

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) (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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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	COFER-TOEDMAN 1-23
Doc ID	1669071

All Electric Logs Run

DIL
Density-Neutron
Sonic
Microlog



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Mull Drilling Company Inc
 1700 N Waterfront Pkw y
 Bldg 1200
 Wichita, KS 67206
 ATTN: Blake Miller

23-16S-23W Ness,KS

Cofer-Toedman #1-23

Job Ticket: 65438 **DST#: 1**

Test Start: 2022.05.26 @ 01:04:00

GENERAL INFORMATION:

Formation: **Cherokee Sand**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 03:20:32
 Time Test Ended: 09:14:02
 Interval: **4344.00 ft (KB) To 4450.00 ft (KB) (TVD)**
 Total Depth: 4450.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Leal Cason
 Unit No: 72
 Reference Elevations: 2429.00 ft (KB)
 2422.00 ft (CF)
 KB to GR/CF: 7.00 ft

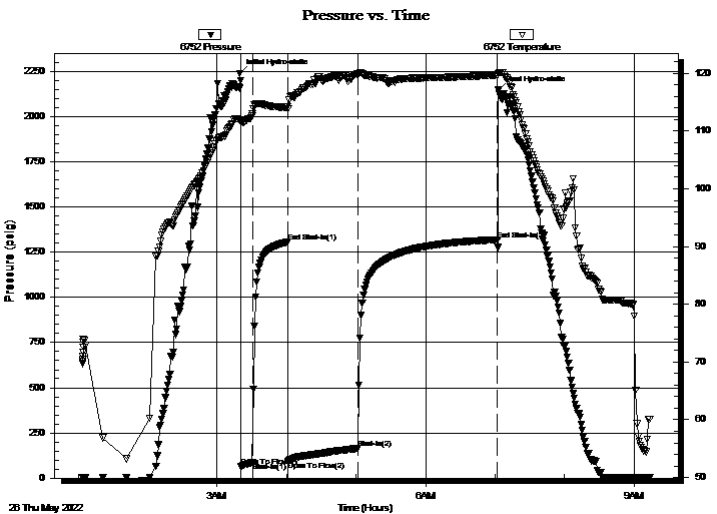
Serial #: 6752

Inside

Press@RunDepth: 165.23 psig @ 4419.00 ft (KB) Capacity: psig
 Start Date: 2022.05.26 End Date: 2022.05.26 Last Calib.: 2022.05.26
 Start Time: 01:04:01 End Time: 09:14:02 Time On Btm: 2022.05.26 @ 03:19:32
 Time Off Btm: 2022.05.26 @ 07:02:47

TEST COMMENT: IF: Weak Blow , Built to 2.65 inches
 IS: No Blow
 FF: Weak Blow , Built to 8.13 inches
 FS: No Blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2238.46	111.80	Initial Hydro-static
1	63.40	111.54	Open To Flow (1)
11	88.93	112.96	Shut-In(1)
42	1305.82	114.16	End Shut-In(1)
42	94.85	113.91	Open To Flow (2)
102	165.23	119.87	Shut-In(2)
223	1319.09	119.68	End Shut-In(2)
224	2144.96	119.98	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
210.00	Mud	1.87

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Mull Drilling Company Inc
 1700 N Waterfront Pkw y
 Bldg 1200
 Wichita, KS 67206
 ATTN: Blake Miller

23-16S-23W Ness,KS
Cofer-Toedman #1-23
 Job Ticket: 65438 **DST#: 1**
 Test Start: 2022.05.26 @ 01:04:00

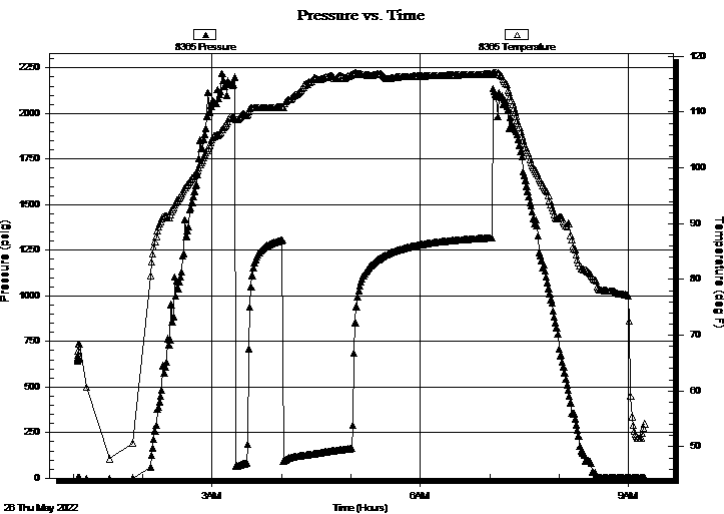
GENERAL INFORMATION:

