

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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	Raney Oil Company, LLC
Well Name	HOUSE 5 A
Doc ID	1693490

All Electric Logs Run

DIL
MEL
PE
SON

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



Cement or Acid Field Report
 Ticket No. **6775**
 Foreman David Gardner
 Camp Eureka

API# 15-035-24763

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
10-23-22	1375	House #5 A	5	34S.	6E.	Cowley	KS
Customer		Safety Meeting		Unit #	Driver	Unit #	Driver
RA Energy, LLC		DG JH DK		105	Jason		
Mailing Address				114	Dan		
11615 Rosewood St. Ste 100							
City	State	Zip Code					
Leawood	KS	66211					

Job Type P.T.A. New Well Hole Depth 3339' K.B. Slurry Vol. _____ Tubing _____
 Casing Depth 302' G.L. Hole Size 7 7/8" Slurry Wt. 14# Drill Pipe 4 1/2" 16.60"
 Casing Size & Wt. 8 5/8" 23# Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting: Rig up to 4 1/2" 16.60" Drill pipe. Plug well as follows:
35 SKS @ 350'
25 SKS @ 60' to Surface
30 SKS R.H.
20 SKS M.H.
110 SKS Total

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C103W	1	Pump Charge	1495.00	1495.00
C107	60	Mileage	5.00	300.00
C203	110 SKS	60/40 Pozmix Cement	15.75	1732.50
C206	380#	Gel 4%	.30	114.00
C108B	4.73 Tons	Ton Mileage - 60 Miles	1.40	425.70
<u>Thank You</u>			<u>Sub Total</u>	<u>4,067.20</u>
			<u>Less 5%</u>	<u>209.36</u>
			<u>6.5% Sales Tax</u>	<u>120.02</u>

Authorization _____ Title _____ Total **3,977.86**

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



Cement or Acid Field Report
 Ticket No. **6796**
 Foreman KEVIN MCCOY
 Camp EUREKA

API # 15-035-24763

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
10-18-22	1375	House #5 A	5	34S	6E	Cowley	Ks
Customer <u>RA ENERGY, LLC</u>		Safety Meeting <u>KM 5F 5M</u>		Unit # <u>104</u>	Driver <u>SHANNON F.</u>	Unit #	Driver
Mailing Address <u>11615 Rosewood St. Ste 100</u>				<u>112</u>	<u>STEVE M.</u>		
City <u>Leawood</u>	State <u>Ks</u>	Zip Code <u>66211</u>					

Job Type SURFACE Hole Depth 320' K.B. Slurry Vol. 43 BBL Tubing _____
 Casing Depth 302' G.L. Hole Size 12 1/4" Slurry Wt. 15* Drill Pipe _____
 Casing Size & Wt. 8 5/8" 23" Cement Left in Casing 20'± Water Gal/SK _____ Other _____
 Displacement 18.5 BBL Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: SAFETY Meeting: Rig up to 8 5/8 casing. BREAK CIRCULATION w/ 10 BBL FRESH water. Mixed 180 SKS CLASS "A" Cement w/ 3% CaCl2, 2% GEL, 1/4" FLOSEAL/SK @ 15*/GAL = 43 BBL Slurry. Displace w/ 18.5 BBL FRESH water. SHUT CASING IN. Good Cement Returns to SURFACE = 12 BBL Slurry to Pit. Job Complete. Rig down

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 101	1	Pump Charge	950.00	950.00
C 107	60	Mileage	5.00	300.00
C 200	180 SKS	CLASS "A" Cement	18.55	3339.00
C 205	510 *	CaCl2 3%	.75*	382.50
C 206	340 *	GEL 2%	.30*	102.00
C 209	45*	FLOSEAL 1/4*/SK	2.80*	126.00
C108B	8.46 TONS	Ton Mileage 60 miles	1.50	761.40
			Sub TOTAL	5,960.90
			Less 5%	310.88
			Sales Tax 6.5%	256.72
Authorization <u>By Willi</u> Title <u>C&G DRI9 Toolpusher</u>			Total	5,906.74

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.

