

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



Cement or Acid Field Report
 Ticket No. 6746
 Foreman Russell mcloy
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
9-25-22	1375	Uden #1				Cowley	Ks	
Customer PA Energy LLC			Unit #		Driver		Unit #	Driver
Mailing Address 11615 Rosewood St. STE 100			104		Alan-m			
City Leawood			114		Russ			
State Ks			128		Gary			
Zip Code 66211								
Safety Meeting RM AM GM								

Job Type Surface Hole Depth 315 Slurry Vol. 43 Bbl Tubing _____
 Casing Depth 315 K.B. Hole Size 12 1/4 Slurry Wt. 15 # Drill Pipe _____
 Casing Size & Wt. Ø90 23 # Cement Left in Casing 20 +/- Water Gal/SK _____ Other _____
 Displacement 10 1/2 Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: safety + Job Procedure. wash Down casing w/ mud pump to 304 G.L.
Rig Elite to Ø90 casing. Flush w/ 10 Bbl water. mix + Pump 180 SKi
Class A cement w/ 3% CC 2% Gel 1/4 # Flocc @ 15 #/gal yield 1.35 = 43 Bbl
Displace w/ 10 1/2 water 10 Bbl to pit. Close casing ~ w/ 20' +/- in casing.
Job complete, Tear Down.

THANK YOU
 Russell
 mcloy

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-10 W	1	Pump Charge	1265.00	1265.00
C-107	60	Mileage	5.00	300.00
C-200	180	SKi Class A cement	18.55	3,339.00
C-205	500 #	CC = 3%	.75	375.00
C-206	300 #	Gel = 2%	.30	90.00
C-209	50 #	Flocc = 1/4 # P-1/SK	2.80	140.00
C-10B3	8.46	Tons TUN Mileage 60 miles	1.50	761.40
				6,270.40
			590	6,860.40
		6.5%	Sales Tax	286.36
				6,800.42

Authorization by Willie Title C+G Rig P-shrn

Total 6,800.42

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 4 G
 DAY
 R19 2

Cement or Acid Field Report
 Ticket No. **6794**
 Foreman KEVIN M^{COY}
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
10-15-22	1375	UDEN #1				Cowley	Ks
Customer <u>RA Energy, LLC</u>			Safety Meeting KM AM SF		Unit # 104 113	Driver ALAN M. SHANNON F.	Unit # Driver
Mailing Address <u>11615 Rosewood St. Ste 100</u>			City <u>Leawood</u>		State <u>Ks</u>	Zip Code <u>66211</u>	

Job Type <u>Longstring</u>	Hole Depth <u>3156' DAILER 3154' Logger K.B</u>	Slurry Vol. <u>34 BBL</u>	Tubing
Casing Depth <u>3148.16 K.B</u>	Hole Size <u>7 7/8"</u>	Slurry Wt. <u>13.8 #</u>	Drill Pipe
Casing Size & Wt. <u>5 1/2" 17"</u>	Cement Left in Casing <u>32.72' S.J</u>	Water Gal/SK	Other
Displacement <u>73.7 BBL</u>	Displacement PSI <u>800</u>	Bump Plug to <u>1400 PSI</u>	BPM

Remarks: Safety Meeting: 5 1/2" 17" Casing Set @ 3148.16' K.B. Rig up to 5 1/2" casing. Break Circulation w/ 10 BBL fresh water. Mixed 110 SKS THICK Set Cement w/ 5* Kol-Seal/SK, 1* Phenoseal/SK @ 13.8 #/gal, yield 1.75 = 34 BBL slurry, wash out pump & lines. Shut down. Release Latch down Plug. Displace Plug to Seat w/ 73.7 BBL fresh water. (KCL in first 20 BBL) FINAL Pumping Pressure 800 PSI. Bump Plug to 1400 PSI. wait 2 mins. Release pressure. Float & Plug Held. Good Circulation @ All times while Cementing. Job Complete. Rig down.

Plus R.H. 20 SKS M.H. 15 SKS
 Centralizers on #2, 4, 5, 13, 22. Baskets on Top of #3, 6

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102W	1	Pump Charge	1495.00	1495.00
C 107	60	Mileage	5.00	300.00
C 201	145 SKS	THICK Set Cement	24.25	3516.25
C 207	725 *	Kol-Seal 5*/SK	.56 *	406.00
C 208	145 *	PhenoSeal 1*/SK	1.55 *	224.75
		110 SKS on Longstring 20 SKS R.H. 15 SKS M.H.		
C 108 B	7.98 TONS	TON Mileage 60 miles	1.50	718.20
C 421	1	5 1/2 Latch down Plug	285.00	285.00
C 691	1	5 1/2 Guide Shoe	207.00	207.00
C 674	1	5 1/2 AFD Float Collar w/ Latch down insert	423.00	423.00
C 604	2	5 1/2 Cement Baskets	278.00	556.00
C 504	5	5 1/2 x 7 7/8 Centralizers	59.00	295.00
C 222	1 GAL	KCL (IN FIRST 20 BBL Displacement water)	32.00	32.00
			Sub Total	8,458.20
			Less 5%	422.91
			Sales Tax 6.5%	386.43
			Total	8,402.40

THANK YOU
 MA

Authorization Roger Martin Title CEO

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.



