CORRECTION #1

KOLAR Document ID: 1725586

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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
☐ Dual Completion Permit #:	Location of fluid diagonal if bouled offsite.
	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. 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 N	lame: _			Well #:	
Sec Tw	pS. F	R	East	West	County:					
	l, flowing and sh	ut-in pressure	es, whet	her shut-in pr	essure reach	ed stati	c level, hydrosta	atic pressures, b		val tested, time tool erature, fluid recovery,
Final Radioactivi files must be sub							gs must be ema	ailed to kcc-well-	logs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests	Taken tional Sheets)		Ye	s No		L		on (Top), Depth		Sample
Samples Sent to	Geological Sur	vey	Ye	s 🗌 No		Nam	е		Тор	Datum
Cores Taken Electric Log Run Geologist Repor	t / Mud Logs		☐ Ye ☐ Ye ☐ Ye	s No						
List All E. Logs F	Run:									
			Repo		RECORD	Ne	w Used	ion. etc.		
Burnoon of Ct	ring Siz	e Hole		e Casing	Weigh	•	Setting	Type of	# Sacks	Type and Percent
Purpose of St		rilled		(In O.D.)	Lbs. /		Depth	Cement	Used	Additives
				ADDITIONA	L CEMENTIN	G / SQL	IEEZE RECORD			
Purpose: Perforate		Depth Bottom	Type	of Cement	# Sacks I	# Sacks Used Type a			and Percent Additives	
Protect Ca										
Plug Back Plug Off Z										
1. Did you perform	-	_					Yes	=	kip questions 2 ar	nd 3)
 Does the volum Was the hydrau 		-		_		-			skip question 3)	of the ACO 1)
3. was the nyurau	iic iracturing treatr	neni iniormatio	n submitt	ed to the chem	cai disclosure	registry?	Yes	NO (11 NO, 1	ill out Page Three	or trie ACO-1)
Date of first Produ	ction/Injection or F	Resumed Produ	iction/	Producing Me	thod: Pumping	. \Box	Gas Lift 0	Other (Explain)		
Fating at a d Duradou	*:	Oil Di-	_						0 0:1 D-4:-	Out-with t
Estimated Production Per 24 Hours		Oil Bbl	S.	Gas	Mcf	Wate	er E	bls.	Gas-Oil Ratio	Gravity
DIOD:	0017101105010	. 1				0014015			PROPLICATION	
Vented	OSITION OF GAS	d on Lease		pen Hole	METHOD OF (_		mmingled	Top	ON INTERVAL: Bottom
	ed, Submit ACO-18.			pennole	reii	_ ,		omit ACO-4)		
Shots Per Foot	Perforation Top	Perforatio Bottom	n	Bridge Plug Type	Bridge Plug Set At	3	Acid		ementing Squeeze	Record
	,								,	
TUBING RECOR	D: Size:		Set At:		Packer At:					
105MG HEOON	0126.		Joi M.		, donor At.					

Form	ACO1 - Well Completion
Operator	Val Energy, Inc.
Well Name	JAMES GANG OUTLAWS 1-20
Doc ID	1725586

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	306	Class A	200	CaCl, Gel
Production	7.875	5.5	14	3256	Thick Set	235	Gel

Summary of Changes

Lease Name and Number: JAMES GANG OUTLAWS 1-20

API/Permit #: 15-035-24776-00-00

New Doc ID: 1725586 Parent Doc ID: 1705785 Correction Number: 1

Approved By: David Befort

Field Name	Previous Value	New Value
Date of First or Resumed Production or		6/19/2023
SWD or Enhr Approved Date	04/12/2023	08/15/2023
Method Of Completion - Perf	No	Yes
Perf_perf1bottom		3096
Perf_perf1top		3086
Perf_perf2bottom		3120
Perf_perf2top		3114
Perf_perf3bottom		3142
Perf_perf3top		3130
Perf_perf4bottom		3168

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_perf4top		3154
Perf_shots1		1
Perf_shots2		1
Perf_shots3		1
Perf_shots4		1
Producing Method Pumping	No	Yes
Production Interval #1		3086
Production Interval #3		3168