

Confidentiality Requested:

☐ Yes ☒ NoKANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed  
Form must be Signed  
All blanks must be FilledWELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 35267  
 Name: La Grange Acquisition, LP dba Energy Transfer Company  
 Address 1: 1300 MAIN ST.  
 Address 2: \_\_\_\_\_  
 City: HOUSTON State: TX Zip: 77002 + 6803  
 Contact Person: Jim Kraisinger  
 Phone: (713) 989-7126  
 CONTRACTOR: License # 848  
 Name: 3-B Drilling  
 Wellsite Geologist: Rick Hesterman  
 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 #: \_\_\_\_\_

9/20/2021 9/22/2021 9/23/2021  
 Spud Date or Date Reached TD Completion Date or  
 Recompletion Date Recompletion Date

API No.: 15-067-21859-00-00

Spot Description: \_\_\_\_\_

SE - SE - SE - SE Sec. 19 Twp. 29 S. R. 35 ☐ East ☒ West  
82 Feet from ☐ North / ☒ South Line of Section  
120 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SWGPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84County: GrantLease Name: ULY 11.0 Well #: 1

Field Name: \_\_\_\_\_

Producing Formation: N/AElevation: Ground: 3023 Kelly Bushing: 0Total Vertical Depth: 350 Plug Back Total Depth: \_\_\_\_\_Amount of Surface Pipe Set and Cemented at: 20 FeetMultiple 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 DistributionALT ☐ I ☐ II ☒ III Approved by: Deanna Garrison Date: 10/18/2021

Operator Name: La Grange Acquisition, LP dba Energy Transfer Company Lease Name: ULY 11.0 Well #: 1  
 Sec. 19 Twp. 29 S. R. 35 ☐ East ☒ West County: Grant

**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 checked="" type="checkbox"/> No<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Geologist Report / Mud Logs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br><table style="width: 100%;"> <tr> <td style="width: 60%;">Name<br/>Surface</td> <td style="width: 20%;">Top<br/>0</td> <td style="width: 20%;">Datum<br/>350</td> </tr> </table> | Name<br>Surface | Top<br>0 | Datum<br>350 |
| Name<br>Surface                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Top<br>0                                                                                                                                                                                                                                                                              | Datum<br>350    |          |              |

| CASING RECORD <input checked="" 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 |
| Surface                                                                             | 16                | 10                        | 21                | 20            | Bentonite      | 18           | n/a                        |
|                                                                                     |                   |                           |                   |               |                |              |                            |
|                                                                                     |                   |                           |                   |               |                |              |                            |

| 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: <u>9/22/2021</u> |           | Producing Method:<br><input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other <i>(Explain)</i> <u>Cathodic</u> |             |               |         |
| Estimated Production Per 24 Hours                                                    | Oil Bbls. | Gas Mcf                                                                                                                                                                                             | Water Bbls. | Gas-Oil Ratio | Gravity |