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Raney Oil Company LLC

7-34s-6e Cowley Ks

4665 Bauer Brook CT
Lawrence, Ks. 66049

Uden #1

ATTN: Roger Martin

Job Ticket: 68687

DST#: 1

Test Start: 2022.10.14 @ 08:12:31

GENERAL INFORMATION:

Formation: **Bartelsville Sand**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 12:14:16

Time Test Ended: 23:56:46

Test Type: Conventional Straddle (Initial)

Tester: Matt Smith

Unit No: 68

Interval: 2641.00 ft (KB) To 28880.0 ft (KB) (TVD)

Reference Elevations: 1116.00 ft (KB)

Total Depth: 3156.00 ft (KB) (TVD)

1107.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 9.00 ft

Serial #: 8788

Inside

Press@RunDepth: 896.68 psig @ 2642.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2022.10.14

End Date: 2022.10.14

Last Calib.: 2022.10.15

Start Time: 08:12:36

End Time: 23:56:46

Time On Btm: 2022.10.14 @ 12:11:16

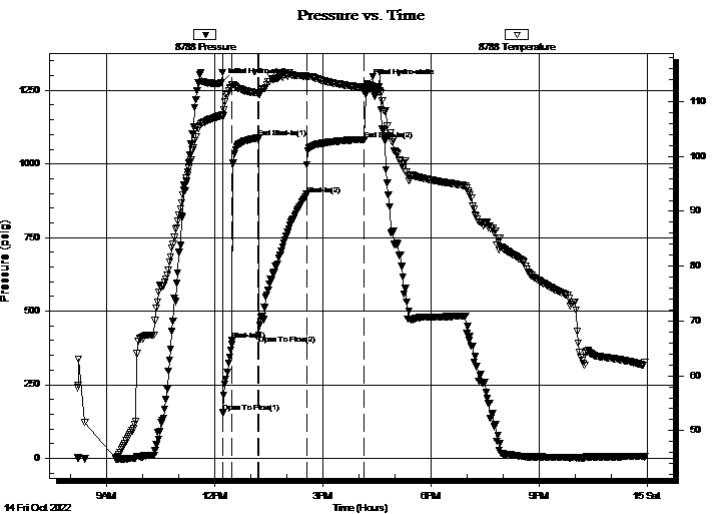
Time Off Btm: 2022.10.14 @ 16:13:16

TEST COMMENT: IF: Strong Blow . B.O.B. in 1 1/2 mins. Built 78.54". (15)

IS: No Blow . (45)

FF: Strong Blow . B.O.B. in 1 1/2 mins. G.T.S. in 23 mins. Built to 137.13". (75)

FS: No Blow . (90)



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1276.10	107.43	Initial Hydro-static
3	155.21	107.34	Open To Flow (1)
19	402.18	112.97	Shut-In(1)
62	1087.71	111.53	End Shut-In(1)
63	417.89	111.30	Open To Flow (2)
142	896.68	114.62	Shut-In(2)
238	1083.40	112.52	End Shut-In(2)
242	1273.42	112.48	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
559.00	MCW 10% m 90% w	5.90
384.00	MCW 20% m 80% w	5.39
192.00	GWCM 2% g 18% w 80% m	2.69
448.00	GWCM 5% g 10% w 85% m	6.28
266.00	DM 100% m	3.73

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.13	116.61	49.03
Last Gas Rate	0.13	4.00	6.89
Max. Gas Rate	0.13	137.13	56.71



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Raney Oil Company LLC

7-34s-6e Cowley Ks

4665 Bauer Brook CT
Lawrence, Ks. 66049

Uden #1

Job Ticket: 68687

DST#: 1

ATTN: Roger Martin

Test Start: 2022.10.14 @ 08:12:31

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

19000 ppm

Viscosity: 50.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.18 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1300.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
559.00	MCW 10% <i>m</i> 90% <i>w</i>	5.899
384.00	MCW 20% <i>m</i> 80% <i>w</i>	5.387
192.00	GWCM 2% <i>g</i> 18% <i>w</i> 80% <i>m</i>	2.693
448.00	GWCM 5% <i>g</i> 10% <i>w</i> 85% <i>m</i>	6.284
266.00	DM 100% <i>m</i>	3.731

Total Length: 1849.00 ft Total Volume: 23.994 bbl

Num Fluid Samples: 1

Num Gas Bombs: 1

Serial #: MAS PRATT

Laboratory Name:

Laboratory Location:

Recovery Comments: RW is .40 @ 60 Degrees = 19,000 Chlorides.

