CORRECTION #1

KOLAR Document ID: 1857297

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
January 2018
Form must be Typed
Form must be Signed
All blanks must be Filled

Address 2:	OPERATOR: License #	API No.:
Address 2:	Name:	Spot Description:
City:	Address 1:	
Contact Person:	Address 2:	Feet from
Name:	City: State: Zip:+	Feet from East / West Line of Section
CONTRACTOR: License #	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name:	Phone: ()	□NE □NW □SE □SW
Name: NaD27 NAD83 WGS84 County: Lease Name: Well #: Datum: NAD27 NAD83 WGS84 County: Lease Name: Well #: Elevation: Ground: Kelly Bushing: Total Vertical Depth: Feel Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feel depth to: Wy sx cmt SWD Permit #: Dual Completion Permit #: Deepening	CONTRACTOR: License #	GPS Location: Lat:, Long:
Velistic Geologist:	Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Purchaser:	Wellsite Geologist:	
Designate Type of Completion: New Well Re-Entry Workover Oil WSW SWD Gas DH EOR OG GSW Cathodic Other (Core, Expl., etc.): Well Name: Original Comp. Date: Deepening Re-perf. Conv. to EOR Conv. to Producer Plug Back Liner Conv. to GSW Conv. to Producer Commingled Permit #: Dual Completion Permit #: SWD Permit #: GSW Permit #: GSW Permit #: Count of SWD Permit #: Conv. to GSW Conv. to Producer Designate Type of Completion: Field Name: Field Name: Field Name: Froducing Formation: Flevation: Ground: Kelly Bushing: Amount of Surface Pipe Set and Cemented at: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee Multiple Stage Cemen	Purchaser:	
New Well	Designate Type of Completion:	Lease Name: Well #:
Gil	New Well Re-Entry Workover	Field Name:
Gas		Producing Formation:
G G G G G G G G G G G G G G G G G G G		Elevation: Ground: Kelly Bushing:
Amount of Surface Pipe Set and Cemented at: Fee Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: Operator:		Total Vertical Depth: Plug Back Total Depth:
Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No		Amount of Surface Pipe Set and Cemented at: Feet
SWD Permit #: SWD Permit #: SWD GSW Permit #: GSW Permit #: GSW Permit #: Conv. to Formula Feet depth to: Seet dep		Multiple Stage Cementing Collar Used? Yes No
Well Name:	If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Original Comp. Date: Original Total Depth: Deepening	Operator:	If Alternate II completion, cement circulated from:
Deepening Re-perf. Conv. to EOR Conv. to SWD Plug Back Liner Conv. to GSW Conv. to Producer Commingled Permit #: Dual Completion Permit #: Dewatering method used: Dewatering method used: Dewatering method used: Dewatering method used: Depart Pluid Volume: Dewatering method used: Dewatering me	Well Name:	feet depth to:w/sx cmt.
Plug Back Liner Conv. to GSW Conv. to Producer Commingled Permit #:	Original Comp. Date: Original Total Depth:	
□ Plug Back □ Liner □ Conv. to GSW □ Conv. to Producer (Data must be collected from the Reserve Pit) □ Commingled □ Permit #:	☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
Commingled Permit #:	☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	
Dual Completion Permit #:		Chloride content: ppm Fluid volume: bbls
SWD		Dewatering method used:
□ EOR Permit #:		
GSW Permit #: Operator Name: License #: License #: Cuarter Sec. Twp. S. B. East Wes. Sec. Twp. S. B. East Wes. Cuarter Sec. Twp. Tw		Location of fluid disposal if hauled offsite:
Lease Name: License #: —————————————————————————————		Operator Name:
Spud Date or Date Reached TD Completion Date or Quarter Sec. Twp. S. R. East Wes	Gow Fernit #	Lease Name: License #:
Sould Date or Date Reached TD Completion Date or		Quarter Sec TwpS. R
Recompletion Date	Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

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

Confidentiality Requested:

Yes No

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 Approved by: Date:							

CORRECTION #1

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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	Used 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: PRODUCTION IN										
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	Jackson, Dale E & Sue Ellen dba Dale E. Jackson Production Co.
Well Name	TWIN CC FARMS IE2
Doc ID	1857297

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	8.75	6	10	20	Portland	5	None
Production	5.625	2.875	5	150	Portland	24	None

Summary of Changes

Lease Name and Number: TWIN CC FARMS IE2

API/Permit #: 15-107-25564-00-00

New Doc ID: 1857297

Parent Doc ID: 1855589

Correction Number: 1

Approved By: Alexis Vincent

Field Name	Previous Value	New Value
Approved Date	08/12/2025	08/25/2025
Well Type	OIL	EOR