

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

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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Form	ACO1 - Well Completion
Operator	Arcadian Resources, LLC
Well Name	A.B. FISHER 14-3
Doc ID	1633947

All Electric Logs Run

Dual Induction Log
Dual Compensated Porosity Log
Micro Log
Sonic Log
Cement Bond Log

FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

KET NUMBER 0437

LOCATION Tom Will Havin'e
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-28-21	35252	A-B. Fisher 14-3	14	5 S	32 W	Cheyenne

CUSTOMER
Arcadian Resources LLC

MAILING ADDRESS
313 E Kansas ST.

CITY
Glenn Elder STATE
KS ZIP CODE
67446

TRUCK #	DRIVER	TRUCK #	DRIVER
101	Tom W		
#21103	Jack T		

JOB TYPE Surf-Ce HOLE SIZE 12 1/4" HOLE DEPTH 331' CASING SIZE & WEIGHT 6 3/8" 23#

CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT 14.8 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING _____

DISPLACEMENT 18.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting + rig up on White Knight Dril. at 12:00 pm
Rig got casing on bottom at 830. Circulated mud. Pump
250sy Class A + Slush with 18.5 Bbl shot in. Cement did
circulate

Thanks Tom + Jack

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL002	1	PUMP CHARGE	\$1150 ⁰⁰	\$1150 ⁰⁰
MOA1	75	MILEAGE	\$6 ⁵⁰	\$487 ⁵⁰
MOA2	11.75 tons	Ton Mileage delivered	\$1321 ⁸⁸	\$1321 ⁸⁸
CB004	250sy	Class A 39gel 2% calcium	\$24 ⁵⁰	\$6125 ⁰⁰
			sub total	\$9084 ³⁸
			less 25% disc.	\$2271 ¹⁰
			sub total	\$6813 ²⁸
			SALES TAX	390.47
			ESTIMATED TOTAL	7203.75

AUTHORIZATION [Signature] TITLE Driller DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0441
 LOCATION Havie
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-03-21	35252	A.B. Fisher 14-3	14	5 S	37 W	Cheyenne

CUSTOMER
Arcadian Resources LLC
 MAILING ADDRESS
313 Kansas St.
 CITY
Glenn Elder STATE
KS ZIP CODE
67446

TRUCK #	DRIVER	TRUCK #	DRIVER
101	Tom W		
#2/103	Jack T		
	Preston P		
	Jase		

JOB TYPE Long String HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12/14.8 SLURRY VOL 2.45/1.51 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 115 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on white knife string. Ran float equipment & losing in hole. Circulated mud & reciprocated casing for 1/2 hr. Circulated mud for 1 1/2 hrs waiting on water. Mix 50 gal. mud flush followed by 20 Bbl KCL. Mix 450 gal mud density than 250 gal OWC. Pump latch down plug with 115 Bbls. Release pressure. rack up & moved off

3000 in RH Thanks Tom & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PLO04	1	PUMP CHARGE	\$2500.00	\$2500.00
M001	75	MILEAGE	\$6.50	\$487.50
M002	33.73 tons	Tan Mileage delivery	\$3794.43	\$3794.43
CB026	450 sacks	80/20 2/0 plaster 290cc 2.90 metsa 480 gal	\$24.40	\$10980.00
CI3030	250 sacks	class A 170 plaster 1070 salt 290 gal 9" Kolsal	\$28.55	\$7,137.50
FE096	16	reciprocating scrapers	\$75.00	\$1200.00
FE013	10	5 1/2" centralizer turbolizer	\$108.00	\$1080.00
FE102	4	5 1/2" stop ring	\$35.00	\$140.00
FE0033	1	5 1/2" guide shoe AFL	\$600.00	\$600.00
FE051	1	5 1/2" latch down plug asym.	\$695.00	\$695.00
CP013	500 gal	mud flush	\$1.00	\$500.00
CP014	2	KCL gallons	\$30.00	\$60.00
FE022	4	5 1/2" baskets	\$385.00	\$1540.00
			sub total	\$30,714.43
			less 25% disc.	\$7,478.45
			sub total	\$23,035.98
			SALES TAX	1525.70
			ESTIMATED TOTAL	24,561.68

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, office, and conditions of service on the back of this form are in effect for services identified on this form.

