CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION KOLAR Document ID: 1801140

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

Confidentiality Requested:

Yes No

WELL	HISTORY	- DESCRIF	PTION 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 Deast / 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.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD □ Gas □ DH □ EOR	Elevation: Ground: Kelly Bushing:
	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?
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	
Plug Back Liner Conv. to GSW Conv. to Produ	
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	_
SWD Permit #: EOR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. R
Recompletion Date Reached TD Recompletion Date Recompletin Date Recompletion Date Re	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:				

			CORREC Page Two	TION #1	KO	LAR Docu	ument ID: 18011	
Operator Name:								
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	atic level, hydrosta	tic pressures, bot			
		obtain Geophysical Data a or newer AND an image f			iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log	
Drill Stem Tests Taken (Attach Additional She	eets)	Yes No		0	on (Top), Depth a		Sample	
Samples Sent to Geolog	gical Survey	Yes No	Na	me		Тор	Datum	
Cores Taken Yes No Electric Log Run Yes No Geologist Report / Mud Logs Yes No List All E. Logs Run: Yes No								
		CASING Report all strings set-c		New Used Itermediate, product	ion, etc.			
Purpose of String Size Hole Size Casing Drilled Set (In O.D.)			Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
L		ADDITIONAL	CEMENTING / SC	UEEZE RECORD	,		·]	
Purpose: Depth Top Bottom Type of Cement Perforate Protect Casing Plug Back TD		# Sacks Used		Type and F	Percent Additives			
Plug Off Zone								

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 gallons?	Yes
З.	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)

No (If No, fill out Page Three of the ACO-1)

Date of first Production/Injection or Resumed Production/ Injection:			Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Oil Bbls. Per 24 Hours		S.	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)			PRODUCTIO Top	N INTERVAL: Bottom	
Shots Per Foot	Perforatior Top	n Perforatio Bottom	n	Bridge Plug Type	Set At (Amount and		t, Cementing Squeeze d Kind of Material Used)	Record	
TUBING RECORD: Size: Set At:				Packer A	t:				

Yes

Mail to: KCC - Conservation Division, 266 N. Main, Suite 220, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Greenwood Resources L.L.C.
Well Name	ELLIS 57 W
Doc ID	1801140

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set		Setting Depth	Type Of Cement		Type and Percent Additives
Surface	7.875	4.500	10.400	1899	n/a	275	n/a
Liner	4.500	2.375	4.60	1857	Reg	116	2 % Gel

Summary of Changes

Lease Name and Number: ELLIS 57 W API/Permit #: 15-073-19834-00-01 New Doc ID: 1801140 Parent Doc ID: 1769086 Correction Number: 1 Approved By: Kelsey Cox

Field Name	Previous Value	New Value
Approved Date	04/25/2024	10/30/2024
Production Interval #1	1907	1857