## **CORRECTION #1**

KOLAR Document ID: 1835587

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:	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.xxxxxx) (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:
	Producing Formation:
Oil	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?
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
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 III Approved by: Date:					

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Operator Name:					Lease Nan	ne:			Well #:	
SecTw	pS.	R	East	West	County:					
open and closed and flow rates if o	, flowing and s gas to surface ty Log, Final L	hut-in pressur test, along wi ogs run to obt	res, whe th final c ain Geo	ether shut-in pre chart(s). Attach ophysical Data a	ssure reached extra sheet if and Final Elect	I station more ric Log	c level, hydrostat space is needed	ic pressures, bo I.	ottom hole tempe	val tested, time tool erature, fluid recovery,
Drill Stem Tests Taken Yes No (Attach Additional Sheets)					Log Formation (Top), Depth and Datum			and Datum	Sample	
Samples Sent to		ırvey	Y	es No		Name			Тор	Datum
Cores Taken Electric Log Run Geologist Report List All E. Logs R	t / Mud Logs	Í	Y	es No No No es No						
			Repo		RECORD [	Nev	w Used	on. etc.		
Purpose of Str	ring i	Size Hole S		ze Casing t (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	CEMENTING	/ SQU	EEZE RECORD			
Purpose: Perforate		Depth p Bottom	Type of Cement		# Sacks Use	# Sacks Used Type and Percent Add			Percent Additives	
Protect Ca										
Plug Off Zo										
Did you perform     Does the volume     Was the hydraul	e of the total bas	e fluid of the hy	draulic fra	acturing treatment		•	Yes ns? Yes Yes	No (If No, s	kip questions 2 an kip question 3) Ill out Page Three	,
Date of first Produc Injection:	ction/Injection or	Resumed Prod	uction/	Producing Meth	nod:		Gas Lift 🔲 O	ther (Explain)		
Estimated Production Oil Bbls. Gas Per 24 Hours		Gas	Mcf	cf Water Bbls.		ols.	Gas-Oil Ratio Gravity			
DISPO	OSITION OF GA	S: ed on Lease		N Open Hole		HOD OF COMPLETION:  erf. Dually Comp. Commingled			ON INTERVAL: Bottom	
	ed, Submit ACO-1			Оронтною		-		mit ACO-4)		
Shots Per	Perforation	Perforation	on	Bridge Plug	Bridge Plug		Acid,	Fracture, Shot, Co	ementing Squeeze	Record
Foot	Foot Top Bottom Type Set At (Amount and Kind of Material Used)									
TUBING RECORE	D: Size:		Set At:	,	Packer At:					

Form	ACO1 - Well Completion
Operator	Jackson, Dale E & Sue Ellen dba Dale E. Jackson Production Co.
Well Name	SNYDER IA2
Doc ID	1835587

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	8.75	6	10	20	Portland	5	None
Production	5.625	2.875	5.5	195	Portland	20	None

# **Summary of Changes**

Lease Name and Number: SNYDER IA2

API/Permit #: 15-011-24826-00-00

New Doc ID: 1835587 Parent Doc ID: 1799608

Correction Number: 1

Approved By: Kelsey Cox

Field Name	Previous Value	New Value
CasingSizeCasingSetP DF_2	2.087	2.875
Approved Date	10/18/2024	03/24/2025