

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 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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785-953-0222

TICKET NUMBER 1472 K-2
 LOCATION Horton Ks
 FOREMAN Tasha Armstrong
Walt Dunkel

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-15-22		Equinox #1-4	4	175	420	Greeley
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 351 CASING SIZE & WEIGHT 8 3/4 - 27#
 CASING DEPTH 342' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 15.20'
 DISPLACEMENT 20.8 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, Rig up on Muffin #112, circ casing on bottom
mix 275 sks CWI, 3% CC - 2% Cal, Balassa Plug & Displace 20.8 PPI Ann
Shot in
Cement Div Circ

Thank You
Tasha & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
	1	PUMP CHARGE	1150.00	1150.00
	60	MILEAGE	7.15	429.00
	12.93	Tax Mileage Delivery	12.5	1,357.00
	275 sks	Surface Blend II	24.00	6,600.00
	2	8 3/4 Centralizers	110.00	220.00
	1	8 3/4 Woodbar Plug	115.00	115.00
				9,921.00
				Less 25% Disc -
				7,441.24
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payments 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.

MUD LOG

WellSight Systems

Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: Equinox 1-4
 API: 15-071-20899
 Location: 1545' FNL & 1545' FWL NW NW SE NW Sec 4 - T17S - R42W
 License Number: 3581
 Spud Date: 2/16/2022
 Surface Coordinates: NAD27 Long: -101.9696912 Lat: 38.8064819
 Bottom Hole Coordinates: 3851 To: 5250
 Ground Elevation (ft): 3851 K.E. Elevation (ft): 3859
 Logged Interval (ft): 3800 Total Depth (ft): 5250
 Formation: Mississippian
 Type of Drilling Fluid: Chemical Mud
 Region: NW Las Animas Arch
 Drilling Completed: 2/21/2022

Printed by MudLog from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: Red Oak Energy, Inc.
 Address: 7701 E Kellogg
 Ste 710
 Wichita, KS 67207

GEOLOGIST

Name: Ryan Davis
 Company: Red Oak Energy, Inc.
 Address: 7701 E Kellogg
 Ste 710
 Wichita, KS 67207

No Cores

No DSTs

Well was plugged and abandoned

ROCK TYPES

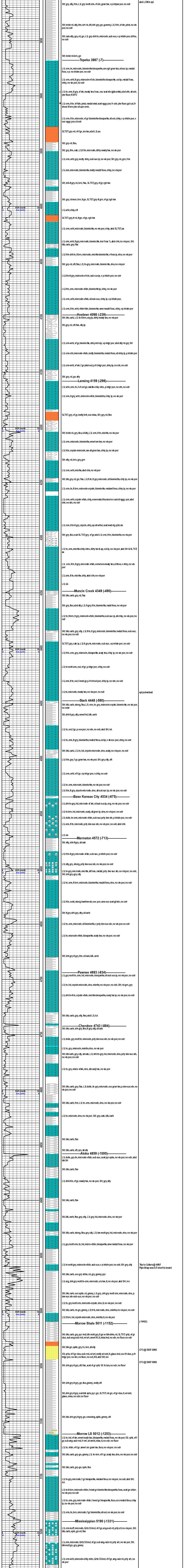
Anhy	Cyst	Gyp	Mist	Shgy
Bent	Coal	Igne	Salt	Silst
Brec	Congl	Lmst	Shale	Ss
Cht	Dol	Meta	Shcol	Till

ACCESSORIES

<h4>MINERAL</h4> <ul style="list-style-type: none"> Anhy Arggrn Arg Bent Blt Brecfrag Calc Carb Chtdk Chltl Feldspar Ferr Glau 	<ul style="list-style-type: none"> Gyp Hvymn Kaol Marl Mixd Nodule Phos Pyr Salt Sandy Silt Sill Sulphur Tuff 	<h4>FOSSIL</h4> <ul style="list-style-type: none"> Algae Amph Belm Bilocst Branch Bryozoa Cephal Coral Crin Echin Fish Foram Fossil Gastro Oolite 	<ul style="list-style-type: none"> Ostra Pelec Pisollite Plant Strom 	<h4>STRINGER</h4> <ul style="list-style-type: none"> Anhy Arg Bent Coal Dol Gyp Ls Mrst 	<h4>SITSTRG</h4> <ul style="list-style-type: none"> Siltstrg Ssstrg 	<h4>TEXTURE</h4> <ul style="list-style-type: none"> Boundst Chalky Cryln Earthy Finexst Grainst Lithogr Microgr Mudst Packst Wackest
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OTHER SYMBOLS

<h4>POROSITY</h4> <ul style="list-style-type: none"> Earthy Fenest Fracture Inter Moldic Organic Pinpoint 	<h4>Vuggy</h4> <ul style="list-style-type: none"> Vuggy 	<h4>ROUNDING</h4> <ul style="list-style-type: none"> Rounded Subrnd Angular 	<h4>Spotted</h4> <ul style="list-style-type: none"> Spotted Ques Dead 	<h4>EVENT</h4> <ul style="list-style-type: none"> Rift Sidewall
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Tip to Collars @ 4960
 Pipe Strap was 5.5' short to board

(11465)

CFS @ 5039' 3060

CFS @ 5049' 3060

RTD 5250 @ 12:40 pm CST 2/21/22