Formation: **Cherokee Sand**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Initial)
 Time Tool Opened: 03:20:32 Tester: Leal Cason
 Time Test Ended: 09:14:02 Unit No: 72
 Interval: **4344.00 ft (KB) To 4450.00 ft (KB) (TVD)**
 Reference Elevations: 2429.00 ft (KB)
 Total Depth: 4450.00 ft (KB) (TVD) 2422.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Good KB to GR/CF: 7.00 ft

Serial #: 8365 Outside

Press@RunDepth: psig @ 4419.00 ft (KB) Capacity: psig
 Start Date: 2022.05.26 End Date: 2022.05.26 Last Calib.: 2022.05.26
 Start Time: 01:04:01 End Time: 09:14:02 Time On Btm:
 Time Off Btm:

TEST COMMENT: IF: Weak Blow , Built to 2.65 inches
 IS: No Blow
 FF: Weak Blow , Built to 8.13 inches
 FS: No Blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
210.00	Mud	1.87

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Mull Drilling Company Inc

23-16S-23W Ness,KS

1700 N Waterfront Pkw y
Bldg 1200
Wichita, KS 67206
ATTN: Blake Miller

Cofer-Toedman #1-23

Job Ticket: 65438

DST#: 1

Test Start: 2022.05.26 @ 01:04:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 60.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 9.20 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.40 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
210.00	Mud	1.871

Total Length: 210.00 ft Total Volume: 1.871 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

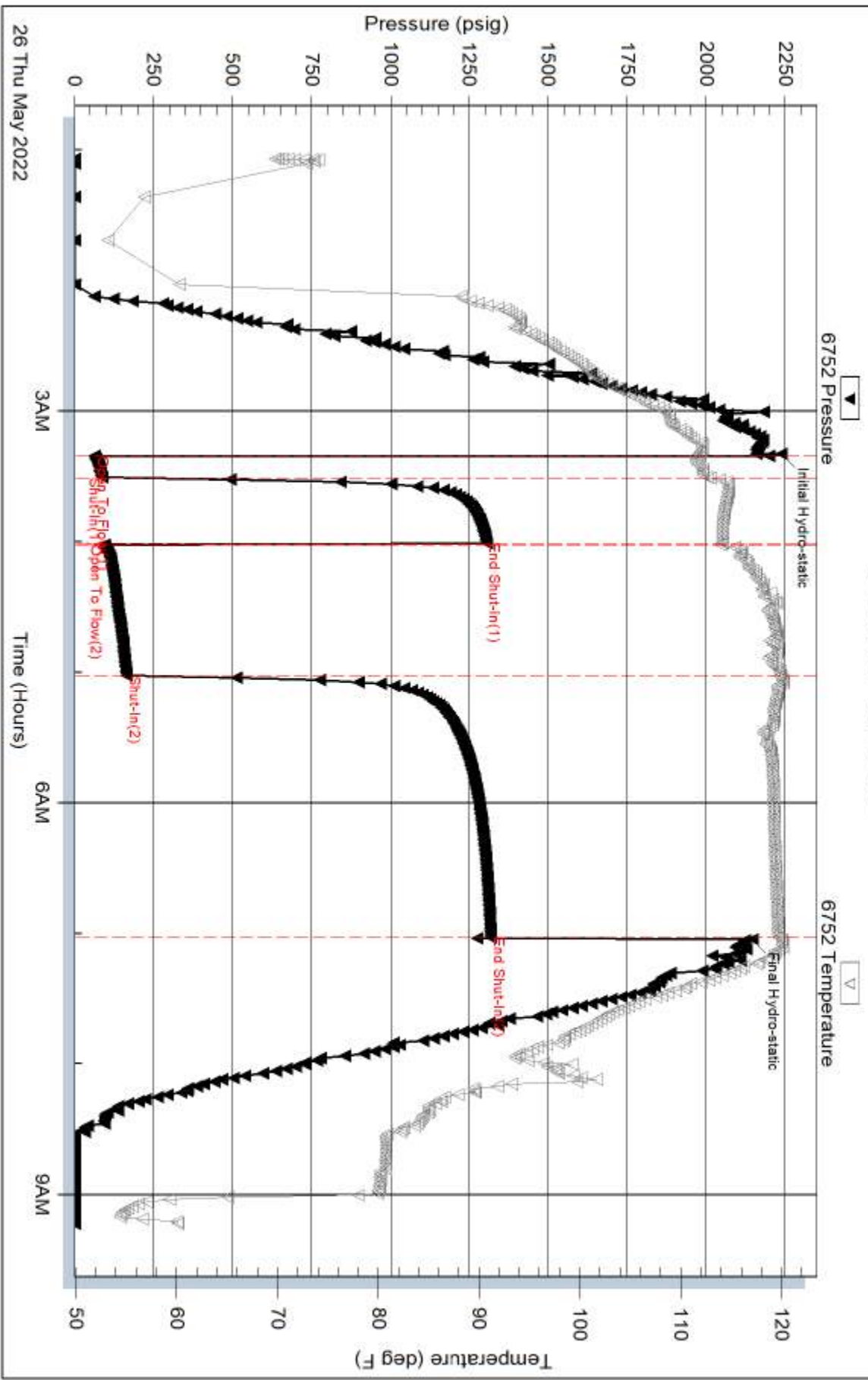
Serial #:

