CORRECTION #1

KOLAR Document ID: 1833142

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 Name	e:			Well #:		
Sec Twp.	S. R.		st West	County:						
open and closed, and flow rates if ga	flowing and shu as to surface te	t-in pressures, w st, along with fina	hether shut-in pre ll chart(s). Attach	essure reached extra sheet if m	static levenore space	el, hydrosta ce is neede	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery, v. Digital electronic log	
files must be subn	nitted in LAS ve	rsion 2.0 or newe	er AND an image	file (TIFF or PD	F).					
Drill Stem Tests Ta			Yes No		Log	Formatio	on (Top), Dept		Sample	
Samples Sent to 0	Geological Surv	ey	Yes No	ı	Name			Тор	Datum	
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No							
		Re	CASING	RECORD	New [Used	ion. etc.			
Purpose of Strii		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	,	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
			ADDITIONAL	CEMENTING /	SQUEEZ	E RECORD				
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used			Type and Percent Additives			
Perforate Protect Casi										
Plug Back T										
Did you perform a Does the volume Was the hydraulic	of the total base f	luid of the hydraulic	fracturing treatmen		-	Yes Yes Yes	No (If No	o, skip questions 2 an o, skip question 3) o, fill out Page Three (•	
Date of first Product Injection:	tion/Injection or Re	esumed Production	Producing Meth	nod:	Gas	Lift 🗆 C	Other (Explain) _			
Estimated Producti Per 24 Hours	ion	Oil Bbls.			Water		bls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS: Vented		METHOD OF COMPLETION: Perf. Dually Comp.			Top		N INTERVAL: Bottom			
(If vented	l, Submit ACO-18.)			(St	ubmit ACO	-5) (Sub	mit ACO-4)			
Shots Per	Perforation	Perforation	Bridge Plug	Bridge Plug		Acid,		Cementing Squeeze	Record	
Foot	Тор	Bottom	Туре	Set At			(Amount and	Kind of Material Used)		
TUBING RECORD:	: Size:	Set A	At:	Packer At:						

Form	ACO1 - Well Completion
Operator	Lone Wolf Oil & Gas Co., LLC
Well Name	CAIN 1
Doc ID	1833142

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	26	43	Class A		3% cal. 2% gel
Production	7.875	5.5	15.5	2688	60/40 poz mix	390	6% gel

Summary of Changes

Lease Name and Number: CAIN 1 API/Permit #: 15-049-22599-00-02

New Doc ID: 1833142
Parent Doc ID: 1785938
Correction Number: 1

Approved By: Kelsey Cox

Field Name	Previous Value	New Value
CasingNumbSacksUse dPDF_2	460	390
Elogs_PDF	Commo Poy Noutron	
Approved Date	Gamma Ray Neutron Cement Bond 07/12/2024	03/07/2025
Well Type	OIL	EOR