

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)</i> <i>(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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Service District	El Dorado		County & State	Greenwood KS	Legals S/T/R		Job #		
Job Type	Liner	<input type="checkbox"/> PROD	<input checked="" type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> No	Ticket #	EP1430
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures							
86	John W.	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging				
265	Kevin N.	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection				
181 / 582	Mike M.	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input checked="" type="checkbox"/> Specific Job Sequence/Expectations				
144 / 157	JP G.	<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations				
104	Joe S.	<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below					
<b>Comments</b>									
Cement 3.5" weld in liner inside 4.5" casing - 1869' TD. HSI - Rig #708. Bulk from Pratt.									

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount
M010	Heavy Equipment Mileage	mi	10.00				\$34.00
M025	Ton Mileage - Minimum	each	1.00				\$255.00
C015	Cement Pump Service	ea	1.00				\$1,275.00
CP025	H-Con	sack	165.00				\$2,945.25
CP095	Bentonite Gel	lb	200.00				\$51.00
CP116	Water Control Agent	lb	14.00				\$297.50
CP133	Cement Friction Reducer	lb	106.00				\$720.80
FE030	3 1/2" Float Shoe	ea	1.00				\$233.75
FE035	3 1/2" Rubber Plug	ea	1.00				\$63.75
T015	Vacuum Truck - Dirty	hr	2.00				\$200.00
T030	Transport - 130 bbl	hr	4.00				\$520.00
T045	Water Disposal Fee - Madison	bbl	150.00				\$60.00

<b>Customer Section:</b> On the following scale how would you rate Hurricane Services Inc.?				<b>Gross:</b>		<b>Net:</b>	\$6,656.05
<b>Based on this job, how likely is it you would recommend HSI to a colleague?</b>				<b>Total Taxable</b>	\$ -	<b>Tax Rate:</b>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.		<b>Sale Tax:</b>	\$ -
Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely						<b>Total:</b>	\$ 6,656.05
				HSI Representative: <i>John Wade &amp; Kevin Noeller</i>			

**TERMS:** Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/4% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X \_\_\_\_\_ **CUSTOMER AUTHORIZATION SIGNATURE**









**HURRICANE SERVICES INC**  
Well Services Division

Rig # 708 Company Sander oil Time Out 6:30A Ticket # E2842  
 Operator Bryan S. Huber Lease Huber Time On 6:45A Job # EW23418  
 Floorhand Michael L. Well # 3 New/old Time Off 1:45p Date 3-4-2021  
 Floorhand Kade K. Greenwood State/Co. KS Time In 2:00p Rig Rate \$165.00  
 Total Hours 7.5

**Job Safety Analysis - A Discussion of Hazards & Safety Procedures**

- Hard Hat
- H2S Monitor
- Safety Footwear
- FR/Protective Clothing
- Hearing Protection
- Gloves
- Eye Protection
- Respiratory Protection
- Additional Chemical/Acid PPE
- Fire Extinguisher

- Warning Signs & Flagging
- Specific Job Sequence/Expectations
- Muster Point/Medical Locations
- Additional concerns/issues noted below
- Lockout/Tagout
- Required Permits
- Fall Protection
- Slip/Trip/Fall Hazards
- Overhead Hazards

**Pulled Out**

Polish Rod	Type
Polish Rod Liner	
Rod Subs	2' 4' 6' 8' 10'
Rods (Qty & Size)	
Pump Data	
Tubing Subs	2' 4' 6' 8' 10'
Tubing (Qty & Size)	
Seat Nipple/Barrel	
Anchor/Packer	
Mud Anchor/Bull Plug	

Job Type: Tubing Leak  Rod Part

**Ran In**

Polish Rod	Type
Polish Rod Liner	
Rod Subs	2' 4' 6' 8' 10'
Rods (Qty & Size)	
Pump Data	
Tubing Subs	2' 4' 6' 8' 10'
Tubing (Qty & Size)	
Seat Nipple/Barrel	
Anchor/Packer	
Mud Anchor/Bull Plug	