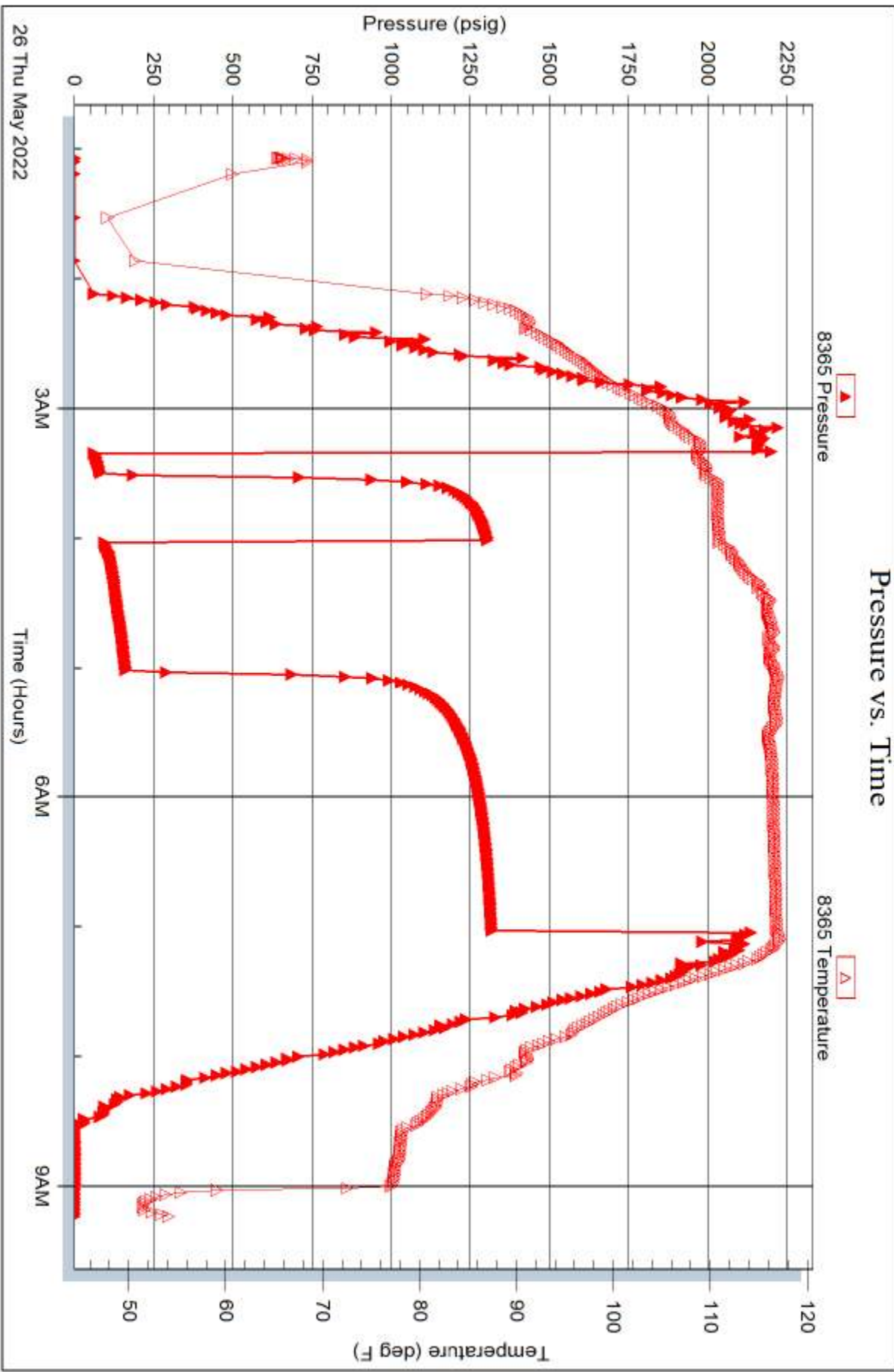
Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time





