

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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FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0675

LOCATION Victoria

FOREMAN Frank

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-5-22		LS Unit #3	25	8	14	Osborne

CUSTOMER
Bruce Oil Company

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
102	Posson		
103	Kene		

JOB TYPE surface HOLE SIZE 12 1/4" HOLE DEPTH 221 CASING SIZE & WEIGHT 4 5/8" 23^{lb}

CASING DEPTH 221 DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____

DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up on Discovery #2. Circulate casing, MIX 150 sacks
16/40 3+2. Displace w/ 13 Bbls. water.

circulate 5 Bbls of cement to pit.

Thank you!
[Signature] + crew.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC002	1	PUMP CHARGE	\$1150 ⁰⁰	\$1150 ⁰⁰
MC001	51	MILEAGE	\$6 ⁵⁰	\$331 ⁵⁰
MC002	7.01	Ten Mileage Delivery	\$600 ⁰⁰	\$4200 ⁰⁰
CRO14	150 sacks	160/40 3 1/2 C.C. 2 1/2 gal	\$18 ²⁵	\$2737 ⁵⁰
			subtotal	\$4819 ⁰⁰
			less 10% disc.	\$4337 ¹⁰
			subtotal	\$4357 ¹⁰
			SALES TAX	160.14
			ESTIMATED TOTAL	4497.24

AUTHORIZATION [Signature] 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.

FRANKS Oilfield Service

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 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0680

LOCATION Howe

FOREMAN Preston

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-16-22		LS Unit #3	25	8S	14W	
CUSTOMER <u>Bace Oil</u>			TRUCK #			
MAILING ADDRESS			DRIVER		TRUCK #	
CITY			DRIVER		TRUCK #	
STATE			DRIVER		TRUCK #	
ZIP CODE			DRIVER		TRUCK #	

JOB TYPE Longstring HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up on Discovery. Run 5 1/2" casing. Set packer shoe. Circulate hole. pump mudflush + KCL water. Plug rethole w/ 30 seals + mouse hole w/ 20 seals. mix 100 seals down hole. Wash up lines. Displace w/ water. Load plug w/ 64.7 Bbls @ 1200'. release pressure held.

Therlypt!

Preston + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
FC003	1	PUMP CHARGE	\$1850 ⁰⁰	\$1850 ⁰⁰
M001	50	MILEAGE	\$6 ⁵⁰	\$325 ⁰⁰
M007	7.83 tons	Ton mileage delivery	\$600 ⁰⁰	\$4600 ⁰⁰
CS031	150 seals	Class A/10% salt./5" kcal seal	\$26 ⁰⁰	\$3900 ⁰⁰
CP006	37.5 ⁰⁰	Flo seal	\$3 ⁰⁰	\$112 ⁵⁰
FG040	1	5 1/2" x 7 1/8" packer shoe	\$1800 ⁰⁰	\$1800 ⁰⁰
FG051	1	5 1/2" latch down plug & assembly	\$695 ⁰⁰	\$695 ⁰⁰
FG080	1	5 1/2" part collar	\$3,000 ⁰⁰	\$3,000 ⁰⁰
FE013	3	5 1/2" centralizer	\$80 ⁰⁰	\$240 ⁰⁰
FE022	3	5 1/2" basket	\$385 ⁰⁰	\$1155 ⁰⁰
CP013	500 gal.	mudflush	\$1 ⁰⁰	\$500 ⁰⁰
CP014	2 gal.	KCL	\$30 ⁰⁰	\$60 ⁰⁰
			sub total	\$14,237 ⁵⁰
			less 10% disc.	\$1,423 ⁷⁵
			sub total	\$12,813 ⁷⁵
			SALES TAX	670.56
			ESTIMATED TOTAL	13484.31

AUTHORIZATION _____ TITLE _____ DATE _____

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FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0710
 LOCATION Victoria
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
9-8-22		L5 Unit #3																								
CUSTOMER Bruce Oil			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>102</td> <td>Preston D</td> <td></td> <td></td> </tr> <tr> <td>41301</td> <td>Tom W</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pegton E</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Dalton E</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	102	Preston D			41301	Tom W				Pegton E				Dalton E		
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MAILING ADDRESS																										
CITY		STATE	ZIP CODE																							

JOB TYPE Part collar HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 1/8" OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & set up on well. Set plug at ____'. Loaded hole & tested to 500psi - good. Then pull tubing to 1117' to open part collar. 50oz 5 Ball gel. Hooked up to back side & opened part collar. Mix 12oz gel, would not circulate. Mix another 30oz gel with 3 balls to get to circulate. Mix 155oz salt blend. Circulated. Displace down. Shut part collar & ran 18 joints. Washed clean. Ran down & washed off plug.
 Rack up more oil

