CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION KOLAR Document ID: 1806426

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	<b>PTION OF</b>	WELL &	LEASE

OPERATOR: License #		API No.:
Name:		Spot Description:
Address 1:		
Address 2:		Feet from  North / South Line of Section
City: State: 2	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 #:
New Well Re-Entry	Workover	Field Name:
		Producing Formation:
		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 I	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
•		Dewatering method used:
		Location of fluid disposal if hauled offsite:
		Elecation of huid disposal in natied offsite.
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:					

			CORRECT Page Two	ION #1	KO	LAR Docu	ument ID: 180642
Operator Name: Sec Twp		Fast     West					
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to s Final Radioactivity Log,	v important tops of g and shut-in press surface test, along Final Logs run to c	formations penetrated. D sures, whether shut-in pre with final chart(s). Attach obtain Geophysical Data a or newer AND an image f	etail all cores. Re ssure reached sta extra sheet if more nd Final Electric L	port all final copie ic level, hydrosta space is neede	es of drill stems te tic pressures, bott d.	sts giving inter tom hole temp	rval tested, time tool erature, fluid recovery,
Drill Stem Tests Taken (Attach Additional She	eets)	Yes No		og Formatio	on (Top), Depth ar	nd Datum	Sample
Samples Sent to Geolog Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		Yes       No         Yes       No         Yes       No         Yes       No         Yes       No	Nan	le		Тор	Datum
		CASING Report all strings set-c	RECORD N		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	JEEZE RECORD			
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
	total base fluid of the	l ent on this well? hydraulic fracturing treatment ation submitted to the chemic			No (If No, ski	ip questions 2 ar ip question 3) out Page Three	

Date of first Production/Injection or Resumed Production/ Injection:			Producing M	ethod:	ping	Gas Lift	Other (Explain)			
Estimated Produce Per 24 Hours		Oil Bł	ols.	Gas	Mcf	V	Vater	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	INTERVAL: Bottom			
Shots Per Foot	Perforation Top	Perforati Bottom		Bridge Plug Type	Bridge I Set A				ot, Cementing Squeeze R Id Kind of Material Used)	lecord
TUBING RECOR	D: Siz	e:	Set At:		Packer At	t:				

Form	ACO1 - Well Completion
Operator	C3Oil, LLC
Well Name	LONG 3
Doc ID	1806426

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set		Setting Depth	Type Of Cement		Type and Percent Additives
Surface	8.5	7	14	1741	60/40	0	60/40
Liner	8.5	4.5	11	1745	60/40	225	60/40

#### Summary of Changes

Lease Name and Number: LONG 3 API/Permit #: 15-073-00560-00-02 New Doc ID: 1806426 Parent Doc ID: 1800560 Correction Number: 1

Approved By: Kelsey Cox

Field Name	Previous Value	New Value
Additional Type And Percent Additive		Pomash
Additional Type And Percent Additive		Pomash
CasingNumbSacksUse dPDF_1	120	0
CasingNumbSacksUse dPDF_2	65	225
CasingSettingDepthPD F_2	1742	1745
CementingDepth1_PDF	-	0-150
CementingDepth2_PDF	-	527-627
Cementing Depth Base 1		150
Cementing Depth Base 2		627
Cementing Depth Top 1		0

# Summary of changes for correction 1 continued

Previous Value	New Value
	527
11/21/2024	12/12/2024
	55
	20
1740	1745
1765	1771
	60/40
	60/40
	11/21/2024 1740