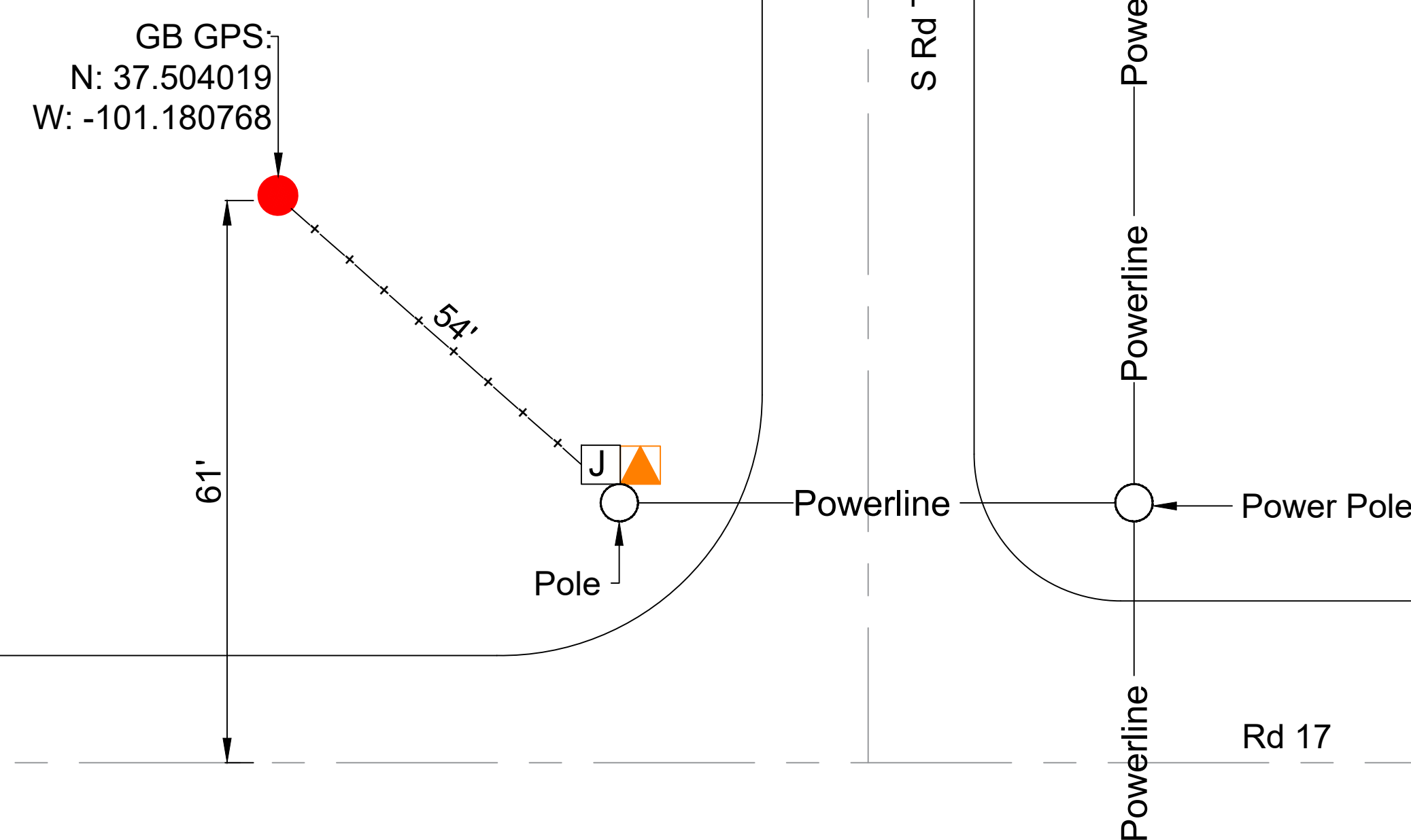
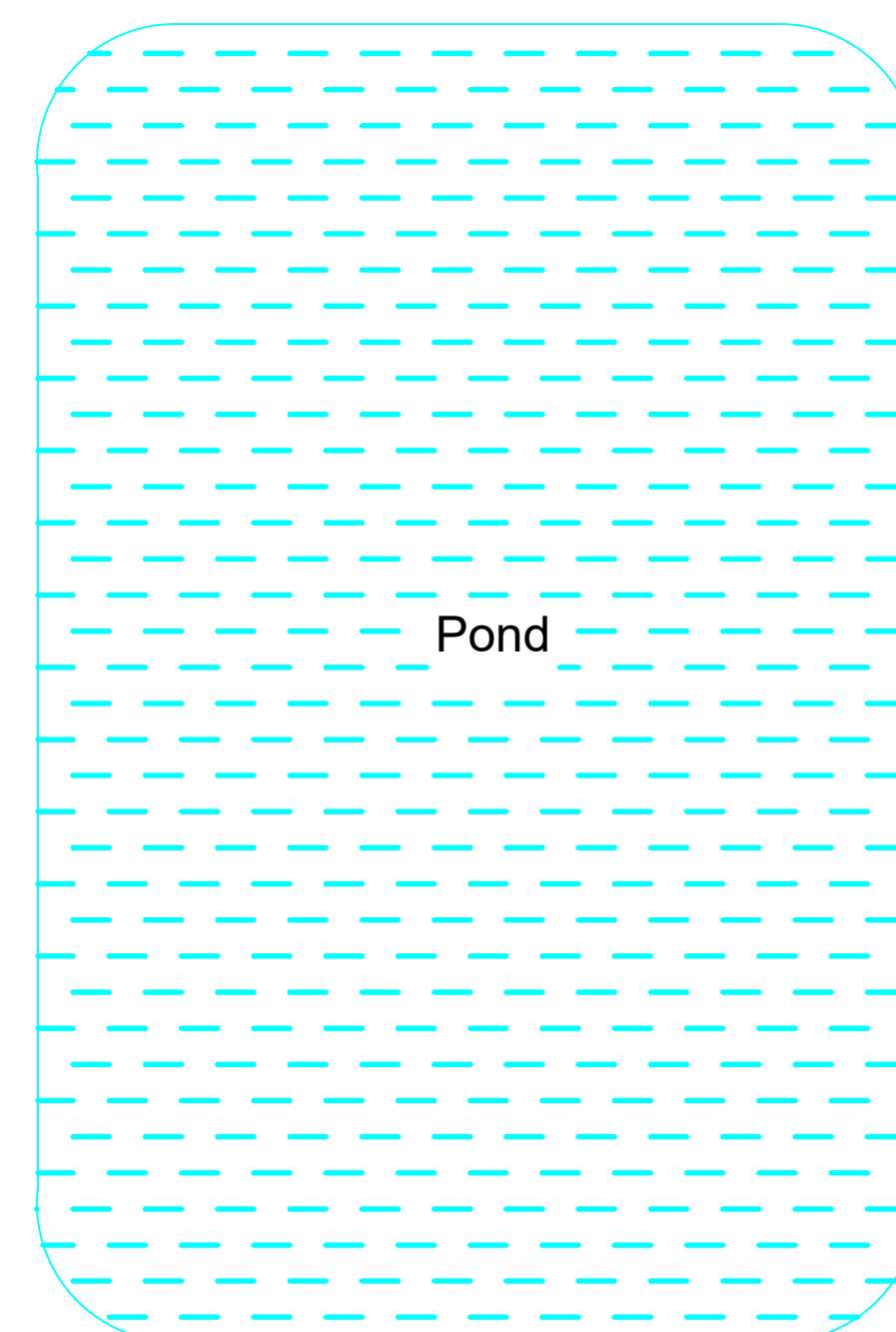
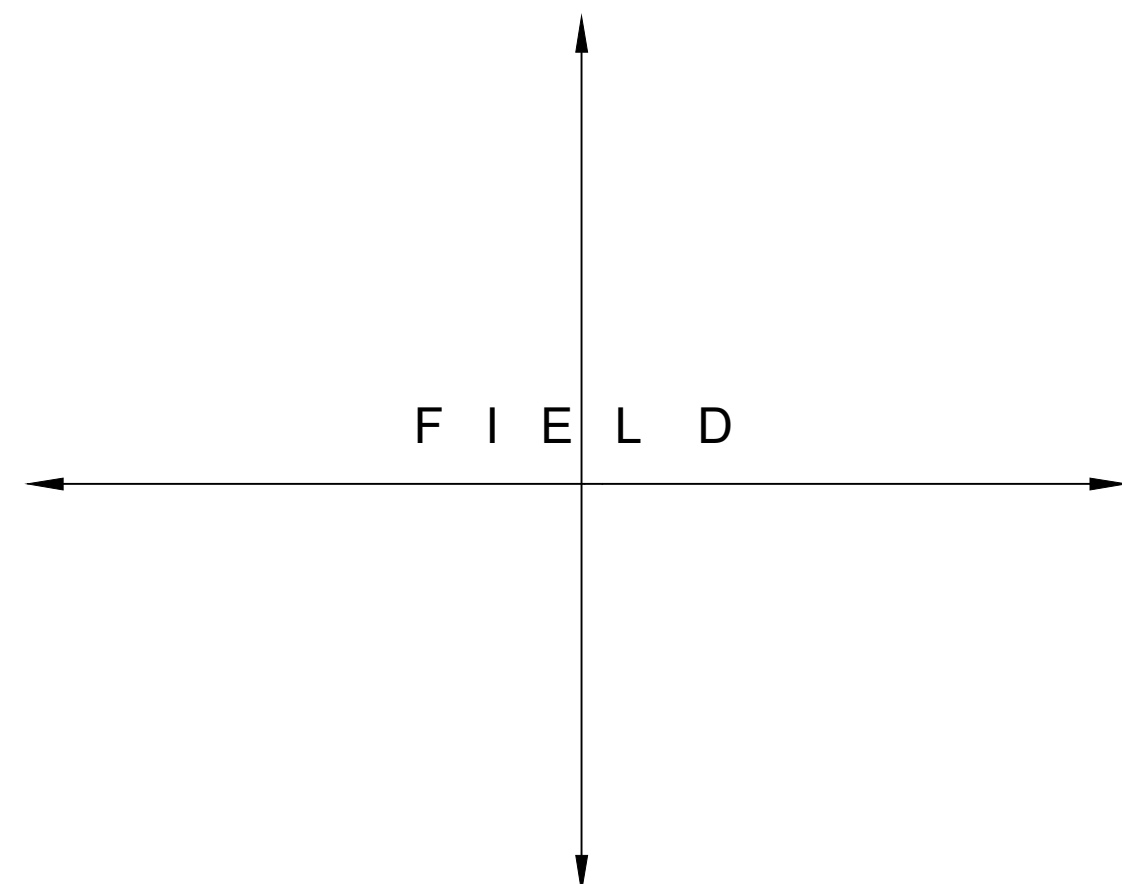
|                                                                                                                                                                   |                                                                                                                                                                                                                         |                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| DISPOSITION OF GAS:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5) (Submit ACO-4)</i> | PRODUCTION INTERVAL:<br>Top Bottom<br><u>0</u> <u>350</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|

