### **CORRECTION #1**

KOLAR Document ID: 1834130

Kansas Corporation Commission
Oil & Gas Conservation Division

Confidentiality Requested:

Yes No

# 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 □East □ West				
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.xxxxxx)				
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: 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				
☐ Commingled     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  Recompletion Date  Recompletion Date	Quarter Sec. Twp. S. R. East West  County: Permit #:				
Recompletion Date  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 Name	e:			Well #:		
SecTw	pS. F	R E	ast West	County:						
open and closed and flow rates if	, flowing and sh gas to surface t	nut-in pressures, est, along with fir	whether shut-in prenal chart(s). Attach	essure reached so extra sheet if m	static leve ore space	l, hydrosta e is needed	tic pressures, b d.	ottom hole temp	val tested, time tool erature, fluid recovery,	
			Geophysical Data a ver AND an image			ust be ema	iled to kcc-well	-logs@kcc.ks.go	v. Digital electronic log	
Drill Stem Tests			Yes No		Log	Formatio	on (Top), Depth		Sample	
Samples Sent to	Geological Sur	vey	Yes No		lame			Тор	Datum	
Cores Taken Electric Log Run Geologist Report List All E. Logs R	t / Mud Logs	[ [ [	Yes No Yes No Yes No							
				RECORD _		Used				
	Siz	ze Hole	Report all strings set-	Weight		Setting	Type of	# Sacks	Type and Percent	
Purpose of St		Prilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives	
			ADDITIONAL	CEMENTING / S	SOLIEEZE	BECORD				
Purpose:		Depth	Type of Cement	# Sacks Used		TILCOND	Typo and	A Paraant Additivas		
Perforate		Bottom	Type of Cement	# Sacks Used	# Sacks Osed		Type and Percent Additives			
Protect Ca										
Plug Off Zo										
	e of the total base	fluid of the hydrau	nis well? lic fracturing treatmen		_	Yes Yes Yes	No (If No,	skip questions 2 ar skip question 3) fill out Page Three		
Date of first Production:	ction/Injection or I	Resumed Production	n/ Producing Met	hod:	Gas Li	ift 🗆 C	other (Explain)			
, Flowing L						Bbls. Gas-Oil Ratio		Gravity		
Per 24 Hours		OII 2510.	Guo		· · · · · · · · · · · · · · · · · · ·	5.		Gao on Fiano	Gravity	
DISPO	OSITION OF GAS	S:	1	METHOD OF COM	IPLETION:			PRODUCTIO	ON INTERVAL:	
			Perf. D				Тор	Bottom		
(If vente	ed, Submit ACO-18	.)		(St	ıbmit ACO-5	5) (Subi	mit ACO-4)			
Shots Per	Perforation	Perforation	Bridge Plug	Bridge Plug		Acid,	Fracture, Shot, C	ementing Squeeze	Record	
Foot	Тор	Bottom	Туре	Set At			(Amount and K	ind of Material Used)	1	
TUBING RECORI	D: Size:	Se	t At:	Packer At:						

Form	ACO1 - Well Completion
Operator	RJ Energy, LLC
Well Name	WEBER 14A
Doc ID	1834130

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	20	portland	8	n/a
Production	5.875	2.875	9	700	portland	80	n/a

# **Summary of Changes**

Lease Name and Number: WEBER 14A

API/Permit #: 15-107-25474-00-00

New Doc ID: 1834130
Parent Doc ID: 1695679
Correction Number: 1

Approved By: Kelsey Cox

Field Name	Previous Value	New Value
Date of First or Resumed Production or SWD or Enhr Approved By	2/1/2022	2/1/2023
	David Befort	Kelsey Cox
Approved Date	02/24/2023	03/14/2025