

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 Recompletion Date _____ 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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PO Box 542
 Winfield, KS 67156
 620-222-1235

Invoice/Bill of Lading

EMERGENCY 24 HOUR RESPONSE
 1-800-535-5053

Date	Invoice#
12/23/2022	38803

Bill To
S.E.K. Energy PO Box 55 Benedict, KS 66714

Driver
Chad

Lease/Well Name: **Beachner #10-4**

Terms	Due Date	P.O. #	Origin	Ship Date	Truck #	Rep	County
Net 30	1/22/2023		Winfield, KS	12/7/2022	703	Rick	Labette

No. of Packages	HM	Item Code	Description	Quantity (Gallons)	Unit Price	Amount
1 cargo ta...	X	HCl	UN1789, Hydrochloric acid solution, 8, PG II	575	1.95	1,121.25
		BallGunGrp	Ball Injector Charge, Group		100.00	100.00T
		PerfBalls	Perf Balls	120	3.00	360.00
		GroupTrk	Group Acid Truck Charge		315.00	315.00T
		Miles	Miles One Way	25	4.00	100.00T
	X	MKLA-2W	NA 1993 Combustible Liquid, n.o.s. PG III (Contains: Methly Alcohol), KCL	1	23.50	23.50
	FlushTrk	Hourly Flush Truck Charge	2.75	95.00	261.25T	

47642 1-23-23
 2510 21K 2,341.16

15% NE-FE Acid		Subtotal	\$2,281.00
Thank you for your business!	Customer Representative	Date	
SALES TAX (7.75%) LIMITATION OF LIABILITY Seller shall not be liable for, and buyer assumes responsibility for all personal injuries and property damages resulting from the handling, possession or use of the goods after delivery to buyer. In no event shall seller's liability exceed the purchase price of the products or services that are the subject of any claims made by buyer. In no event shall buyer be entitled to incidental or consequential damages. Buyer further agrees to indemnify and hold seller harmless from all claims, losses or damages attributable to pollution or contamination and cost of control or removal thereof, alleged to have been caused by materials sold to buyer hereunder.			\$60.16
Total			\$2,341.16

1 1/2% Interest per month charged on all past due accounts



Scott-Greer Sales, Inc.

Distributors & Manufactures Rep.

Off. 405/670-4654 • Fax 405/670-4831
www.scottgreersales.com • sales@scottgreersales.com

Beachner # 10-4

spot 75 gal Acid displaced 2.8 bbl
loaded 120 balls

broke @ 900 psi

4.5 bpm 100-250 broke back to

150 psi back up to 450 broke back to

250 psi cleared tubing + 5 bbls

575 gal Acid 12 bbls water

Western Chemical Pumps, Inc. • SGS Pumps
Graco Injection Pumps • LMI Metering Pumps
Drum Gauges • Tanks • Splitter Blocks

" Over 68 Years of Serving the Oilfield "



PO Box 542
Winfield, KS 67156
620-222-1235

Invoice/Bill of Lading

EMERGENCY 24 HOUR RESPONSE
1-800-535-5053

Date	Invoice#
12/23/2022	38868

Bill To
S.E.K. Energy PO Box 55 Benedict, KS 66714

47642 1-23-23
2510 218 7,220.35

Driver
Chad

Lease/Well Name: **Beachner #10-4**

Terms	Due Date	P.O. #	Origin	Ship Date	Truck #	Rep	County
Net 30	1/22/2023		Winfield, KS	12/20/2022	714	Rick	Labette

No. of Packages	HM	Item Code	Description	Quantity (Gallons)	Unit Price	Amount
		S-2040	DOT (Not Regulated), Frac Sand, 20/40(Volume Discount)	9,700	0.30	2,910.00
		SN-1220	DOT (Not Regulated), Frac Sand - 12/20(Volume Discount)	300	0.44	132.00
		MFRA-53	DOT, Not Regulated, Friction Reducer with Breaker	22	40.50	891.00
		BallGunGrp	Ball Injector Charge, Group	1	100.00	100.00
		PerfBalls	Perf Balls	50	3.00	150.00
		FracPumpTrkG... Miles	Group Frac Pump Charge, 3,100 - 10,000# Miles One Way	25	1,050.00	1,050.00
		GroupTrkSand Miles	Group Sand Truck & Blender Trailer Miles One Way	25	4.00	100.00
	X	MB-178	UN 1760, Corrosive Liquid, nos, 8, PG II (Contains: Glutaraldehyde); Biocide	3.5	21.17	74.10
	X	MKLA-2W	NA 1993 Combustible Liquid, n.o.s. PG III (Contains: Methly Alcohol), KCL	9.5	23.50	223.25
		FlushTrkTr MilesSand	Hourly Transport Flush Truck Charge (2 trucks) Miles One Way, Light Truck	8	130.00	1,040.00
				25	3.00	75.00
			235 Total bbls New Well			