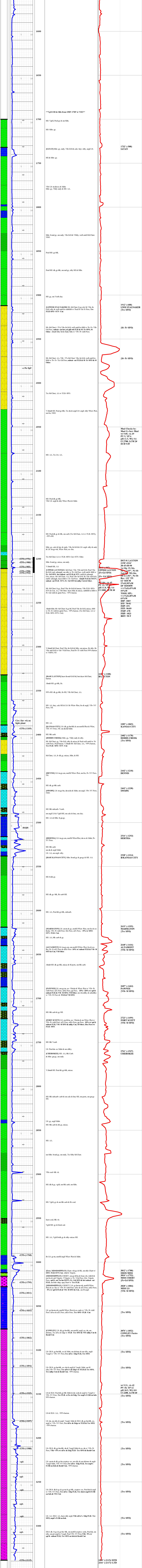
GEOLOGIST'S REPORT
DRILLING TIME AND SAMPLE LOG

Table with 2 columns: COMPANY, LEASE, FIELD, LOCATION, SECTION, TOWNSHIP, RANGE, COUNTY, STATE and ELEVATIONS, Measurements Are All From, API #.

Table with 2 columns: CONTRACTOR, SPUD, RTD, LTD, ELL-DIL, CD/CNL/PE, MEL/SON and CASING, SURFACE, PRODUCTION.

Table with 4 columns: FORMATION TOPS, LOG, SAMPLES, CHRONOLOGY.

REMARKS: 10/24/2022: The House 5 A test well was P&A pursuant to KCC planning orders. Test well submitted. Roger L. Martin, Geologist





TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Raney Oil Company LLC

5-34S-6E Cowley

4665 Bauer Brook CT
Lawrence, KS 66049

House 5-A

ATTN: Roger Martin

Job Ticket: 69560

DST#: 1

Test Start: 2022.10.20 @ 23:33:00

GENERAL INFORMATION:

Formation: **Upper Layton**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 01:21:47

Time Test Ended: 07:19:02

Test Type: Conventional Bottom Hole (Initial)

Tester: Leal Cason

Unit No: 72

Interval: 2198.00 ft (KB) To 2216.00 ft (KB) (TVD)

Reference Elevations: 1224.00 ft (KB)

Total Depth: 2216.00 ft (KB) (TVD)

1215.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 9.00 ft

Serial #: 6752 Inside

Press@RunDepth: 89.36 psig @ 2204.00 ft (KB)

Capacity: psig

Start Date: 2022.10.20

End Date:

2022.10.21

Last Calib.: 2022.10.21

Start Time: 23:33:01

End Time:

07:19:02

Time On Btm: 2022.10.21 @ 01:20:17

Time Off Btm: 2022.10.21 @ 05:10:47

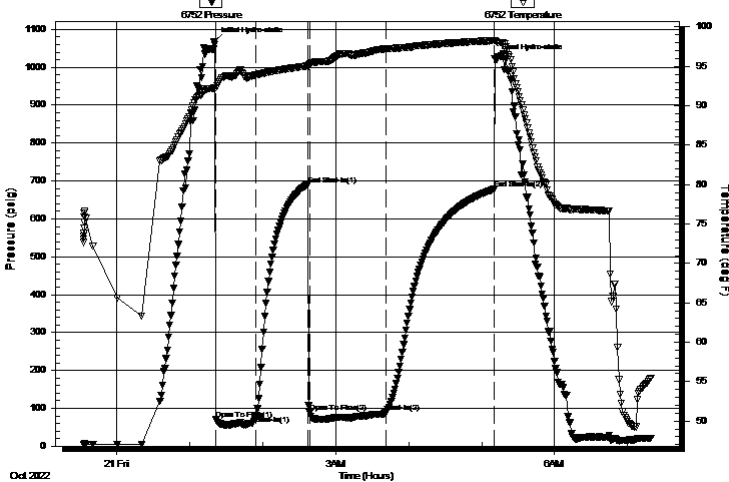
TEST COMMENT: IF: Fair Blow , Built to 3.69"