| Shots Per Foot                          | Perforation Top | Perforation Bottom | Bridge Plug Type | Bridge Plug Set At | Acid, Fracture, Shot, Cementing Squeeze Record<br><i>(Amount and Kind of Material Used)</i> |
|-----------------------------------------|-----------------|--------------------|------------------|--------------------|---------------------------------------------------------------------------------------------|
|                                         |                 |                    |                  |                    |                                                                                             |
|                                         |                 |                    |                  |                    |                                                                                             |
|                                         |                 |                    |                  |                    |                                                                                             |
|                                         |                 |                    |                  |                    |                                                                                             |
|                                         |                 |                    |                  |                    |                                                                                             |
| TUBING RECORD: Size: Set At: Packer At: |                 |                    |                  |                    |                                                                                             |

|           |                                                       |
|-----------|-------------------------------------------------------|
| Form      | ACO1 - Well Completion                                |
| Operator  | La Grange Acquisition, LP dba Energy Transfer Company |
| Well Name | ULY 11.0 1                                            |
| Doc ID    | 1594844                                               |

#### Casing

| Purpose Of String | Size Hole Drilled | Size Casing Set | Weight | Setting Depth | Type Of Cement | Number of Sacks Used | Type and Percent Additives |
|-------------------|-------------------|-----------------|--------|---------------|----------------|----------------------|----------------------------|
| Surface           | 16                | 10              | 21     | 20            | Bentonite      | 18                   | n/a                        |
|                   |                   |                 |        |               |                |                      |                            |
|                   |                   |                 |        |               |                |                      |                            |
|                   |                   |                 |        |               |                |                      |                            |



|                    |                                                                                     |
|--------------------|-------------------------------------------------------------------------------------|
| Groundbed          |  |
| Rectifier          |  |
| TEG Unit           |  |
| Wellhead           |  |
| J-BOX              |  |
| Positive (+) Cable |  |
| Negative (-) Cable |  |
| Fence              |  |
| Riser              |  |
| Control Box        |  |
| Solar Skid         |  |

Groundbed Type: Deep Well  
No. of Anodes: 20  
Type: Cast Iron Anode  
Lead Wire: Kynar  
Coke Type: SC-3  
Pounds Installed:-  
Positive: HMWPE  
Negative: HMWPE  
Hole Diameter: 10"  
Hole Depth: 350'  
Date Installed: 09/22/2021

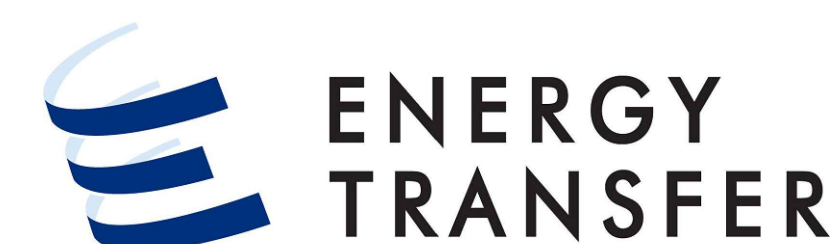
Manuf'r: -  
Model No: -  
Serial: -  
DC Rating: -  
AC Input: -  
Phase: -  
PSP "off": -  
PSP "on": -  
Tap setting: -  
Date Installed: -

