CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION KOLAR Document ID: 1792578

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

Confidentiality Requested:

Yes No

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / 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.gxxx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
	Field Name:
New Well Re-Entry Workover	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas DH EOR	Total Vertical Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
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:	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)
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 #:	Location of huld disposa in nation of site.
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:			

CORRECTION #1

Operator Name:	Lease Name:	_ Well #:
Sec TwpS. R East _ West	County:	
INSTRUCTIONS: Show important tops of formations penetrated. Deto open and closed, flowing and shut-in pressures, whether shut-in press and flow rates if gas to surface test, along with final chart(s). Attach estimates a surface test is a surface test in the surface test is a surface test.	ure reached static level, hydrostatic pressures, bot	0 0
Final Radioactivity Log, Final Logs run to obtain Geophysical Data and files must be submitted in LAS version 2.0 or newer AND an image file	0	ogs@kcc.ks.gov. Digital electronic log

Drill Stem Tests Taken (Attach Additional Sho	eets)	Yes No	L	og Formatio	on (Top), Depth a	nd Datum	Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	10		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:	Logs	<pre>Yes □ No Yes □ No Yes □ No</pre>					
		CASING Report all strings set-c		ew Used ermediate, product	ion, 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 Percent Additives
		ADDITIONAL	CEMENTING / SQL	JEEZE RECORD			

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

1.	Did you perform a hydraulic fracturing treatment on this well?	Yes
2.	Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes

3.

No (If No, skip questions 2 and 3)

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

No (If No, skip question 3)

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Date of first Produ Injection:	ction/Injection	or Resumed Prod	uction/	Producing M	ethod:	ping [Gas Lift	Other (Explain)			
Estimated Produce Per 24 Hours		Oil Bb	ls.	Gas	Gas Mcf Water Bbls.			Gas-Oil Ratio	Gravity		
Vented	OSITION OF G	Jsed on Lease		METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)			PRODUCTIO Top	N INTERVAL: Bottom			
Shots Per Foot	Perforation Top	n Perforatio Bottom		Bridge Plug Type					ot, Cementing Squeeze Record nd Kind of Material Used)		
TUBING RECOR	D: Siz	ze:	Set At:		Packer At	t:					

Form	ACO1 - Well Completion
Operator	Kent, Roger dba R J Enterprises
Well Name	BAILEY-KRIETLER 13-A
Doc ID	1792578

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	10	20	Portland	5	
Production	5.625	2.875	10	630		60	

Summary of Changes

Lease Name and Number: BAILEY-KRIETLER 13-A API/Permit #: 15-003-25368-00-00 New Doc ID: 1792578

Parent Doc ID: 1080403

Correction Number: 1

Approved By: Kelsey Cox

Field Name	Previous Value	New Value
CasingNumbSacksUse dPDF_1	60	5
CasingPurposeOfString PDF_1	surface	Surface
CasingPurposeOfString PDF_2	production	Production
Contractor Name	Kent, Roger dba R J Enterprises	RJ Energy, LLC
Fracturing Question 1		No
Geologist Report / Mud Logs?		No
Approved By	Deanna Garrison	Kelsey Cox
Approved Date	05/11/2012	08/28/2024
Method Of Completion - Perf	No	Yes
Perf_perf1bottom		578

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_perf1top		568
Perf_perf2bottom		594
Perf_perf2top		584
Perf_shots1		2
Perf_shots2		2
Perforations		[[dataGrid]]
Production Interval #1		568
Production Interval #3		594