

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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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

William P Moore
Sunflower Exploration, LLC
10801 MASTIN SUITE
Suite 920
OVERLAND PARK, KS 66210-1673

Re: ACO-1
API 15-055-22552-00-00
PEYTON 21-1
SW/4 Sec.21-26S-34W
Finney County, Kansas

Dear William P Moore:

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 5/7/2022 and the ACO-1 was received on December 07, 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

Hurricane Services, Inc.
250 N. Water St., Suite #200
Wichita, KS 67202



Customer: Sunflower Exploration		Lease & Well #: Peyton 21-1		Date: 5/8/22	
Service District: Oakley KS		County & State: Finney KS		Legals S/T/R: 21-26S-34W	
Job Type: Surface		<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD		Legals S/T/R New Well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> No	
Equipment # Driver		Job Safety Analysis - A Discussion of Hazards & Safety Procedures			
64 John		<input checked="" type="checkbox"/> Hard hat		<input type="checkbox"/> Lockout/Tagout	
208 Jose V		<input checked="" type="checkbox"/> H2S Monitor		<input type="checkbox"/> Warning Signs & Flagging	
194-250 Kale		<input checked="" type="checkbox"/> Safety Footwear		<input type="checkbox"/> Required Permits	
		<input checked="" type="checkbox"/> FRC/Protective Clothing		<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	
		<input type="checkbox"/> Hearing Protection		<input checked="" type="checkbox"/> Overhead Hazards	
		<input type="checkbox"/> Gloves		<input checked="" type="checkbox"/> Specific Job Sequence/Expectations	
		<input type="checkbox"/> Eye Protection		<input checked="" type="checkbox"/> Muster Point/Medical Locations	
		<input type="checkbox"/> Respiratory Protection		<input type="checkbox"/> Additional concerns or issues noted below	
		<input type="checkbox"/> Additional Chemical/Acid PPE			
		<input checked="" type="checkbox"/> Fire Extinguisher			
Comments					

Product/Service Code	Description	Unit of Measure	Quantity	Net Amount
CP015	H-325	sack	350.00	\$7,402.50
M015	Light Equipment Mileage	mi	115.00	\$230.00
M010	Heavy Equipment Mileage	mi	115.00	\$460.00
M020	Ton Mileage	tm	1,992.00	\$2,988.00
D010	Depth Charge: 0'-500'	job	1.00	\$940.00
C050	Cement Blending & Mixing Service	sack	350.00	\$460.60
R061	Service Supervisor	day	1.00	\$258.50

Customer Section: On the following scale how would you rate Hurricane Services Inc.?				Not: \$12,739.60	
Based on this job, how likely is it you would recommend HSI to a colleague? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small>Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely</small>				Total Taxable \$ - Tax Rate: _____ State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.	
				Sale Tax: \$ -	
				Total: \$ 12,739.60	
HSI Representative: <i>John Polley</i>					

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X _____ CUSTOMER AUTHORIZATION SIGNATURE



CEMENT TREATMENT REPORT

Customer: Sunflower Exploration	Well: Peyton 21-1	Ticket: WP 2768
City, State: Oakley KS	County: Finney KS	Date: 5/8/22
Field Rep: Rick Popp	S-T-R: 21-26S-34W	Service: Surface

Downhole Information

Hole Size:	12.25 in
Hole Depth:	445 ft
Casing Size:	8 5/8 in
Casing Depth:	444 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	27.0 bbls

Calculated Slurry - Lead

Blend:	H-325
Weight:	14.8 ppg
Water / Sx:	6.9 gal / sx
Yield:	1.41 ft ³ / sx
Annular Bbls / Ft.:	0.0735 bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	87.8 bbls
Total Sacks:	350 sx

Calculated Slurry - Tail

Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	0 sx

TIME	RATE	PSI	STAGE		REMARKS
			BBLs	TOTAL BBLs	
7:09 AM			-	-	Arrived on location
7:19 AM			-	-	Safety meeting
7:29 AM			-	-	Rigged up
9:24 AM			-	-	Casing on bottom
9:33 AM			-	-	Circulated mud
9:41 AM	3.1	100.0	5.0	5.0	Water ahead
9:43 AM	5.0	275.0	87.8	92.8	Mixed cement @ 14.8 ppg
10:05 AM	4.3	200.0	27.0	119.8	Begin displacement
10:12 AM		200.0		119.8	Plug down and shut in with 5 bbls cement circulated to pit
10:14 AM				119.8	Wash up and rigged down
10:38 AM				119.8	Left location

	CREW		UNIT	SUMMARY		
	Name	Phone		Average Rate	Average Pressure	Total Fluid
Cementer:	John		54	4.1 bpm	194 psi	120 bbls
Pump Operator:	Jose V		208			
Bulk #1:	Kale		194-250			
Bulk #2:						



Customer	Sunflower Exploration LLC	Lease & Well #	Peyton # 21-1	Date	5/10/2022
Service District	Oakley KS	County & State	Finney KS	Legals S/T/R	21-26S-34W
Job Type	Longstring	<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD	New Well?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No	Job #
Equipment #	Driver	Ticket #			

