CORRECTION #1

KOLAR Document ID: 1833761

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:	(e.g. xx.xxxxx) (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:
□ 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)
Demoit #	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
☐ Dual Completion Permit #: ☐ SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Location of huld disposal if flauled 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:					

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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	Used Type and Percent Additives					
Perforate Protect Ca		o zotto									
Plug Back Plug Off Z											
1 ldg 0 ll 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:	
Vented	Sold Use	ed on Lease	_ o	pen Hole	Perf.	_ ,		nmingled	Тор	Bottom	
(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	TDR Construction, Inc.
Well Name	MCCOY 13WA
Doc ID	1833761

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	9	6.25	10	80	Portland	35	50/50 POZ
Production	5.625	2.875	8	812	Class A	128	50/50 POZ

Summary of Changes

Lease Name and Number: MCCOY 13WA

API/Permit #: 15-059-27209-00-00

New Doc ID: 1833761 Parent Doc ID: 1468527 Correction Number: 1

Approved By: Kelsey Cox

Field Name	Previous Value	New Value
CasingSettingDepthPD F_2	779	812
Date of First or Resumed Production or SWD or Enhr		09/01/2019
Approved By	Karen Ritter	Kelsey Cox
Approved Date	10/11/2019	03/12/2025
Lease Name	MCCOY	MCCOY
Plug Back Total Depth		779
Producing Method Pumping	No	Yes