Sean Deenihan

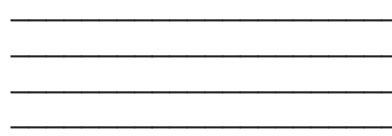
Petroleum Geologist

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY	Arcadian Resources	ELEVATIONS	KB: 3376'
LEASE	A.B. Fisher #14-3	DF	
FIELD		GL	3371'
LOCATION	2310' ENE & 990' FWL	Measurements Are All From Kelly Bushing	
SEC	14 TWP 5 S RGE 37 W		
COUNTY	Cheyenne STATE Kansas		
CONTRACTOR	White Knight Drilling		
SPUD	COMP		
RTD	4800' LTD 4800'		
MUD UP	TYPE MUD Chemical		
SAMPLES SAVED FROM	3700' TO RTD		
DRILLING TIME KEPT FROM	3700' TO RTD		
SAMPLES EXAMINED FROM	3700' TO RTD		
GEOLOGICAL SUPERVISION FROM	3800'		
REFERENCE WELL	CND/DL, MIC		

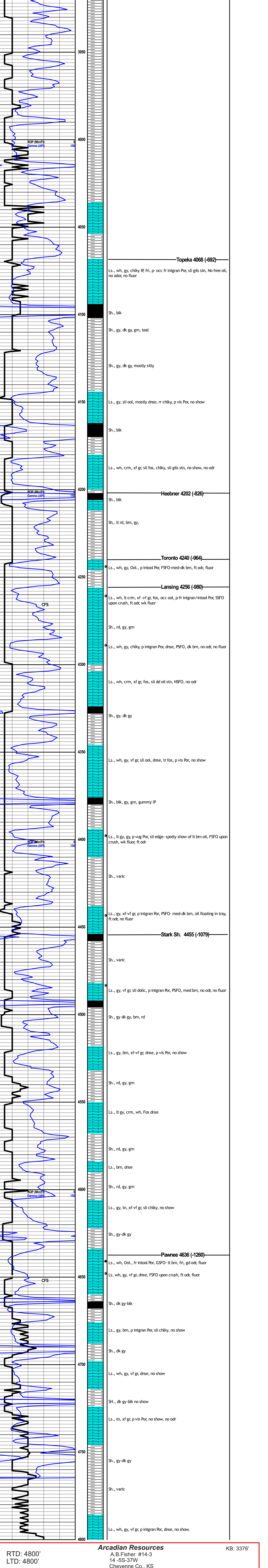
Formation	Sample Tops	E-log Tops	Strat Pos.
B./Anhydrite		3088 (-288)	
Heebner Sh.		4202 (-826)	
Lansing		4256 (-880)	
Stark Sh.		4455 (-1079)	
Pawnee		4636 (-1260)	
Fl. Scott		4696 (-1320)	



REMARKS Based on sample analysis, log evaluation, and relative structural position, the A.B. Fisher #14-3 will be further evaluated through production casing.

Respectfully Submitted,

Sean P. Deenihan



RTD: 4800'
LTD: 4800'

Arcadian Resources
A.B.Fisher #14-3
14 -5S-37W
Cheyenne Co., KS

KB: 3376'

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



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

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

Laura Kelly, Governor

March 28, 2022

Jim Deverman
Arcadian Resources, LLC
313 E KANSAS ST
GLEN ELDER, KS 67446-9416

Re: ACO-1
API 15-023-21556-00-00
A.B. FISHER 14-3
NW/4 Sec.14-05S-37W
Cheyenne County, Kansas

Dear Jim Deverman:

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 10/28/2021 and the ACO-1 was received on March 28, 2022 (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