CORRECTION #1

KOLAR Document ID: 1720530

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
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:, (e.gxxx.xxxxx)
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?
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
□ Commingled Permit #: 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 Recompletion Date	Quarter Sec. TwpS. R. East West 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 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		Log Form		mation (Top), Depth and Datum		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	Jsed 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	Steffen Resource Development, LLC
Well Name	CAROL 6-23
Doc ID	1720530

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Production	7.875	5.5	15	4777	H long, classA	375	100
Surface	12.258	8.625	0	160	unknown	1956	100

Summary of Changes

Lease Name and Number: CAROL 6-23

API/Permit #: 15-095-00007-00-01

New Doc ID: 1720530
Parent Doc ID: 1710977
Correction Number: 1

Approved By: David Befort

Field Name	Previous Value	New Value
CasingTypeOfCementP DF_2		unknown
Approved Date	05/16/2023	07/05/2023
Production - Barrels Oil		0
Production - Barrels of Water		0
Production - Gas-Oil Ratio		0
Production - MCF Gas		0
Production - Oil Gravity		0
Tubing Packer At		4750
Tubing Record - Set At		4777
Tubing Size		2.375