S Rd T, Rd 17  
Sullivan,  
Grant County,  
Kansas

**NOTES:**

1. ALL GROUND BEDS MUST HAVE GPS
2. NOT DRAWN TO SCALE - SOME CABLE LENGTHS HAVE BEEN ADJUSTED TO FIT THIS PAGE.

| REVISIONS |             |          |     |      |      |  |
|-----------|-------------|----------|-----|------|------|--|
|           |             |          |     |      |      |  |
|           |             |          |     |      |      |  |
|           |             |          |     |      |      |  |
|           |             |          |     |      |      |  |
|           |             |          |     |      |      |  |
| A         | AS BUILT    | 09/22/21 | MRP | WA   | CH   |  |
| NO.       | DESCRIPTION | DATE     | BY  | CHK. | APPR |  |



|                |            |
|----------------|------------|
| DRAWN BY:      | MRP        |
| APPROVED BY:   | CH         |
| CREATION DATE: | 09/22/2017 |
| SCALE:         | NTS        |

PHONE: (405)293-9777

|    |         |
|----|---------|
| 21 | DWG NO. |
|----|---------|

P-10071-PL-CP20



Job No. 10082  
GPS: N 35,5051184  
W 101.1821393

COMPANY:  
COMPANY REP.:

DATE:

RECTIFIER LOCATION:  
LEGAL DESCRIPTION

Energy Transfer  
Jin Kresinger  
9-22-2021

**MATCOR**  
1700 E. Seward Road  
Guthrie, OK. 73044  
PHONE: (405) 293-9777  
FAX NO.: (405) 293-9779  
STATE: KS  
COUNTY: Grant

CASING TYPE:  
DIAMETER:  
CASING DEPTH:  
NO. OF ANODES:  
ANODE TYPE:  
ANODE LEAD TYPE:

05DR21

10" DIA. HOLE:  
350 DEPTH:  
SC3 COKE TYPE:  
Blank HOLE PLUG:  
Blank LOG VOLT:  
SOURCE:

| DEPTH<br>FT. | DRILLERS<br>LOG | ANODE<br>NO. | NATIVE | ELECTRIC LOG<br>W/O COKE | W/COKE |
|--------------|-----------------|--------------|--------|--------------------------|--------|
| 0            | Top Soil        |              |        |                          |        |
| 10           | clgs            |              |        |                          |        |
| 20           |                 |              |        |                          |        |
| 30           |                 |              |        |                          |        |
| 40           |                 |              |        |                          |        |
| 50           |                 |              |        |                          |        |
| 60           |                 |              |        |                          |        |
| 70           |                 |              |        |                          |        |
| 80           |                 |              |        |                          |        |
| 90           |                 |              |        |                          |        |
| 100          |                 |              |        |                          |        |
| 110          |                 |              |        |                          |        |
| 120          |                 |              |        |                          |        |
| 130          |                 |              |        |                          |        |
| 140          |                 |              |        |                          |        |
| 150          |                 |              |        |                          |        |
| 160          |                 |              |        |                          |        |
| 170          |                 |              |        |                          |        |
| 180          | Scrub Surface   |              |        |                          |        |
| 190          |                 |              |        |                          |        |
| 200          | clgs            |              |        |                          |        |

| DEPTH<br>FT. | DRILLERS<br>LOG | ANODE<br>NO. | NATIVE | ELECTRIC LOG<br>W/O COKE | W/COKE |
|--------------|-----------------|--------------|--------|--------------------------|--------|
| 210          | clgs            |              |        |                          |        |
| 220          |                 |              |        |                          |        |
| 230          |                 |              |        |                          |        |
| 240          |                 |              |        |                          |        |
| 250          |                 |              |        |                          |        |
| 260          |                 |              |        |                          |        |
| 270          | Sand / Gravel   |              |        |                          |        |
| 280          |                 |              |        |                          |        |
| 290          | Black Clay      |              |        |                          |        |
| 300          |                 |              |        |                          |        |
| 310          | Scrub           |              |        |                          |        |
| 320          | Scrub / Gravel  |              |        |                          |        |
| 330          |                 |              |        |                          |        |
| 340          |                 |              |        |                          |        |
| 350          | clgs            |              |        |                          |        |
| 360          |                 |              |        |                          |        |
| 370          |                 |              |        |                          |        |
| 380          |                 |              |        |                          |        |
| 390          |                 |              |        |                          |        |
| 400          |                 |              |        |                          |        |
| 410          |                 |              |        |                          |        |