## **CORRECTION #1**

KOLAR Document ID: 1813993

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

Name:	Spot Description:
Address 1.	•
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: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:, (e.g. xxxxxxxx)
Name:	Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	County:
Purchaser:	,
Designate Type of Completion:	Lease Name: Well #:
☐ 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       □ Plug Back     □ Liner     □ Conv. to GSW     □ Conv. to Producer	Drilling Fluid Management Plan (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	Quarter Sec. Twp. S. 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 Approved by: Date:					

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Operator Name:					Lease Na	ame: _			Well #:	
Sec Tw	rpS.	R [	East	West	County:					
	l, flowing and s	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 tional Sheets)		Ye	s No		Log Formation (Top)		on (Top), Depth a		Sample
Samples Sent to	Geological Su	irvey	Ye	s No		Name			Тор	Datum
Electric Log Run		=	Yes No Yes No Yes No							
			Repor		RECORD conductor, surfa	Ne	w Used	on, etc.		
Purpose of St		ze Hole	Size Casing		Weight		Setting	Type of	# Sacks	Type and Percent
	9	Drilled	Set	(In O.D.)	Lbs. / F	t.	Depth	Cement	Used	Additives
	l			ADDITIONAL		3 / SQU	IEEZE RECORD			
Purpose:		Depth	Type	of Cement	# Sacks U			Type and	Percent Additives	
Perforate		p Bottom	71				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Protect Ca	TD									
Plug Off Z	one									
<ol> <li>Did you perform</li> <li>Does the volume</li> <li>Was the hydraul</li> </ol>	e of the total bas	e fluid of the hyd	raulic frac	cturing treatmer		_	Yes The second of the second o	No (If No, s	kip questions 2 an kip question 3) Il out Page Three (	•
Date of first Produ	ction/Injection or	Resumed Produ	iction/	Producing Met	hod:					
Injection:	,			Flowing	Pumping		Gas Lift C	other (Explain)		
Estimated Produc Per 24 Hours		Oil Bbl	S.	Gas	Mcf	Wate	er B	ols.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:			METHOD OF COMPLETION:			PRODUCTION INTERVAL:				
Vented	Sold Us	ed on Lease	_ o	pen Hole	Perf.	_ ,		nmingled mit ACO-4)	Тор	Bottom
(If vente	ed, Submit ACO-1	8.)				(Subitilit	ACO-3) (SUDI	TIII ACO-4)		
Shots Per Foot	Perforation Top	Perforatio Bottom	n I	Bridge Plug Type	Bridge Plug Set At		Acid,	Fracture, Shot, Co (Amount and Kir	ementing Squeeze and of Material Used)	Record
TUDICO					<b>.</b>					
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Jackson, Dale E & Sue Ellen dba Dale E. Jackson Production Co.
Well Name	LIN LEA IF7
Doc ID	1813993

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	8.75	6	10	20	Portland	4	100% Portland
Production	4.875	2.375	5	148	Portland	18	100% Portland

# **Summary of Changes**

Lease Name and Number: LIN LEA IF7

API/Permit #: 15-011-24632-00-00

New Doc ID: 1813993 Parent Doc ID: 1467602

Correction Number: 1

Approved By: Kelsey Cox

Field Name	Previous Value	New Value
Approved By	Karen Ritter	Kelsey Cox
Approved Date	08/05/2019	01/24/2025
Production Interval #1	157	148
Production Interval #3	167	157