CORRECTION #1

KOLAR Document ID: 1703316

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	County:
Purchaser:	Lease Name: Well #:
Designate Type of Completion:	
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
☐ Oil ☐ WSW ☐ SWD	Producing Formation:
☐ Gas ☐ DH ☐ EOR	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW	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? 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 #:	·
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
Recompletion Date Recompletion Date	Countv: 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:					

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Operator Name:					Lease Na	ame: _			Well #:		
Sec Tw	pS. I	R [East	West	County:						
	, flowing and sl	hut-in pressure	es, whet	her shut-in pre	essure reache	ed stati	c level, hydrosta	tic pressures, bo		val tested, time tool erature, fluid recovery,	
Final Radioactivi files must be sub							gs must be ema	iled to kcc-well-l	ogs@kcc.ks.gov	. Digital electronic log	
Drill Stem Tests -	Taken ional Sheets)		Ye	s No				on (Top), Depth a		Sample	
Samples Sent to	Geological Su	rvey	Ye	s 🗌 No		Nam	9		Тор	Datum	
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		☐ Ye ☐ Ye ☐ Ye	s No							
			Repor		RECORD	Ne	w Used	on etc			
Purpose of St	ring Si	ze Hole		e Casing	Weigh		Setting	Type of	# Sacks	Type and Percent	
ruipose oi si	9	Drilled	Set	(In O.D.)	Lbs. / F	t.	Depth	Cement	Used	Additives	
				ADDITIONAL	CEMENTING	3/SQU	EEZE RECORD				
Purpose:		Depth p Bottom	Туре	of Cement	# Sacks U	sed		Type and	Type and Percent Additives		
Perforate Protect Ca		o zotto									
Plug Back Plug Off Z											
1 lag 0 li 2	0110										
 Did you perform Does the volume Was the hydraul 	e of the total base	e fluid of the hyd	raulic frac	cturing treatmer		-	Yes ns? Yes Yes	No (If No, s	kip questions 2 an kip question 3) Il out Page Three d	•	
Date of first Produ	ction/Injection or	Resumed Produ	ction/	Producing Met	hod:						
Injection:	ouon, injouron or	Tiodamod Frode	Ottorii	Flowing	Pumping		Gas Lift C	other (Explain)			
Estimated Production Per 24 Hours		Oil Bbl	S.	Gas	Mcf	Wate	er B	ols.	Gas-Oil Ratio	Gravity	
DISPO	OSITION OF GAS	S:		1	METHOD OF C	OMPLE	TION:			N INTERVAL: Bottom	
			Perf.				Commingled Top				
(If vente	ed, Submit ACO-18	8.)				(Submit	ACO-5) (Sub	mit ACO-4)			
Shots Per Foot	Perforation Top	Perforatio Bottom	n I	Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze and of Material Used)	Record	
TUBING RECOR	D: Size:		Set At:		Packer At:						

Form	ACO1 - Well Completion
Operator	Palomino Petroleum, Inc.
Well Name	GOLDENEYE 2
Doc ID	1703316

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	225	Common		3% cc, 2% gel
Production	7.875	5.5	14	4526	SMD, EA- 2	175	SMD, EA- 2

Summary of Changes

Lease Name and Number: GOLDENEYE 2

API/Permit #: 15-135-26188-00-00

New Doc ID: 1703316
Parent Doc ID: 1677401
Correction Number: 1

Approved By: David Befort

Field Name	Previous Value	New Value
Date of First or Resumed Production or SWD or Enhr Approved Date	9/20/2021	9/20/2022
	01/30/2023	03/06/2023