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL002	1	PUMP CHARGE Part Collar	\$1150 ⁰⁰	\$1150 ⁰⁰
MO01	52	MILEAGE	\$6 ⁵⁰	\$338 ⁰⁰
MO02	11.4 tons	Tan Mixtone Delivery	\$889 ²⁰	\$889 ²⁰
CB011	185 sk	60/40 P.O.Z.	\$14 ⁵⁰	\$2,682 ⁵⁰
CP003	3050 [#]	gel	\$ ³⁰	\$915 ⁰⁰
CP005	1800 [#]	salt	\$ ⁵⁰	\$900 ⁰⁰
CP006	46 [#]	Flo Seal	\$3 ⁰⁰	\$138 ⁰⁰
CP016	1800 [#]	cotton seed hulls	\$1 ⁰⁰	\$1800 ⁰⁰
			sub total	\$8,812 ⁷⁰
			less 10% disc.	\$881 ²⁷
			sub total	\$7,931 ⁴³
			SALES TAX	376.48
			ESTIMATED TOTAL	8307.91

AUTHORIZATION Len Koch TITLE Pres. Super. DATE 9-8-22

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GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

BRUCE OIL COMPANY, L.L.C

LS UNIT #3
25-8-14W
47' FNL & 3060' FWL

OSBORNE COUNTY, KANSAS
API: 15-141-20494-00-00
LON. -98.8314399 LAT.39.3362493

DRILLING CONTR.:DISCOVERY DRILLING
SPUD:8-4-22 COMP: 8-10-22
MUD UP: 2263' TYPE MUD: CHEM.
DRILL TIME: 2200' to 3063'
SAMPLES SAVED: 2400' to 3063'
GEOLOGIST: ROBERT J. PETERSEN

ELEVATION

KB: 1801'
GL: 1793'
LOG MEASURED
FROM: KB

SURFACE CASING

8 5/8" SET @ 221'
W/150 SX

PRODUCTION CASING

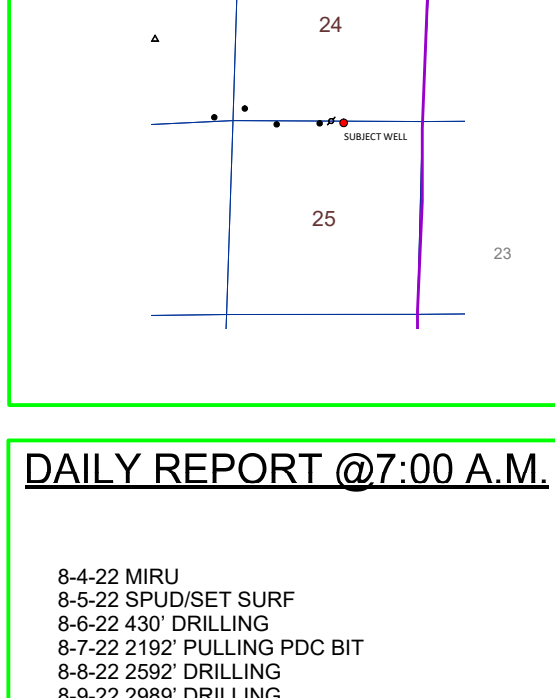
5 1/2" SET @ 2790'
W/100 SX
PORT COLLAR @1111' KB

WELL LOG SURVEYS

NONE

SAMPLE LOG TOPS

FORMATION	DEPTH	DATUM	POS
ANHYDRITE	1062	+739	-10
BASE ANHYDRITE	1096	+705	-11
STOTLER	2519	-718	-8
TARKIO_SD	2546	-745	-8
TARKIO_LS	2570	-769	-8
TOPEKA	2724	-923	-7
QUEEN HILL	2896	-1095	-8
HEEBNER	2965	-1164	-10
TORONTO	2989	-1188	-11
LANSING	3016	-1215	-11
C	3048	-1247	-10
RTD	3063	-1262	-10



REFERENCE WELL

REF. WELL A
LS UNIT #1
65' FNL & 2400' FWL

DAILY REPORT @7:00 A.M.

8-4-22 MIRU
8-5-22 SPUD/SET SURF
8-6-22 430' DRILLING
8-7-22 2192' PULLING PDC BIT
8-8-22 2592' DRILLING
8-9-22 2989' DRILLING
8-10-22 RTD 3063' RUNNING CASING

REMARKS

PRODUCTION CASING WAS SET TO FURTHER TEST THIS WELL

