSW Perr	mit #:	Operator Name:
		Lease Name: License #:
Spud Date or Date Reached		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:							

# CORRECTION #1

Operator Name:		Lease Name:	Well #:				
Sec TwpS. R	East West	County:					
<b>INSTRUCTIONS:</b> Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time to open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid record and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.							
Final Radioactivity Log, Final Logs run to files must be submitted in LAS version 2.0		ust be emailed to kcc-well-logs@kcc.ks.gc	ov. Digital electronic log				
Drill Stem Tests Taken (Attach Additional Sheets)	Yes No	Log	Formation (Top), Depth and Datum	Sample			
Samples Sent to Geological 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 RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc.									
Purpose of String         Size Hole Drilled         Size Casing Set (In O.D.)         Weight Lbs. / Ft.         Setting Depth         Type of Cement         # Sacks Used         Type and Perconditions										

#### ADDITIONAL CEMENTING / SQUEEZE RECORD

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

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	a

۷.	Does the volume of the total base hald of the hydraulic fracturing treatment exceed 550,000 gallons?	
3.	Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	

NO	(11 100,	skip	questions 2 and
No	(If No	skin	question 3)

	Yes	No	(If No, skip questions 2 and 3)
) gallons?	Yes	No	(If No, skip question 3)
istry?	Yes	No	(If No, fill out Page Three of the ACO-1)

Date of first Production/Injection or Resumed Production/ Injection:				Producing M	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Oil Bbls. Per 24 Hours			Gas	Mcf	W	/ater	Bbls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS:			Open Hole	METHOD	Dua	PLETION: ally Comp. <i>mit ACO-5)</i>	Commingled (Submit ACO-4)	PRODUCTION Top	INTERVAL: Bottom	
Foot     Top     Bottom		Bridge Plug Type	Bridge I Set A				t, Cementing Squeeze R d Kind of Material Used)	lecord		
TUBING RECORD: Size: Set At:				Packer At	t:					

Form	ACO1 - Well Completion
Operator	RJ Energy, LLC
Well Name	HERMAN D-12
Doc ID	1779674

# Casing

	Size Hole Drilled	Size Casing Set	U U	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	8.625	17	45	portland	23	n/a
Production	5.875	4.5	9	851	portland	130	n/a

## Summary of Changes

Lease Name and Number: HERMAN D-12 API/Permit #: 15-003-19747-00-01 New Doc ID: 1779674 Parent Doc ID: 1735946 Correction Number: 1 Approved By: Kelsey Cox

Field Name	Previous Value	New Value
Approved By	David Befort	Kelsey Cox
Approved Date	11/14/2023	05/29/2024
Amount of Surface Pipe Set and Cemented at	20	45