Job Safety Analysis - A Discussion of Hazards & Safety Procedures					
<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input checked="" type="checkbox"/> Lockout/Tagout	<input checked="" type="checkbox"/> Warning Signs & Flagging		
<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input checked="" type="checkbox"/> Required Permits	<input checked="" type="checkbox"/> Fall Protection		
<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations		
<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations		
<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below			

Comments					

Product/Service Code	Description	Unit of Measure	Quantity	Net Amount
D013	Depth Charge: 2001'-3000'	job	1.00	\$1,880.00
M010	Heavy Equipment Mileage	mi	220.00	\$880.00
M015	Light Equipment Mileage	mi	110.00	\$220.00
M020	Ton Mileage	tm	2,256.60	\$3,384.90
CP025	H-Con	sack	300.00	\$7,050.00
CP030	H-Long	sack	100.00	\$3,290.00
C060	Cement Blending & Mixing Service	sack	400.00	\$526.40
FE130	5 1/2" Cement Basket	ea	2.00	\$564.00
FE135	5 1/2 Turbolizer	ea	14.00	\$1,645.00
FE145	5 1/2" Float Shoe - AFU Flapper Type	ea	1.00	\$352.50
FE170	5 1/2" Latch Down Plug & Baffle	ea	1.00	\$329.00
CP170	Mud Flush	gal	500.00	\$470.00
AF055	Liquid KCL Substitute	gal	5.00	\$141.00
C035	Cement Data Acquisition	job	1.00	\$235.00
C050	Cement Plug Container	job	1.00	\$235.00
C075	High Overhead Connection Charge - Over 6 Feet	job	1.00	\$282.00
R061	Service Supervisor	day	1.00	\$258.50

Customer Section: On the following scale how would you rate Hurricane Services Inc.?			Net:	\$21,743.30
Based on this job, how likely is it you would recommend HSI to a colleague?			Total Taxable	\$ -
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Tax Rate:	
Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely			Sale Tax:	\$ -
State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.			Total:	\$ 21,743.30
			HSI Representative:	Josh Master

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X _____ CUSTOMER AUTHORIZATION SIGNATURE



CEMENT TREATMENT REPORT

Customer:	Sunflower Exploration LLC	Well:	Peyton # 21-1	Ticket:	WP 2781
City, State:	Oakley KS	County:	Finney KS	Date:	5/10/2022
Field Rep:	Rick	S-T-R:	21-26S-34W	Service:	Longstring

Downhole Information	
Hole Size:	7 7/8 in
Hole Depth:	2854 ft
Casing Size:	5 1/2 in
Casing Depth:	2848 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	68.9 bbls

Calculated Slurry - Lead	
Blend:	H-CON
Weight:	11.7 ppg
Water / Sk:	17.2 gal / sx
Yield:	2.76 ft ³ / sx
Annular Bbls / Ft.:	0.0309 bbs / ft.
Depth:	2854 ft
Annular Volume:	88.2 bbls
Excess:	
Total Slurry:	147.0 bbls
Total Sacks:	300 sx

Calculated Slurry - Tail	
Blend:	H-LONG
Weight:	15 ppg
Water / Sk:	6.0 gal / sx
Yield:	1.40 ft ³ / sx
Annular Bbls / Ft.:	0.0309 bbs / ft.
Depth:	2854 ft
Annular Volume:	88.1886 bbls
Excess:	
Total Slurry:	24.9 bbls
Total Sacks:	100 sx

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
630P			-	-	GOT TO LOCATION
635P				-	SAFETY MEETING
640P				-	RIGGED UP TRUCKS
745P				-	STARTED RUNNING CASING
1115P				-	DROPPED BALL
1207A	6.0	350.0	5.0	5.0	PUMPED H2O AHEAD
1208A	5.0	350.0	12.0	17.0	PUMPED 500 GAL MUD FLUSH
1210A	3.0	250.0	5.0	22.0	WASHED UP WITH H2O
1212A	7.3	420.0	147.0	169.0	PUMPED 300 SKS OF H- CON @ 2848 FT
1232A	3.1	300.0	24.9	193.9	PUMPED 100 SKS OF H- LONG @ 2848 FT
1242A				193.9	SHUT DOWN WASHED UP PUMP AND LINES/ LOADED LD PLUG
1257A	7.0	890.0	68.9		DISPLACED WITH H2O & 2 % KCL
115A		1,450.0			PLUG DOWN /CIRCULATED 5 BBL TO PIT
120A					WASHED UP PUMP TRUCK
130A					RIGGED DOWN TRUCKS
200A					OFF LOCATION

CREW		UNIT	SUMMARY		
Cementor:	Josh	73	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Jimmie	5##/520	5.4 bpm	573 psi	263 bbls
Bulk #1:	Kale	180/254			
Bulk #2:	Charlie	242			

Sunflower Exploration
WELL_NAME

