CORRECTION #1

KOLAR Document ID: 1846414

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.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: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)			
Described	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 #:	Location of fluid disposal if fladied offsite.			
GSW Permit #:	Operator Name:			
	Lease Name: License #:			
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. 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 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				on (Top), Depth a		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	sed		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	
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTIO					N INTERVAL:						
✓ Vented ✓ Sold ✓ Used on Lease ✓ Open Hole ✓ Pe			Perf.				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	RJ Energy, LLC
Well Name	BRODMERKLE NORTH 21
Doc ID	1846414

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	11.75	7	20	20	portland	12	na
Production	5.875	2.875	6.5	984	pozmix	130	na

Summary of Changes

Lease Name and Number: BRODMERKLE NORTH 21

API/Permit #: 15-207-29514-00-01

New Doc ID: 1846414 Parent Doc ID: 1846238

Correction Number: 1

Approved By: Alexis Vincent

Field Name	Previous Value	New Value
API	15-207-29514-00-00	15-207-29514-00-01