CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION KOLAR Document ID: 1686488

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

## WELL COMPLETION FORM

Confidentiality Requested:

Yes No

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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 #:					
	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)					
	Chloride content: ppm Fluid volume: bbls					
Commingled Permit #:	Dewatering method used:					
Dual Completion Permit #:						
SWD         Permit #:           SWD         Permit #:	Location of fluid disposal if hauled offsite:					
EOR         Permit #:           GSW         Permit #:	Operator Name:					
GSW Permit #:	Lease Name: License #:					
Caud Data an Data Data Data Harabad TD Consultation Data	Quarter Sec TwpS. R East West					
Spud Date or         Date Reached TD         Completion Date or           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:							

		TION #1 KOLAR Document			ıment ID: 16864			
Operator Name:						Well #:		
Sec Twp	S. R	East West	County:					
open and closed, flowing	g and shut-in press	formations penetrated. D sures, whether shut-in pre- with final chart(s). Attach	ssure reached sta	tic level, hydrosta	tic pressures, bot			
		bbtain Geophysical Data a or newer AND an image f		ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log	
Drill Stem Tests Taken (Attach Additional She	eets)	Yes No		Log Formatio	on (Top), Depth a	nd Datum	Sample	
Samples Sent to Geological Survey		Yes No	Nar	ne		Тор	Datum	
Cores Taken Electric Log Run Geologist Report / Mud I List All E. Logs Run:	Logs	<ul> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ul>						
		CASING Report all strings set-c		ew Used termediate, 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 / SQ	UEEZE RECORD			]	
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives		

1. Did you perform a hydraulic fracturing treatment on this well?
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2.	. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
3.	. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

No (If No, skip questions 2 and 3) No (If No, skip question 3)

Yes

		·	·					
	No	(If No	o, fill	ои	t Page	Three	of the	ACO-1)

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Date of first Production/Injection or Resumed Production/	Producing Method:	
Injection:		

Injection:				Flowing	Pum	ping	Gas Lift	Other (Explain)		
Estimated Production Oil Bbls. Per 24 Hours		Gas	Mcf		Water	Bbls.	Gas-Oil Ratio	Gravity		
DISPOSITION OF GAS:			METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)			PRODUCTION Top	N INTERVAL: Bottom			
Shots PerPerforationPerforationFootTopBottom					ot, Cementing Squeeze Record ad Kind of Material Used)					
TUBING RECORI	D: Siz	e:	Set At:		Packer A	t:				

Form	ACO1 - Well Completion				
Operator	S & K Oil Production, Inc.				
Well Name	PAGE I 40				
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## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	6	20	One	4	0
Production	5.875	2.875	6	716	One	84	0