		Subtotal	\$7,220.35
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Thank you for your business! Customer Representative Date

LIMITATION OF LIABILITY
Seller shall not be liable for, and buyer assumes responsibility for all personal injuries and property damages resulting from the handling, possession or use of the goods after delivery to buyer. In no event shall seller's liability exceed the purchase price of the products or services that are the subject of any claims made by buyer. In no event shall buyer be entitled to incidental or consequential damages. Buyer further agrees to indemnify and hold seller harmless from all claims, losses or damages attributable to pollution or contamination and cost of control or removal thereof, alleged to have been caused by materials sold to buyer hereunder.

Sales Tax (7.75%)	\$0.00
Total	\$7,220.35

1 1/2% Interest per month charged on all past due accounts

Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	9/20/2021
Date Completed	9/21/2021

Operator	A.P.I #	County	State
S.E.K. Energy, LLC	15-099-24715-00-00	Labette	Kansas

Well No.	Lease	Section	Township	Range
10-4	Beachner	4	32 S	18 E

Type of Well	Driller	Cement	Surface	TD	Size of Hole
OH	Billy Thornton	4	20' 4" 8 5/8	857	6 3/4

0-1	DIRT	555-559	LIME		
1-12	SAND	559-590	SHALE		
12-25	SANDY SHALE	590-591	COAL		
25-61	SHALE	591-617	SHALE		
61-70	LIME	617-620	BLACK SHALE		
70-117	SHALE	620-700	SHALE		
117-130	SAND	700-720	SANDY SHALE		
130-176	SHALE	707	WENT TO WATER		
176-180	BLACK SHALE	720-724	SAND		
180-182	LIME	724-736	SHALE		
182-185	BLACK SHALE	736-747	SAND		
185-198	SHALE	747-750	SHALE		
198-201	LIME	750-754	SAND /GOOD ODOR AND SHOW		
201-225	SHALE	754-755	SHALE		
225-249	LIME	755-782	SAND/GOOD ODOR AND SHOW		
249-266	SHALE	782-840	SHALE		
266-286	LIME	840-857	SANDY SHALE		
286-288	SHALE	857	TD		
288-292	LIME				
292-400	SHALE				
400-401	BLACK SHALE				
401-417	SANDY LIME (PAWNEE)				
417-427	LIME				
427-433	BLK SHALE (LEXINGTON)				
433-489	SHALE				
489-517	LIME (OSWEGO)				
517-525	BLK SHALE (SUMMIT)				
525-546	LIME				
546-554	BLACK SHALE				
554-555	COAL /DAMP (MULKY)				

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



Cement or Acid Field Report

Ticket No. **6726**
 Foreman Kevin McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
7-28-22	1068	Beachner #10-4	4	32S	18E	Labette	Ks	
Customer <u>SEK Energy Operating, LLC</u>			Unit #		Driver		Unit #	Driver
Mailing Address <u>P.O. Box 55</u>			104		ALAN M.			
City <u>Benedict</u>			113		SHANNON F.			
State <u>Ks</u>			145		STEVE M.			
Zip Code <u>66714</u>								

Job Type Logging Hole Depth 857' Slurry Vol. 31.5 BBL Tubing _____
 Casing Depth 852.51' Hole Size 6 3/4" Slurry Wt. 13.8" Drill Pipe _____
 Casing Size & Wt. 4 1/2 10.50" Cement Left in Casing 0' Water Gal/SK _____ Other _____
 Displacement 14.2 BBL Displacement PSI 600 Bump Plug to 1200 PSI BPM _____