TS MCW 2%*m* 98%*w*



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

GAS RATES

Raney Oil Company LLC

7-34s-6e Cowley Ks

4665 Bauer Brook CT
Lawrence, Ks. 66049

Uden #1

Job Ticket: 68687

DST#: 1

ATTN: Roger Martin

Test Start: 2022.10.14 @ 08:12:31

Gas Rates Information

Temperature: 59 (deg F)
Relative Density: 0.65
Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
2	23	0.13	116.61	49.03
2	30	0.13	137.13	56.71
2	40	0.13	53.41	25.38
2	50	0.13	12.37	10.02
2	60	0.13	5.46	7.43
2	70	0.13	5.57	7.47
2	75	0.13	4.00	6.89

Serial #: 8788

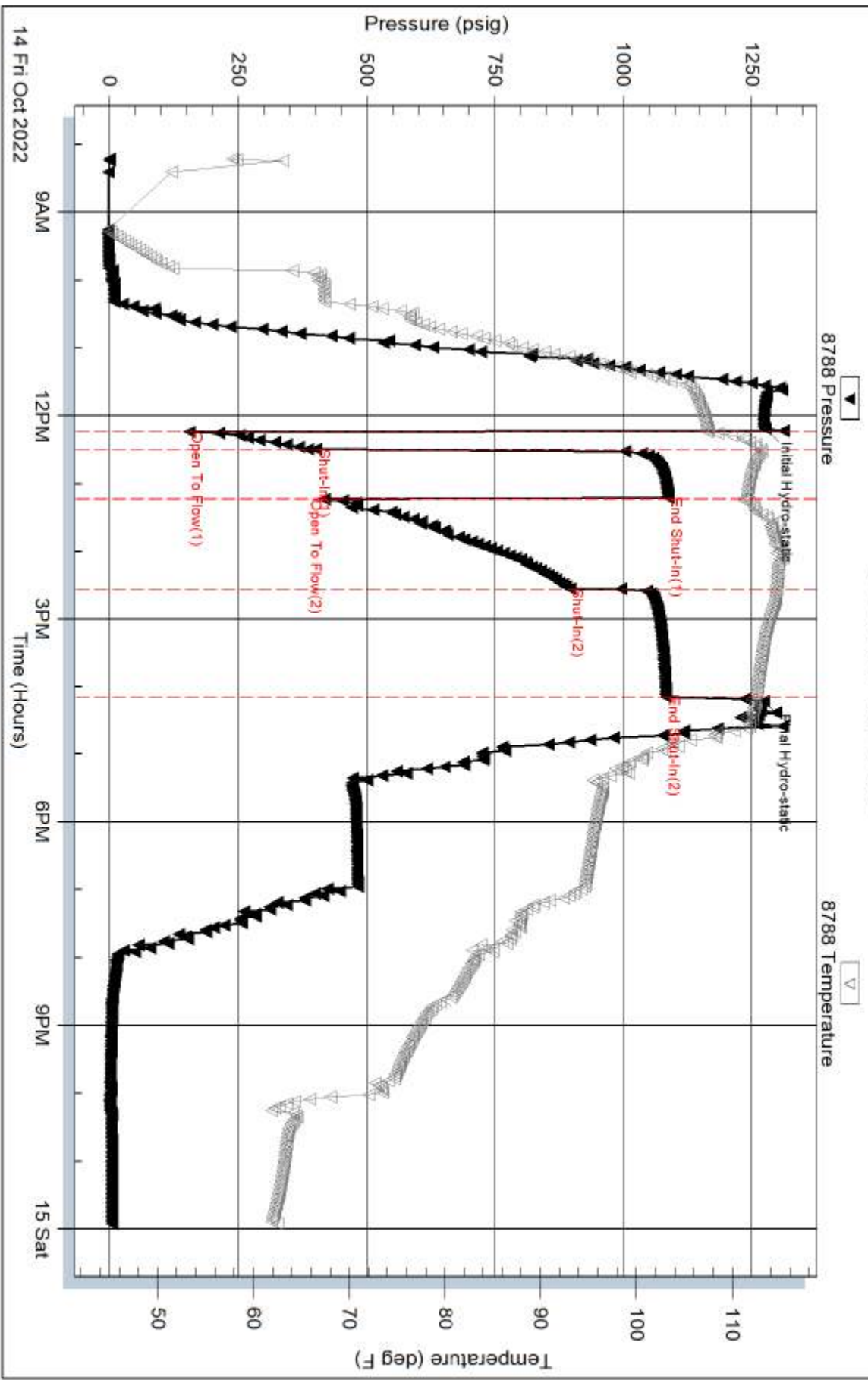
Inside

Raney Oil Company LLC

Uden #1

DST Test Number: 1

Pressure vs. Time



Serial #: 8737

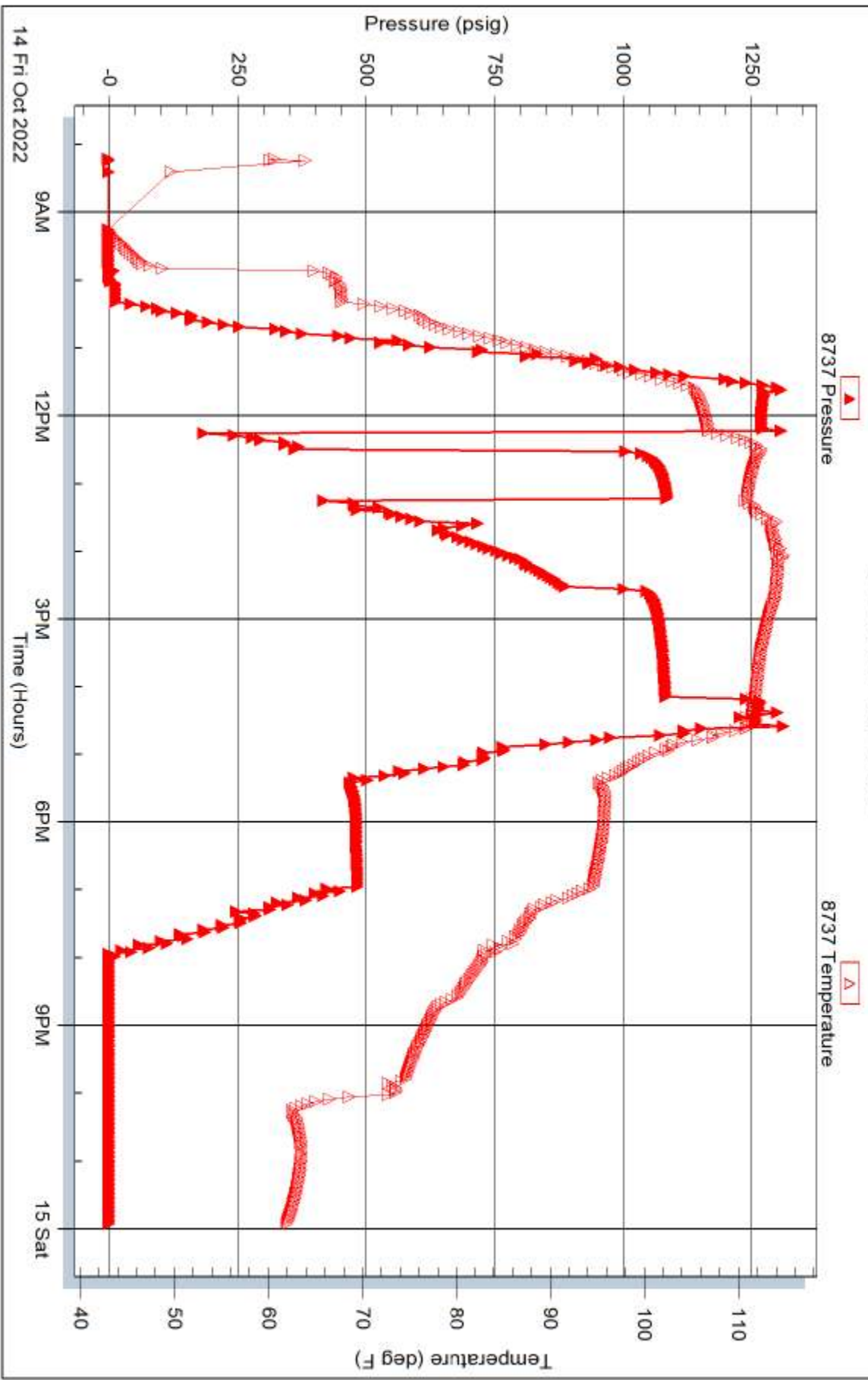
Outside

Raney Oil Company LLC

Uden #1

DST Test Number: 1

Pressure vs. Time



Trilobite Testing, Inc

Ref. No: 68687

Printed: 2022.10.15 @ 08:21:05



Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513

Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Susan K. Duffy, Chair
Dwight D. Keen, Commissioner
Andrew J. French, Commissioner

Laura Kelly, Governor

February 05, 2023

Thomas Raney
Raney Oil Company, LLC
4665 BAUER BROOK CT.
LAWRENCE, KS 66049-9013

Re: ACO-1
API 15-035-24764-00-00
UDEN 1
NW/4 Sec.07-34S-06E
Cowley County, Kansas

Dear Thomas Raney:

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 9/25/2022 and the ACO-1 was received on February 03, 2023 (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