Pump Change  Workover  Completion

**Additional Charges**

Gas \_\_\_\_\_ Diesel \_\_\_\_\_ Oil Saver Rubbers (qty) \_\_\_\_\_ Per Diem \_\_\_\_\_  
 Swab Cups (Size and Style) \_\_\_\_\_ Quantity \_\_\_\_\_  
 Swab Cups (Size and Style) \_\_\_\_\_ Quantity \_\_\_\_\_  
 Fishing Tool  Sand Pump  Pipe Lube  Wash Head   
 Extra Equipment \_\_\_\_\_

Remarks: Drove to location, held safety meeting. Finish tripping in 3" weld in liner. Tagged b-Plug @ 1867 and pulled up 1 foot. Wait for weldors to finish up. Wait for Hurricane's cementers to finish cementing the well. Shut well in. Shut down, drove to shop. (Bottom of 3" liner @ 1866')

KS  
CS

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**HURRICANE SERVICES INC**  
Well Services Division

Rig # 708 Company Sunder o.1 Time Out 12:30P Ticket # E2845  
 Operator Bryan S. Grabe H. Huber Time On 12:45P Job # EW22348  
 Floorhand James H #3 Well # New/old Time Off 6:15P Date 3-10-2021  
 Floorhand Billy W. Greenwood Co KS State/Co. KS Time In 6:30P Rig Rate 165<sup>00</sup>  
 Total Hours 6

EW2578

**Job Safety Analysis - A Discussion of Hazards & Safety Procedures**

- Hard Hat
- H2S Monitor
- Safety Footwear
- FR/Protective Clothing
- Hearing Protection
- Gloves
- Eye Protection
- Respiratory Protection
- Additional Chemical/Acid PPE
- Fire Extinguisher
- Lockout/Tagout
- Required Permits
- Fall Protection,
- Slip/Trip/Fall Hazards
- Overhead Hazards
- Warning Signs & Flagging
- Specific Job Sequence/Expectations
- Muster Point/Medical Locations
- Additional concerns/issues noted below

**Pulled Out**

Type	Length
Polish Rod	
Polish Rod Liner	
Rod Subs	2' 4' 6' 8' 10'
Rods (Qty & Size)	
Pump Data	
Tubing Subs	2' 4' 6' 8' 10'
Tubing (Qty & Size)	
Seat Nipple/Barrel	
Anchor/Packer	
Mud Anchor/Bull Plug	

Job Type: Tubing Leak  Rod Part  Pump Change  Workover  Completion

**Ran In**

Type	Length
Polish Rod	
Polish Rod Liner	
Rod Subs	2' 4' 6' 8' 10'
Rods (Qty & Size)	
Pump Data	
Tubing Subs	2' 4' 6' 8' 10'
Tubing (Qty & Size)	
Seat Nipple/Barrel	
Anchor/Packer	
Mud Anchor/Bull Plug	

**Additional Charges**

Gas \_\_\_\_\_ Diesel \_\_\_\_\_ Oil Saver Rubbers (qty) \_\_\_\_\_ Per Diem \_\_\_\_\_  
 Swab Cups (Size and Style) \_\_\_\_\_ Quantity \_\_\_\_\_  
 Swab Cups (Size and Style) \_\_\_\_\_ Quantity \_\_\_\_\_  
 Fishing Tool  Sand Pump  Paint  Pipe Lube  Wash Head   
 Extra Equipment Tongs x 1, RENTED 2 1/4 ELEVATORS = 150.<sup>00</sup>

Remarks: Drove to location, held safety meeting. finish rigging over for 2 1/4" tubing. Talked and tripped in with 5 7/8" x 2 1/4" high drill tubing with 3" Arrow packer. Set packer @ 1857' with 12,000 over string weight. Had a lot of trouble with starting the tubing with the wind blowing 40 mph. Pressured up on packer and held 250 lbs. Rigged down, and pulled equip. to the road drove to shop (credit 1 hour to shop - had to meet up with Sunrise for elevators).

