KOLAR Document ID: 1568170

Confident	tiality Re	equested:
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:		
Address 2:		Feet from North / South Line of Section
City: State:	Zip:+	Feet from East / West Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Phone: ()		
CONTRACTOR: License #		GPS Location: Lat:, Long:
Name:		(e.g. xx.xxxx) (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	—	Producing Formation:
		Elevation: Ground: Kelly Bushing:
		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 follow	vs:	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: Origi	nal Total Depth:	
Deepening Re-perf. Conv	. to EOR 🗌 Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv	v. to GSW Conv. to Producer	(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 #:
Spud Date or Date Reached TD	Completion Date or	Quarter Sec Twp S. 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 Name:	Well #:
Sec TwpS. R East 🗌 West	County:	

Page Two

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 (Attach Additional Sh	acate)	Y	′es 🗌 No			og Formatio	n (Top), Depth a	and Datum	Sample
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c		Ne	w Used rmediate, productio	on, etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose:	Depth Top Bottom	Туре	of Cement # Sacks		d		Type and Percent Additives		
Protect Casing Plug Back TD Plug Off Zone									
 Did you perform a hydra Does the volume of the Was the hydraulic fracture 	total base fluid of the	hydraulic fr	acturing treatment		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water Bbls. Gas-Oil Ratio Gravit				Gravity
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	MPLE	TION:		PRODUCTIC Top	DN INTERVAL: Bottom
Vented Sold Used on Lease (If vented, Submit ACO-18.)			Open Hole Perf.		Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)		•	юр	
	foration Perform Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Kansas Resource Exploration & Development, LLC
Well Name	KNABE M WSW-1
Doc ID	1568170

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set		Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	20.6	20	Portland	6	NA
Production	6.75	4.5	10.5	978	50/50 Poz	132	NA



Customer:	KRED					Knabe M WSW	Ticket:	EP1484
City, State:					and the second se	Johnson Co. KS	Date:	3/11/2021
Field Rep:	Field Rep: Brad Kramer				S-T-R:		Service:	Frac
Downhole I	Informatio	n /			Capac	lty	Treatm	nont Fluid
Formation:				and the strength of the streng	/ Tubing:	bbls/ft	Product	GPT Gal
Casing:	4 1/2			Displa	acement:	13.7 bbls	Water	5,00
Tubing: reatment Via:		in			Pressure ron Test:		Gel Xlink	25
	ations			and the second	Pressure:	3,000 psi 3,000 psi	KCI	5
Top Perf:	861	ft			Proppar		Biocide	2
Bottom Perf:	869			20/40	- 1	12/20 3,000	Surfactant	
tots Per Foot:		spf		16/30	1,000	8/12 -	Breaker	0
Total Shots:	17	shots			Divers	Contraction of the local division of the loc	Acid	250
				Salt	-	Balls 8		
			Stage	Stage	Total			
Time Rate	PSI	PPG	Pounds	BBLS	BBLS		Remarks	
5.0	1,000 500			6.0	49.0	Break down well and load v	vith acid	
	000			13,0	13.0 13.0	Displace to perfs wait 5 minutes		an a
10.0	750			2.0	15.0	stage acid		
				-	15.0	- wait 5 minutes		
10.0	750			2.0	17.0	stage acid		
					17.0	wait 5 minutes		
20.0	1,000			20.0	37.0	Start gel pad		
	1,050	0.50	300.0	14.3	51.3	Start 16/30 sand		
	1,000	1.00	700.0	16.7	68.0			
	950	1.50	1,000.0	15.9	83.8	Start 12/20 sand		
	1,200	1.50	1,000.0	15.9	83.8 99.7	Drop 5 balls	en en antiko en	
	2,100	1.30	1,000.0	- 10.0	99.7	Drop 3 balls		
	2,000	1.50	1,000.0	15.9	115.6		an a	
	775			20.0	135.6	Surge and flush		an a
	500			-	135.6	ISIP		
	STALL.	CREW	1-1-1-C	UNI	THE		SUMMARY	
eater / Foreman:		Jake M.		81		Average Rate (bpm)	Max Rate (bpm)	Total Proppant (#)
Pump Operator:	l i	Ryan H.		816		11.3	20.0	4000
Sand		Kevin N.		815		Average PSI	Max Pressure (psi)	Total Load (bbls)
Water		Mark F.		821		1048	2100	136