

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)*

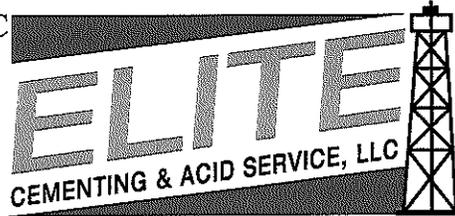
Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water 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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Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045



Date	Invoice #
8/16/2022	6575

Bill To	
Drake Exploration c/o Darrel Walters PO Box 782228 Wichita, KS 67278-2228	
Customer ID#	1012

Job Date	8/13/2022
Lease Information	
McBee #1	
County	Sumner
Foreman	DG

Item	Description	Qty	Rate	Amount
C101	Cement Pump-Surface	1	950.00	950.00
C107	Pump Truck Mileage (one way)	110	5.00	550.00
C200	Class A Cement-94# sack	150	18.55	2,782.50T
C205	Calcium Chloride	425	0.75	318.75T
C206	Gel Bentonite	280	0.30	84.00T
C209	Flo-Seal	40	2.80	112.00T
C108B	Ton Mileage-per mile (one way)	775.5	1.50	1,163.25
D101	Discount on Services		-133.16	-133.16
D102	Discount on Materials		-164.87	-164.87T

We appreciate your business!

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
 Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045

Subtotal	\$5,662.47
Sales Tax (7.5%)	\$234.93
Total	\$5,897.40
Payments/Credits	\$0.00
Balance Due	\$5,897.40

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **6575**
 Foreman David Goodner
 Camp Eureka

API # 15-191-22852

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
8-13-22	1012	McCree #1	30	34S	2E	Sumner	KS	
Customer <u>Drake Exploration</u>			Safety Meeting DG JH BLU		Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 782228</u>					<u>105</u>	<u>Jordan</u>		
City <u>Wichita</u>			State <u>KS</u>		Zip Code <u>67278-2228</u>			
					<u>113</u>	<u>Walker</u>		

Job Type Surface Hole Depth 2163' K.B. Slurry Vol. 316 Bbl Tubing _____
 Casing Depth 248.14' G.L. Hole Size 12 1/4" Slurry Wt. 157 Drill Pipe _____
 Casing Size & Wt. 8 5/8" 23" Cement Left in Casing 15' 4" Water Gal/SK _____ Other _____
 Displacement 15 1/2 Bbl Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety injecting. Rig up to 8 5/8" casing. Break circulating w/ 10 Bbl fresh water. Added 150 sacks Class A Cement w/ 316 Gal. 2% Gel. 1/4" Floccul. For @ 15 1/2 gal. yield 1.35 = 316 Bbl slurry. Displace w/ 15 1/2 Bbl fresh water. Shut down. Close casing in. Good cement returns to surface = 7 Bbl slurry to pit. Job complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge	950.00	950.00
C107	110	Mileage	5.00	550.00
C200	150 Sks	Class A Cement	18.55	2782.50
C205	425#	Gel 2%	.75	318.75
C206	280#	Gel 2%	.30	84.00
C209	40#	Floccul 1/4#/SK	2.80	112.00
C108B	7.05 Tons	Tax Mileage - 110 Miles	1.50	1162.25
<u>Thank You</u>			Sub Total	5,960.50
			Less 5%	310.39
			Sales Tax 7.5%	247.29
Authorization <u>by Nellie Michael</u> Title <u>Co. Dir. - Tool Pusher</u>			Total	5,897.40

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



C & G
 Dr 19
 Rig 2

Cement or Acid Field Report
 Ticket No. **6630**
 Foreman KEVIN MCCOY
 Camp EUREKA

 API 15-191-22852 DRAKE EXPLORATION

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
8-20-22	1037	McBee #1	30	34S	2E	SUMNER	KS
Customer <u>C & G DRILLING</u>		Safety Meeting KM SF SM	Unit #	Driver	Unit #	Driver	
Mailing Address <u>701 EAST RIVER</u>			111	<u>SHANNON F.</u>			
City <u>EUREKA</u>			110	<u>STEVE M.</u>			
State <u>KS</u>	Zip Code <u>67045</u>						

Job Type P.T.A. NEW WELL Hole Depth _____ Slurry Vol. _____ Tubing _____
 Casing Depth _____ Hole Size _____ Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: SAFETY Meeting: 8-19-22 DRILL COLLARS LEFT IN THE HOLE. TOP OF COLLARS @ 3379'
Spot 60 SKS CLASS A Cement w/ 3% CaCl2 10# Sand/SK @ 3379' - 3200'. See Elite Ticket #6629 FOR FULL REPORT.

8-20-22 Decided to Plug well. Spot Cement Plugs AS Following.

35 SKS @ 315'
25 SKS @ 60' to SURFACE
30 SKS R.H.
20 SKS M.H.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 103	1	Pump Charge	1180.00	1180.00
C 107	80	Mileage	5.00	400.00
C 203	110 SKS	60/40 Pozmix Cement	15.75	1732.50
C 206	380 #	Gel 4%	-.30 #	114.00
C108B	4.73 Tons	Ton Mileage 80 miles	1.50	567.60
			Sub Total	3994.10
			Less 5%	206.63
			Sales Tax 7.5%	138.49
Authorization <u>By Tim Gulick</u> Title <u>owner C&G DRILLING</u>			Total	3,925.96

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

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

December 12, 2022

Darren Broyles
Drake Exploration, LLC
15894 294TH CIR #19
ARKANSAS CITY, KS 67005-6126

Re: ACO-1
API 15-191-22852-00-00
MCBEE 1
NW/4 Sec.30-34S-02E
Sumner County, Kansas

Dear Darren Broyles:

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 8/13/2022 and the ACO-1 was received on December 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