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 # 4313
Name: Walker Tank Service, Inc
Address 1: 128 N GARFIELD AVE
Address 2: PO BOX 117
City: UTICA State: KS Zip: 67584 + 0117
Contact Person: Galen Walker
Phone: (785) 391-1035
CONTRACTOR: License # 32592
Name: Wild West Well Service, Inc.
Wellsite Geologist: NA
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: White & Ellis Drilling, Inc.
Well Name: CHIEF-MCMILLEN
Original Comp. Date: 02/10/1988 Original Total Depth: 4749
☐ 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 #:

04/03/2023	04/03/2023	04/06/2023
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-101-21454-00-01
Spot Description:
__ - SE - NE - SE Sec. 36 Twp. 19 S. R. 29 ☐ East ☑ West
1667 Feet from ☐ North / ☑ South Line of Section
317 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
GPS Location: Lat: ____ *(e.g. xx.xxxxx)*, Long: ____ *(e.g. -xxx.xxxxx)*
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Lane
Lease Name: CHIEF-MCMILLEN Well #: 1-36
Field Name:
Producing Formation: Cedar Hills
Elevation: Ground: 2187 Kelly Bushing: 5
Total Vertical Depth: 4749 Plug Back Total Depth: 2000
Amount of Surface Pipe Set and Cemented at: 298 Feet
Multiple Stage Cementing Collar Used? ☑ Yes ☐ No
If yes, show depth set: 2186 Feet
If Alternate II completion, cement circulated from: 2186
feet depth to: 0 w/ 398 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated
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:** David Befort **Date:** 04/24/2023

Page Two

Operator Name: Walker Tank Service, Inc Lease Name: CHIEF-MCMILLEN Well #: 1-36

Sec. 36 Twp. 19 S. R. 29 ☐ East ☑ West County: Lane

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 ☐ Yes ☑ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☑ No

Cores Taken ☐ Yes ☑ No

Electric Log Run ☐ Yes ☑ No

Geologist Report / Mud Logs ☐ Yes ☑ No

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
NA	NA	NA

CASING RECORD ☐ New ☑ 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
Surface	11.75	8.625	23	298	6040	175	2
Production	7.5	5.5	14	4748	6040	100	2

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
____ Perforate ____ Protect Casing ____ Plug Back TD ____ 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: 04/20/2023

Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☑ Other *(Explain)* SWD

Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION: ☐ Open Hole ☑ Perf. ☐ Dually Comp. *(Submit ACO-5)* ☐ Commingled *(Submit ACO-4)*

PRODUCTION INTERVAL:

Top	Bottom
1800	1825

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record *(Amount and Kind of Material Used)*
1	1800	1825	CIBP Cast Iron Bridge Plug	2000	

TUBING RECORD: Size: Set At: Packer At:

Mail to: KCC - Conservation Division, 266 N. Main, Suite 220, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Walker Tank Service, Inc
Well Name	CHIEF-MCMILLEN 1-36
Doc ID	1708548

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	11.75	8.625	23	298	6040	175	2
Production	7.5	5.5	14	4748	6040	100	2