

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD

Gas DH EOR

OG GSW

CM (Coal Bed Methane)

Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. 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 II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top _____ Bottom _____
---	---	--

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	Mid-America Pipeline Company, LLC
Well Name	M-85 1
Doc ID	1531147

Tops

Name	Top	Datum
Clay	0	19
Limestone	19	35
Shale	35	47
Limestone	47	91
Chirt	91	231
Limestone	231	280
Chirt	280	345
Shale	345	350

DEEP/SHALLOW CATHODIC PROTECTION GROUNDBEDS
DRILL FLUID DISPOSAL
LETTER OF AGREEMENT

This agreement is made and entered into this 6TH day of March, 2020
by and between Enterprise Products.

Hereinafter referred as the "Cathodic Protection System Owner", with

Pipeline Integrity Resources, Inc.
5634 S 107th East Ave. Tulsa, Oklahoma 74146

Hereinafter referred as the "Contractor", with

Barbara H. Sommer, Trustee of the
Barbara H. Sommer Living Trust UTA dated October 4, 2013

Hereinafter referred to as "Property Owner"

The Property Owner acknowledges that the signing of this Agreement is an independent
act of the Property Owner agrees to allow access to their property at:

State: Kansas County: Wabaunsee

Quarter: SE Section: 35 Township: 14-S Range: 9-E

And at the approval by the Property Owner, Fluids will be hauled or spread to the above
location on private property disposed of by the Contractor;

IN WITNESS WHEREOF, the parties have executed this Agreement in several
counterparts original on the day and year first above written.



Date 3-6-2020

Barbara H. Sommer, Trustee of the
Barbara H. Sommer Living Trust UTA dated October 4, 2013

Date _____

_____, Company Representative

This instrument was drafted by Mid-America Pipeline Company, LLC, a Delaware a Delaware limited liability company, P.O. Box 4324, Houston, TX 77210-4324 713.381.6500.

CATHODIC PROTECTION SYSTEM EASEMENT

For and in consideration of the sum of Ten and More Dollars (\$10.00), in hand paid by MID-AMERICA PIPELINE COMPANY, LLC, hereinafter styled GRANTEE, whose mailing address is PO Box 4324, Houston, Texas 77210-4324, the receipt of which is hereby acknowledged

Barbara H. Sommer, Trustee of the
Barbara H. Sommer Living Trust UTA dated October 4, 2013

hereinafter styled Grantor, does hereby grant to Mid-America Pipeline Company, LLC, a Delaware limited liability company, hereinafter styled GRANTEE, its successors or assigns, the right to construct, maintain, operate, repair, rebuild, alter and remove at any time a cathodic protection system and such other facilities and appurtenances as may from time to time be necessary to the proper installation, operation, and maintenance of such system, together with the right of ingress and egress to and from the same on that certain tract of land owned by Grantor(s) and described as follows:

The SE 1/4 of Section 35, Township 14-S, Range 9-E, in Saline County, Kansas, subject to public roads. More particularly described as a strip of land 150 feet long and 50 feet wide beginning at the North boundary of existing Mid-America Pipeline Company's pipeline easement thence running parallel with the East property line of above described property, North 150 feet, West 50 feet, South 150 feet, and East 50 feet to the point of beginning. This easement shall extend 10 feet on each side of the ground bed cable as shown on attached Groundbed Design and Request Worksheet.

It is understood that Grantor, their heirs or assigns, are to fully use and enjoy said premises except insofar as such use and enjoyment shall conflict with the right herein granted.

It is further understood that GRANTEE, shall pay all damages to growing crops, fences, and present improvements caused by the construction, maintenance and operation, repair, rebuilding, alternations, and removal of said system.

Witness my hand at this 6TH day of MARCH, 2020.

Barbara H. Sommer

Barbara H. Sommer, Trustee of the
Barbara H. Sommer Living Trust UTA dated October 4, 2013

Check No. 085275 Tract No. 53-K-WA-2

STATE OF KANSAS)
) SS
COUNTY OF WABAUNSEE)

Before me, the undersigned, a Notary Public in and for the County aforesaid on this 6TH day of MARCH, 2020, personally appeared

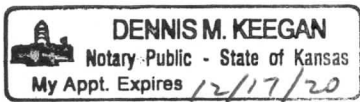
Barbara H. Sommer, Trustee of the
Barbara H. Sommer Living Trust UTA dated October 4, 2013

to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that they executed the same as their free and voluntary act and deed for the uses and purposes as herein set forth.

Witness my hand and official seal.

