

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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2857

1013 240th AVENUE • HAYS, KANSAS 67601 • 785-621-2135

Date 11-14-2022

CHARGE TO: Kodiak Petroleum, Inc
 ADDRESS P.O. Box 4677 Englewood, CO 80155
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. OW
 LEASE AND WELL NO. Seltman #1 Inj FIELD _____
 NEAREST TOWN Nekoma COUNTY Pawnee STATE Kansas
 SPOT LOCATION SE NW NE SEC. 12 TWP. 20S RANGE 2W
 ZERO KB 8' AGL CASING SIZE 4 1/2 WEIGHT _____
 CUSTOMER'S T.D. _____ LOG-TECH TD 4175 FLUID LEVEL _____
 ENGINEER S. Chesney OPERATOR R. Bollig D. Schmeidler

PERFORATING

Description	No. Shots	Depth		Amount	
		From	To		

DEPTH AND OPERATIONS CHARGES

Description	Depth		Total No. Pt	Price Per Pt	Amount	
	From	To				
<u>3.75" Junk Basket Gauge Ring</u>	<u>0</u>	<u>4175</u>			<u>1000</u>	<u>00</u>
<u>4.5 CIBP</u>	<u>4160</u>				<u>1425</u>	<u>00</u>
<u>Setting Charge</u>	<u>0</u>	<u>4160</u>			<u>1500</u>	<u>00</u>
<u>2.5x Cement Baller</u>	<u>0</u>	<u>4160</u>			<u>1000</u>	<u>00</u>

MISCELLANEOUS

Description	Quantity	Amount
Service Charge <u>T904</u>		<u>1500</u> <u>00</u>
T.J.		
A.O.L.		
S.J.		
F.J. T.W.T.		

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

..... Sub Total	<u>6425</u> <u>00</u>
..... Tax	<u>3732</u> <u>00</u>
.....	<u>317</u> <u>22</u>
..... Total	<u>114049</u> <u>22</u>

Customer Signature [Signature]

Date _____



2858

1013 240th AVENUE • HAYS, KANSAS 67601 • 785-621-2135

Date 11-15-2022

CHARGE TO: Kodiak Petroleum, Inc.
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. OW
 LEASE AND WELL NO. Seltman #1 Inj FIELD _____
 NEAREST TOWN NeKoma COUNTY Pawnee STATE _____
 SPOT LOCATION SE NW NE SEC. 12 TWP. 20S RANGE 2W
 ZERO KB 8' AGH CASING SIZE 4 1/2 WEIGHT _____
 CUSTOMER'S T.D. _____ LOG-TECH TD _____ FLUID LEVEL _____
 ENGINEER S. Chesney OPERATOR _____

PERFORATING

Description	No. Shots	Depth		Amount	
		From	To		
Perf 3 3/8 HEC 10x4	40	3692	3702	4200	00
10x4	40	3654	3664	4200	00
9x4	36	3633	3642	3850	00
3668.4 / 23.6					
3641.5 / 12.5					
3630.5 / 2.5					
(+) 3692					
(-) 3654					
(+) 3633					

DEPTH AND OPERATIONS CHARGES

Description	Depth		Total No. Pt	Price Per Pt	Amount	
	From	To				

MISCELLANEOUS

Description	Quantity	Amount
Service Charge <u>T904</u>		1500 00
T.J.		
A.O.L.		
S.J.		
F.J. T.W.T.		

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

..... Sub Total	13750 00
..... Tax	692 60
.....	588 71
.....	
.....	
..... Total	14501 31

Customer Signature _____ Date _____