### **CORRECTION #1**

KOLAR Document ID: 1721840

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 □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.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?  |
| 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       □ Plug Back     □ Liner     □ Conv. to GSW     □ Conv. to Producer | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) |
|   | Chloride content: ppm Fluid volume: bbls                                     |
| Commingled Permit #:  | Dewatering method used:  |
| ☐ Dual Completion Permit #:  ☐ SWD Permit #:  | Leading of the delication and the control of the                             |
| SWD         Permit #:           EOR         Permit #:   | Location of fluid disposal if hauled offsite:                                |
| GSW Permit #:   | Operator Name:   |
|   | Lease Name: License #:   |
| Spud Date or Date Reached TD Completion Date or   | Quarter Sec TwpS. R  |
| 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<br>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<br>Electric Log Run<br>Geologist Repor<br>List All E. Logs F              | t / Mud Logs           |                      | ☐ Ye<br>☐ Ye<br>☐ 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<br>p Bottom    | Туре                 | of Cement           | # Sacks U             | sed      | Type and Percent Additives |                    |  |  |  |
| Perforate Protect Ca  |                        | o zotto              |                      |                     |                       |          |                            |                    |  |  |  |
| Plug Back Plug Off Z  |                        |                      |                      |                     |                       |          |                            |                    |  |  |  |
| 1 lag 0 li 2  | 0110                   |                      |                      |                     |                       |          |                            |                    |  |  |  |
| <ol> <li>Did you perform</li> <li>Does the volume</li> <li>Was the hydraul</li> </ol> | 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<br>kip question 3)<br>Il out Page Three ( | •  |  |
| 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:                   |                      |                     | METHOD OF C           | OMPLE    | TION:                      |                    | PRODUCTIO  | 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<br>Foot   | Perforation<br>Top     | Perforatio<br>Bottom | n I                  | Bridge Plug<br>Type | Bridge Plug<br>Set At |          | Acid,                      |                    | ementing Squeeze<br>and of Material Used)                    | Record   |  |
|   |                        |                      |                      |                     |                       |          |                            |                    |  |  |  |
|   |                        |                      |                      |                     |                       |          |                            |                    |  |  |  |
|   |                        |                      |                      |                     |                       |          |                            |                    |  |  |  |
|   |                        |                      |                      |                     |                       |          |                            |                    |  |  |  |
|   |                        |                      |                      |                     |                       |          |                            |                    |  |  |  |
| TUBING RECOR  | D: Size:               |                      | Set At:              |                     | Packer At:            |          |                            |                    |  |  |  |

| Form      | ACO1 - Well Completion    |  |  |  |
|-----------|---------------------------|--|--|--|
| Operator  | Murfin Drilling Co., Inc. |  |  |  |
| Well Name | WATERS 'A' 1-3            |  |  |  |
| Doc ID    | 1721840                   |  |  |  |

# All Electric Logs Run

| DIL  |  |
|------|--|
| DUCP |  |
| MEL  |  |
| BHCS |  |

| Form      | ACO1 - Well Completion    |  |  |  |
|-----------|---------------------------|--|--|--|
| Operator  | Murfin Drilling Co., Inc. |  |  |  |
| Well Name | WATERS 'A' 1-3            |  |  |  |
| Doc ID    | 1721840                   |  |  |  |

# Casing

| Purpose<br>Of String | Size Hole<br>Drilled | Size<br>Casing<br>Set | Weight | Setting<br>Depth | Type Of<br>Cement |     | Type and<br>Percent<br>Additives |
|----------------------|----------------------|-----------------------|--------|------------------|-------------------|-----|----------------------------------|
| Surface              | 12.25                | 8.625                 | 23     | 348              | H325              | 250 |                                  |
| Production           | 7.875                | 5.500                 | 15.5   | 4843             | Hcon, H-<br>LD    | 580 |                                  |
|                      |                      |                       |        |                  |                   |     |                                  |
|                      |                      |                       |        |                  |                   |     |                                  |

## **Summary of Changes**

Lease Name and Number: WATERS 'A' 1-3

API/Permit #: 15-023-21599-00-00

New Doc ID: 1721840
Parent Doc ID: 1713035
Correction Number: 1

Approved By: David Befort

| Field Name                                | Previous Value | New Value  |
|---|----------------|------------|
| Date of First or<br>Resumed Production or |                | 07/14/2023 |
| SWD or Enhr<br>Approved Date              | 05/22/2023     | 07/17/2023 |
| Method Of Completion -<br>Perf            | No             | Yes        |
| Producing Method<br>Pumping               | No             | Yes        |
| Production Interval #1                    |                | 4175       |
| Production Interval #3                    |                | 4301       |