Dennis M. Keegan

Dennis M. Keegan, Notary Public



My Commission Expires: December 17, 2020

CATHODIC PROTECTION HOLE COMPLETION DIAGRAM & DRILL LOG

		Geological Formation	Final Anode Depth	Electric Log	Before Coke	After Coke	Anode No.
Native Fill (0'-5')	→	10'					
		20'					
(40') 10" SDR 29	→	30'					
(40')		40'					
		50'					
3/8" Bentonite Hole Plug	→	60'					
(5'-97')		70'					
		80'					
(100') 1" PVC	→	90'					
(0'-100')		100'					
		110'					
		120'					
		130'					
		140'					
SAE Conductrete	→	150'					
(97'-350')		160'	150'		1.0a	1.3a	20
		170'	160'		1.4a	1.8a	19
		180'	170'		0.9a	1.8a	18
(250') 1" Watering Pipe	→	190'	180'		1.3a	1.7a	17
(100'-350')		200'	190'		1.4a	1.8a	16
		210'	200'		1.4a	1.8a	15
		220'	210'		1.4a	1.7a	14
(20) SAE EnvirAnodes	→	230'	220'		1.4a	1.8a	13
10' Centers		240'	230'		1.3a	1.7a	12
		250'	240'		1.2a	1.5a	11
		260'	250'		1.3a	1.8a	10
		270'	260'		1.2a	1.6a	9
		280'	270'		1.5a	1.9a	8
		290'	280'		1.2a	1.6a	7
		300'	290'		1.5a	1.8a	6
		310'	300'		1.6a	2.0a	5
		320'	310'		1.7a	2.0a	4
		330'	320'		1.8a	2.1a	3
		340'	330'		1.7a	2.1a	2
		350'	340'		1.7a	1.4a	1

10"

Test Voltage 12.00V Total



**PIPELINE
INTEGRITY
RESOURCES**

M-85

Wabaunsee County, KS

INSTALLED FOR: EPCO

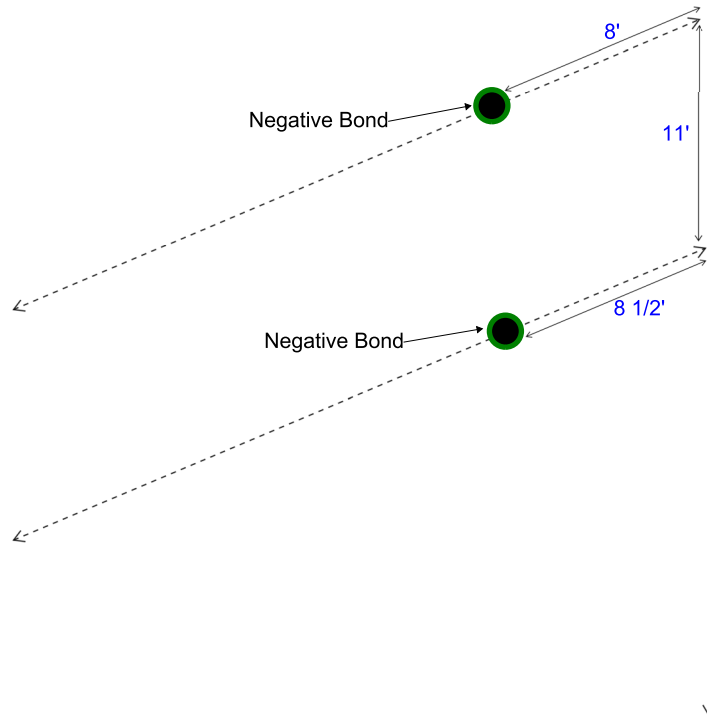
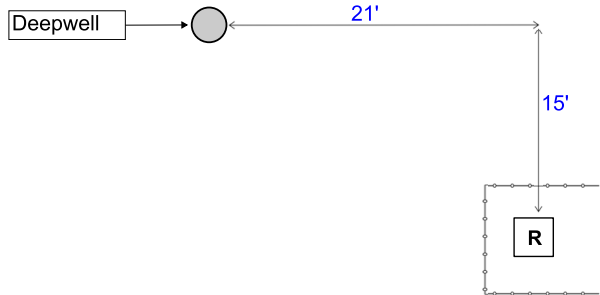
RECTIFIER ID: M-85

Location: 38.787482°, -96.371603°

INSTALL DATE: 4/27/2020

JOB NO: 3037028

INSPECTOR: Rusty Ramage



CATHODIC PROTECTION INSTALLATION



M-85

Wabaunsee County, KS

Installed for: EPCO

System: M-85

Mile Post:

GPS Loc: 38.787482, -96.371603

Drawn by: R. Robinson

Install Date: 04/27/2020