IS: No Blow Back

FF: Weak Blow , Built to 2.83"

FS: No Blow Back

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1068.71	92.22	Initial Hydro-static
2	70.01	92.34	Open To Flow (1)
35	81.80	93.92	Shut-In(1)
77	691.16	95.05	End Shut-In(1)
79	90.33	95.25	Open To Flow (2)
141	89.36	97.24	Shut-In(2)
230	678.19	98.28	End Shut-In(2)
231	1023.00	98.30	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	Tool Sample SOSMW +/-1%O 30%M 69%	0.00
60.00	SOSMW +/-1%O 44%M 55%W	0.30
62.00	SOCM 2%O 98%M	0.30

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Raney Oil Company LLC

5-34S-6E Cowley

4665 Bauer Brook CT
Lawrence, KS 66049

House 5-A

Job Ticket: 69560

DST#: 1

ATTN: Roger Martin

Test Start: 2022.10.20 @ 23:33:00

GENERAL INFORMATION:

Formation: **Upper Layton**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 01:21:47

Time Test Ended: 07:19:02

Test Type: Conventional Bottom Hole (Initial)

Tester: Leal Cason

Unit No: 72

Interval: 2198.00 ft (KB) To 2216.00 ft (KB) (TVD)

Reference Elevations: 1224.00 ft (KB)

Total Depth: 2216.00 ft (KB) (TVD)

1215.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 9.00 ft

Serial #: 8365 Outside

Press@RunDepth: psig @ 2204.00 ft (KB)

Capacity: psig

Start Date: 2022.10.20 End Date: 2022.10.21

Last Calib.: 2022.10.21

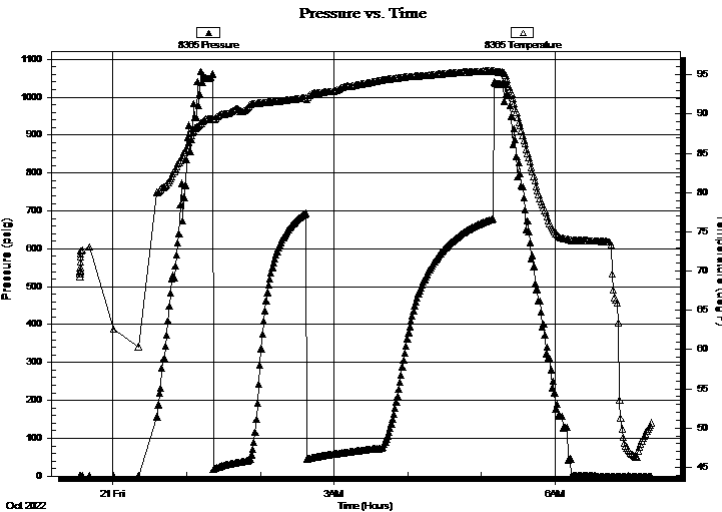
Start Time: 23:33:01 End Time: 07:19:02

Time On Btm:

Time Off Btm:

TEST COMMENT: IF: Fair Blow, Built to 3.69"
IS: No Blow Back
FF: Weak Blow, Built to 2.83"
FS: No Blow Back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
0.00	Tool Sample SOSMW +/-1%O 30%M 69%	0.00
60.00	SOSMW +/-1%O 44%M 55%W	0.30
62.00	SOCM 2%O 98%M	0.30

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Raney Oil Company LLC

5-34S-6E Cowley

4665 Bauer Brook CT
Lawrence, KS 66049

House 5-A

Job Ticket: 69560

DST#: 1

ATTN: Roger Martin

Test Start: 2022.10.20 @ 23:33:00

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:

7800 ppm

Viscosity: 39.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2700.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
0.00	Tool Sample SOSMW +/-1%O 30%M 69%W	0.000
60.00	SOSMW +/-1%O 44%M 55%W	0.295
62.00	SOCM 2%O 98%M	0.305

Total Length: 122.00 ft Total Volume: 0.600 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