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 0599

LOCATION Hotie

FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-20-27	5144	Cofer-Tadman 1-23	23	16	23w	Neos

CUSTOMER Mull Drilling Company Inc
 MAILING ADDRESS 1700 N Waters Front Pkwy Bldg 1200
 CITY Wichita STATE KS ZIP CODE 67206

TRUCK #	DRIVER	TRUCK #	DRIVER
101	Tom W		

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 266 CASING SIZE & WEIGHT 5 7/8' 23#
 CASING DEPTH 266 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 16 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: SAFETY meeting & set up on 577 #1 Circulated mud.
Mix 165 gal surface blend, Displace 16 Bbl
Plug Down 1 pm cement & id circulation

Thanks Tom

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P600Z	1	PUMP CHARGE <u>Surface</u>	\$1150.00	\$1150.00
M001	82	MILEAGE	\$6.50	\$533.00
M002	8.09 tons	Ton Mileage Delivery	\$995.07	\$995.07
LBOOH	165 gal	Class A 3000 2b gal	\$24.50	\$4042.50
			sub total	\$6,720.57
			less 10% disc	\$672.06
			sub total	\$1,048.51
			SALES TAX	236.49
			ESTIMATED TOTAL	6285.00

AUTHORIZATION *Koume* 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, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

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

October 13, 2022

Mark Shreve
Mull Drilling Company, Inc.
1700 N WATERFRONT PKWY BLDG 1200
WICHITA, KS 67206-6637

Re: ACO-1
API 15-135-26169-00-00
COFER-TOEDMAN 1-23
NE/4 Sec.23-16S-23W
Ness County, Kansas

Dear Mark Shreve:

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 5/20/2022 and the ACO-1 was received on October 12, 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



785-953-0222

TICKET NUMBER 2501 K-C
 LOCATION Hugoton Ks
 FOREMAN Jason Aronson
Walt Dinkel

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-27-22		On Far - Toedman #1-23	03	16 S	23 W	Ness
CUSTOMER Mull Dng Co, Inc			Hyw 253			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			103	Cory D.		
STATE			400-950	Chris P.		
ZIP CODE				Jan Ewert		

JOB TYPE PTA HOLE SIZE 7 1/4" HOLE DEPTH 4550' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 x H TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____
 REMARKS: Safety Meeting, Rig up on STP Dts, Plug as ordered

50 SKS @ 1860'
 80 SKS @ 1080'
 50 SKS @ 300'
 20 SKS @ 60'
 30 SKS in R.H.
 230 SKS 60/40 por, 4% label, #1/4 Flo Seal

Thank You
 Walt & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
	1	PUMP CHARGE	1,500.00	1,500.00
	35	MILEAGE	7.15	250.25
	9.89	Tan Mileage Delivery	1.25	660.00
	230 - SKS	Lite Weight Blend V (60/40 por, 4% label)	16.00	3,680.00
	55 #	Flo Seal	3.00	174.00
				6,264.25
		Less 20% Disc		1,252.25
				5,011.40
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION Todd E. Oswald 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.