Remarks: Safety Meeting; Rig up to 4 1/2 Casing. BREAK CIRCULATION w/ 25 BBL Fresh water. Pump 300" Gal flush 10 BBL Fresh water, mixed 100 SKS THICK SET Cement w/ 2" Phenoseal/ SK 2 13.8" / gal yield 1.77 = 31.5 BBL Slurry. wash out pump & lines, shut down. Release Prg. Displace plug to seat w/ 14.2 BBL Fresh water. Final Pumping Pressure 600 PSI. Bump Plug to 1200 PSI. wait 2 mins. Release Pressure. Float Held. Shut in @ 6 PSI. Good Cement Returns to Surface = 5 BBL Slurry to Pit. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 122	1	Pump Charge	1180.00	1180.00
C 127	0	Mileage 2 nd half of 2	0	N/L
C 201	100 sks	THICK SET Cement	24.25	2425.00
C 204	200 "	Phenoseal 2"/SK	1.55*	310.00
C 103.0	5.50 TONS	Tan Mileage	1.50	618.75
C 206	300 "	Gal flush	.30*	90.00
C 403	1	4 1/2" Top Rubber Plug	57.00	57.00
C 113	3 HRS	80 BBL VAC TRUCK	95.00	285.00
C 244	0	used pond water	0	N/L
			Sub TOTAL	4965.75
			Less 5%	259.46
			7.75% Sales Tax	223.36
Authorization <u>By Doug Lamb</u> Title _____ Total <u>4,929.65</u>				

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.



Cleaver Farm & Home
 2103 South Santa Fe Ave
 Chanute KS 66720
 620-431-6070

CUSTOMER COPY



INVOICE

2209-610944 PAGE 1 OF 1

SOLD TO
SEK Energy 149 Benedict Rd. PO Box 55 Benedict KS 66714

JOB ADDRESS
SEK Energy 149 Benedict Rd. PO Box 55 Benedict KS 66714 620-698-2150

ACCOUNT	JOB
S1283	0
SOLD ON	9/16/2022 8:33:38 AM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	
STATION	C11
CASHIER	TIMT
SALESPERSON	
ORDER ENTRY	

Returned items from invoice 2209-610785

Quantity	UM	Item	Description	D	T	Price	Per	Amount
-42	EA	QC	CONCRETE MIX WITH ROCK 80LB Return Reason: CUSTOMER-CUSTOMER DID NOT NEED	N	Y	5.2110	EA	-218.86
-1	EA	PALLET	PALLET BLOCKS & QUIK-CRETE Return Reason: CUSTOMER-CUSTOMER DID NOT NEED		N	20.0000	EA	-20.00
30	EA	STD	CEMENT PORTLAND TYPE 1 94LB MONARCH	N	Y	13.4910	EA	404.73

Handwritten notes:
 4 used on Beachner 10-4
 12-4
 13-4
 Driskel 2-4

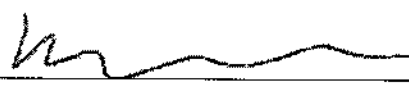
Payment Method(s)

Charge to Acct 183.53

CHAN 9.50%	SubTotal	165.87
	Sales Tax	17.66
	Deposit	
Please Pay This Amount		183.53

RETURN POLICY - within 30 days only - merchandise must be in saleable condition and accompanied by invoice.

No refunds on Special Order non-stock items


 Signature

SEK Energy Operating, LLC

P.O. Box 55
Benedict, KS 66714
(620) 698-2150



83-1284/1011

DATE
10/11/2022

AMOUNT
2500.00

PAY Two Thousand Five Hundred and 00/100 * * * * *

TO THE Andrew King
ORDER 1317 105 Road
OF Yates Center KS 66783

Douglas L Lamb
AUTHORIZED SIGNATURE

⑈047364⑈ ⑆101112842⑆ 0282798201⑈

SEK Energy Operating, LLC

Check No 47364

Invoice	Inv Date	Reference	Invoice Amt	Amt Paid
220921	09/21/2022	Beachner/Driskel	2,500.00	2,500.00

For 4-11-2022
Date Paid
Invoice #

2510	160	2250.00
2512	}	
2513		
2601		
8997	9008	250.00

~~60000 surface (6000)~~

2 - 30A 3R Disconnects

Check Date = 10/11/2022

Check Total = 2,500.00

47364