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Customer Representative \_\_\_\_\_ Thanks for your continued business!

**(Job Complete)**





**HURRICANE SERVICES INC**  
Well Services Division

*EW2578*

Rig # 708 Company Sunder o.i Time Out 12:30P Ticket # E2845  
 Operator Bryan S. Grabe H Lease Huber Time On 12:45P Job # EW2348  
 Floorhand James H Well # #3 New/Old New Time Off 6:15P Date 3-10-2021  
 Floorhand Billy W. State/Co. Greenwood Co KS Time In 6:30P Rig Rate 165<sup>00</sup>  
 Total Hours 6

**Job Safety Analysis - A Discussion of Hazards & Safety Procedures**

- Hard Hat
- H2S Monitor
- Safety Footwear
- FR/Protective Clothing
- Hearing Protection
- Gloves
- Eye Protection
- Respiratory Protection
- Additional Chemical/Acid PPE
- Fire Extinguisher
- Lockout/Tagout
- Required Permits
- Fall Protection,
- Slip/Trip/Fall Hazards
- Overhead Hazards
- Warning Signs & Flagging
- Specific Job Sequence/Expectations
- Muster Point/Medical Locations
- Additional concerns/Issues noted below

**Pulled Out**

Type	Length
Polish Rod	
Polish Rod Liner	
Rod Subs	2' 4' 6' 8' 10'
Rods (Qty & Size)	
Pump Data	
Tubing Subs	2' 4' 6' 8' 10'
Tubing (Qty & Size)	
Seat Nipple/Barrel	
Anchor/Packer	
Mud Anchor/Bull Plug	

**Ran In**

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Anchor/Packer	
Mud Anchor/Bull Plug	

Job Type: Tubing Leak  Rod Part  Pump Change  Workover  Completion

**Additional Charges**

Gas \_\_\_\_\_ Diesel \_\_\_\_\_ Oil Saver Rubbers (qty) \_\_\_\_\_ Per Diem \_\_\_\_\_  
 Swab Cups (Size and Style) \_\_\_\_\_ Quantity \_\_\_\_\_  
 Swab Cups (Size and Style) \_\_\_\_\_ Quantity \_\_\_\_\_  
 Fishing Tool  Sand Pump  Paint  Pipe Lube  Wash Head   
 Extra Equipment Tongs x 1, RENTED 2 1/4 ELEVATORS = 150.<sup>00</sup>

Remarks: Drove to location, held safety meeting. finish rigging over for 2 1/4" tubing. Talked and tripped in with 5 7/8" x 2 1/4" high drill tubing with 3" Arrow packer. Set packer @ 1857' with 12,000 over string weight. Had a lot of trouble with starting the tubing with the wind blowing 40 mph. Pressured up on packer and held 250 lbs. Rigged down, and pulled up on packer and drove to shop (credit 1 hour to shop - had to meet up with Sunrise for elevators).

**(Job Complete)**

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Customer Representative \_\_\_\_\_ Thanks for your continued business!





**HURRICANE SERVICES INC**  
Well Services Division

EW2578

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(Job Complete)

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Customer Representative \_\_\_\_\_ Thanks for your continued business!

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



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

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

Laura Kelly, Governor

August 10, 2021

R. Kelly Barnard  
Sauder Oil Co., LLC  
BOX 365  
MADISON, KS 66860-0365

Re: ACO-1  
API 15-073-23168-00-00  
HUBER 3  
NE/4 Sec.27-22S-11E  
Greenwood County, Kansas

Dear R. Kelly Barnard:

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 05/20/1984 and the ACO-1 was received on August 10, 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



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



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

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

Laura Kelly, Governor

August 10, 2021

R. Kelly Barnard  
Sauder Oil Co., LLC  
BOX 365  
MADISON, KS 66860-0365

Re: ACO-1  
API 15-073-23168-00-00  
HUBER 3  
NE/4 Sec.27-22S-11E  
Greenwood County, Kansas

Dear R. Kelly Barnard:

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Sincerely,

Production Department