

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
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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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top _____ Bottom _____
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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:	
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Services, Inc.

CHARGE TO: Citadel
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

TICKET 33506

PAGE 1 OF 1

1. SERVICE LOCATION: Ness City, KS WELL/PROJECT NO.: 1-17 LEASE: Rolls Lawrence COUNTY/PARISH: Lawe STATE: KS CITY: Shields DATE: 10-8-2020 OWNER: _____
 2. TICKET TYPE: SERVICE SALES CONTRACTOR: Wild West RIG NAME/NO.: _____ SHIPPED VIA: CT DELIVERED TO: Location ORDER NO.: _____
 3. WELL TYPE: Oil WELL CATEGORY: Development JOB PURPOSE: Port Collar WELL PERMIT NO.: _____ WELL LOCATION: Shields 3 1/2-N
 4. REFERRAL LOCATION: _____ INVOICE INSTRUCTIONS: _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	LOC	ACCT	DF	DESCRIPTION	QTY. U/M		UNIT PRICE		AMOUNT
575		1			MILEAGE Trk # 112.	50	mi	6	00	280 00
576D		1			Ramp Charge - Port Collar	1	job	1400	00	1400 00
330		1			SMD Cement			15	00	3825 00
276		1			Flare			75	lbs	225 00
290		1			D-Air			42	00	210 00
275		1			Cotton Seed Husks			35	00	210 00
279		1			Bentonite Gels			30	00	270 00
581		1			CMT Service Charge			1	85	601 25
583		1			Drayage			0	95	803 94

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.
 DATE SIGNED: 10-8-2020 TIME SIGNED: _____
 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UNDECIDED	DISAGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

PAGE TOTAL: 1 TOTAL: 7541 85

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR: Judson Fuchs APPROVAL: _____
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 12-8-2020 PAGE NO. 1
TICKET NO. 335006

CUSTOMER Citadel WELL NO. 1-17 LEASE Lawrence JOB TYPE Part. Collar

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								ON Location 2 3/8" x 4 1/2"
								PC: 2174
1036	∅	-		✓		1,000		P Test to 1,000 PSI * Hold
								Open PC
1045	3			✓		700		Injection RATE * No Blow on BS* - Shut down + MAKE CALLS
1200	3		40	✓		800		Mix 40 bbl of Gel w/ 200# of Cotton Seed Hulls * Circulation *
1215	3		100 125	✓		700		Mix 180 sks w/ Circulation ^{w/ 400# of} Hulls - Circulation Stopped - Leaking out * Surface Pipe by Well KO Pump. - Dig Trench to Pit
1245								
1315	3		25	✓		700		Mix Another 45 sks * CMT to Surface * - 15 sks to the Pit - - Displace CMT
1335	3 ∅		7 -	✓ ✓		700 1,000		PC Close PC + P Test to 1,000 PSI
								Run 5 JTs
1350 1405	3		25	✓		500		Reverse Clean Wash up Trk #112
								225 sks of SMD @ 11.2 ppg, 9 sks of Bentonite Gel, + 600# of Hulls used Thanks! Gideon Kwoy, Dusty



Services, Inc.

TICKET 033374

CHARGE TO: Citadel Oil LLC
 ADDRESS
 CITY, STATE, ZIP CODE

PAGE 1 OF 2

1. SERVICE LOCATIONS Ness City, KS WELL/PROJECT NO. 1-17 Oildr LEASE LAURENCE COUNTY/PARISH LANE STATE KS CITY Shields DATE 11-30-2020 OWNER
 2. TICKET TYPE SERVICE SALES CONTRACTOR Southwind RIG NAME/NO. LANE SHIPPED VIA CT DELIVERED TO Location ORDER NO.
 3. WELL TYPE Oil WELL CATEGORY Development JOB PURPOSE Long String WELL PERMIT NO. WELL LOCATION Shields East side 3 1/2-N
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS 4 1/2" E-side

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC	ACCT	DF	DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
575					MILEAGE <u>Trk #112</u>			50	mi	5.00	250.00
578					<u>Pump Charge - Longstring</u>			1	job	1400.00	1400.00
404					<u>Port Collar</u>			1	ea	2400.00	2400.00
403					<u>CMT BASKET</u>			2	ea	250.00	500.00
406					<u>LATCH Down Plug + Baffle</u>			1	ea	225.00	225.00
407					<u>Insert Float Shoe w/ Auto fill</u>			1	ea	300.00	300.00
409					<u>Tubularizers</u>			15	ea	75.00	1125.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT BEFORE TO START DE WORK OR DELIVERY OF GOODS
 X [Signature]

DATE SIGNED 11-30-2020 TIME SIGNED 9:35 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UNDECIDED	DISAGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL 2 TOTAL 14411.73

103013 TAX 414.18
 Total 15030.90
13572.81
888.92

1. CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR [Signature] APPROVAL [Signature] Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 11-30-2020 PAGE NO. 1

CUSTOMER Citadel Oil LLC WELL NO. 1-1700000 LEASE LAWRENCE JOB TYPE Long String 5 1/2" TICKET NO. 033374

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								ON Location 4 1/2 11.6 lb/ft RTD: 4630' SS: 41.68 TP: 4619' PC: #58 \$2109' Turbo: 1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 55 BASKETS: 14, 58
	1545							START 4 1/2" 11.6 lb/ft Csg in Well
	1845							Drop Ball - Circulate
	1950	6 1/2	12		✓	350		Pump 500 gal Mud Flush
		6 1/2	20		✓	350		Pump 20 bbl KCL Spacer
	2000 2000	2	7-5		✓	0		Plug RH, MH [30, 20]
	2015	24	40 54		✓	250		Mix Remaining 175 sks of EA-2
	2030							Wash P+L Drop Latch down Plug
	2035	6 1/2	0		✓	300		START Displacement w/ KCL H ₂ O
		6 1/2	45		✓	400		- Lift Pressure
		6 1/2	70		✓	850		- MAX Lift Pressure
	2045	5 1/2	71		✓	1500		LAND Latch down Plug - Release Pressure * Hold *
	2050							Wash up Trk #112
	2130							Job Complete 225 sks of EA-2 w/ 5% Calseal, 10% SAIC, 1% HALAD-322, 5#/sk Gilserite + 1/8" Flo/sk Mixed @ 15.36 ppm used Thanks! Plug down @ 845 PM Jedean, Kirby, Isaac

Plug down @ 8:45 PM

225 sks of EA-2

5% Cal seal

10% SAIB

1% Haldol - 322

5 #/sk Gilsonite

1/8" Flocele

Thanks,

Judeen Fuchs 785-798-7057

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Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



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<http://kcc.ks.gov/>

Andrew J. French, Chairperson
Dwight D. Keen, Commissioner
Susan K. Duffy, Commissioner

Laura Kelly, Governor

April 08, 2021

Emily M. Wiser
Citadel Oil LLC
3000 ASTORIA WAY SUITE 150
PO BOX 1410
EDMOND, OK 73083-1410

Re: ACO-1
API 15-101-21761-00-01
LAWRENCE 1-17
SE/4 Sec.17-16S-28W
Lane County, Kansas

Dear Emily M. Wiser:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/28/2020 and the ACO-1 was received on April 08, 2021 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department