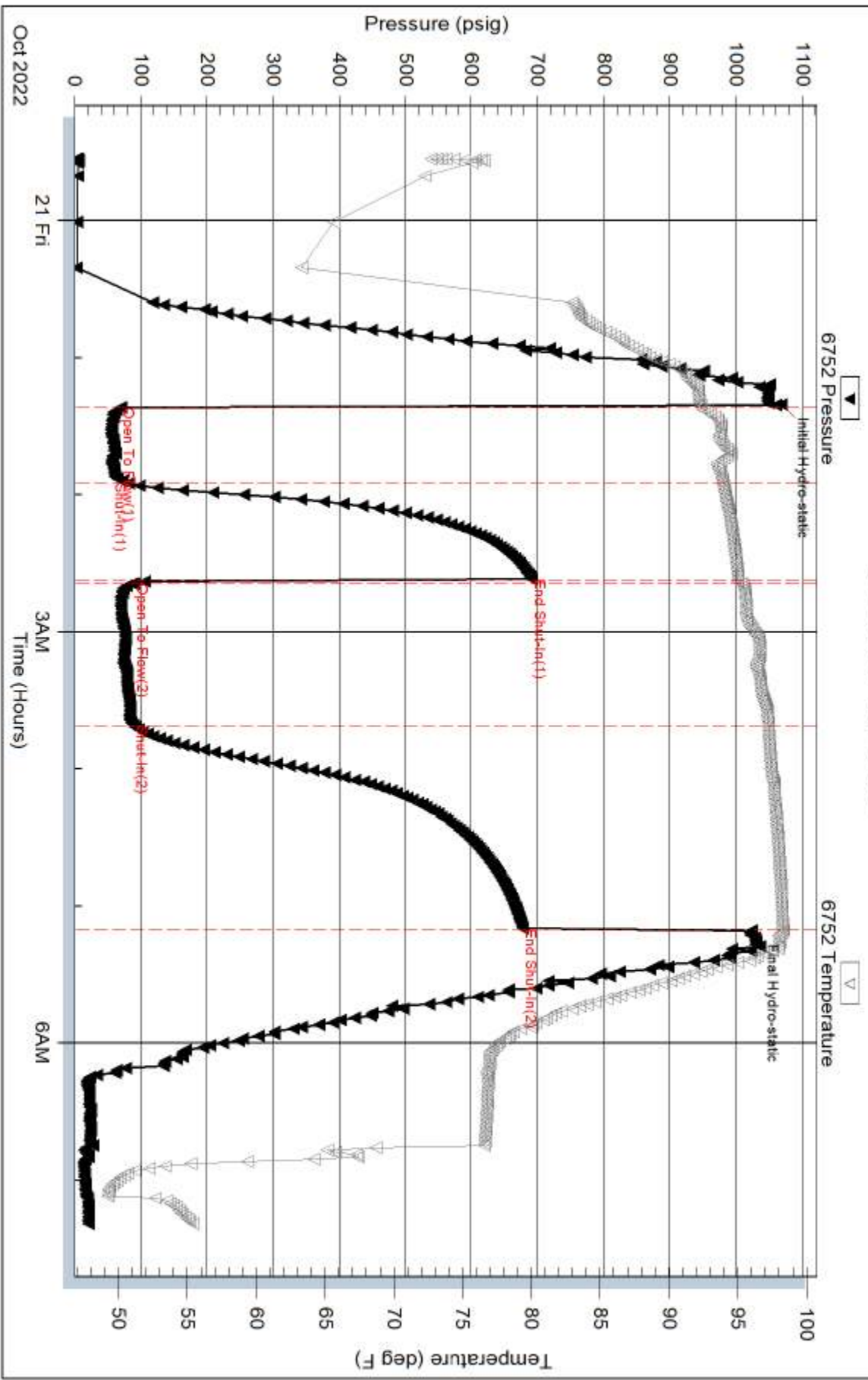
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: RW was .95 @ 54 degrees

Pressure vs. Time



Serial #: 8365

Outside Raney Oil Company LLC

House 5-A

DST Test Number: 1

