

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 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. 7117
 Foreman David Gardner
 Camp Eureka

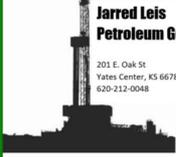
Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
3-23-23	1461	Goebel #10	20	24S.	16E.	Woodson	KS
Customer	Mailing Address	City	State	Zip Code	Safety Meeting	Unit #	Driver
Evolution Technology, LLC	213 W. Mason Ste. B	Odessa	MO	64076	DG SF DK JH	111	Shannon
						115	Dan
						145	Jason

Job Type Longstring Hole Depth 1092' Slurry Vol. 39 Bbl Tubing 2 7/8"
 Casing Depth 1091' Hole Size 5 5/8" Slurry Wt. 13.6* Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing 0' Water Gal/SK _____ Other _____
 Displacement 6 1/4 Bbl Displacement PSI 600 Bump Plug to 1000 PSI BPM _____

Remarks: Safety Meeting: Rig up to 2 7/8" Tubing set @ 1091'. Break circulation w/ 5 Bbl fresh water. Mixed 250* Gel Flush, 10 Bbl water spacer. Mixed 125 sks Thick Set Cement w/ 1* Phenaseal/sk @ 13.6*/gal, yield 1.75 = 39 Bbl slurry. Shut down. Wash out pump & lines. Stuff 2 7/8" Rubber plugs. Displace plugs to seat w/ 6 1/4 Bbl fresh water. Final pumping pressure of 600 PSI. Bump plugs to 1000 PSI. Wait 2 mins. Release pressure. No flow back. Float & Plugs held. Good cement returns to surface = 7 Bbl slurry to pit. Annulus standing full of cement. Job complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1180.00	1180.00
C107	40	Mileage	5.00	200.00
C201	125 sks	Thick Set Cement	24.25	3031.25
C208	125*	Phenaseal 1*/sk	1.55	193.75
C108B	6.87 Tons	Ton Mileage - 40 Miles	1.40	412.20
C113	3 HRS	80 Bbl Vac Truck	95.00 /HR	285.00
C224	3300 Gals	City Water	12.00/1000	39.60
C206	250*	Gel Flush	.30	75.00
C400	2	2 7/8" Top Rubber Plugs	35.00	70.00
<u>Thank You</u>				
			Sub Total	5,486.80
			7.5% Sales Tax	255.72
Authorization <u>by Jared Leis</u> Title <u>Co/Rep.</u>			Total	<u>5,742.52</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.



Jarred Leis
Petroleum Geologist

201 E. Oak St
Yates Center, KS 66783
620-212-0048

Well-Site Geologists
Jarred Leis

201 E. Oak St
Yates Center, KS 66783

Software: IMHC Strata Log
IMHC Software LLC
PO Box 20558, Albuquerque, NH 87154
505-333-3432 www.imhcssoftwarellc.com

Operator
Evolution Technology
Well Name
Goebel #10

Operator Address
213 W Mason, Ste. B
Odessa, MO 64076

Well Information

Field: Vernon	Ground Elevation(ft): 1058.0
Region:	KB Elevation(ft): 1058.0
Coordinates: 1540' FSL/1100' FWL	Sput Date: 3/17/2023
Location: Sec 20 Twp 24 Rge 16E	Drilling Concluded: 3/20/2023
State: Kansas, Woodson	Evolution Technology Geologist(s):
API Index: 15-207-29911	Rig Supervisor(s):
Rig Operator: WOCO Drilling	Steve Leis

Hole Data

12" Hole drilled for surface pipe
5 7/8" Hole drilled from surface to TD

Casing Data

Surface Pipe: 43" 8 5/8"
Production Casing: 1095' 2 7/8"

Legend - Scale 1:240 (1" = 20')

Notes

Due to Gas sand present in the Middle Squirrel Sandstone And Oil Shows in the Lower Squirel Sandstone the decision was made to set 2 7/8" casing to further evaluate this zone through perforations.

Log Images

- BT Trip
- Midnight
- Gas Show
- Oil Show
- Casing Show
- AM Report
- PM Report
- Tight Connection
- Fracture
- Formation Tops
- Formation Members
- Pressure Test
- Carbonaceous
- Calote
- Kaolinite
- Survey
- Pyrite
- Fossil
- Connection

Lithology

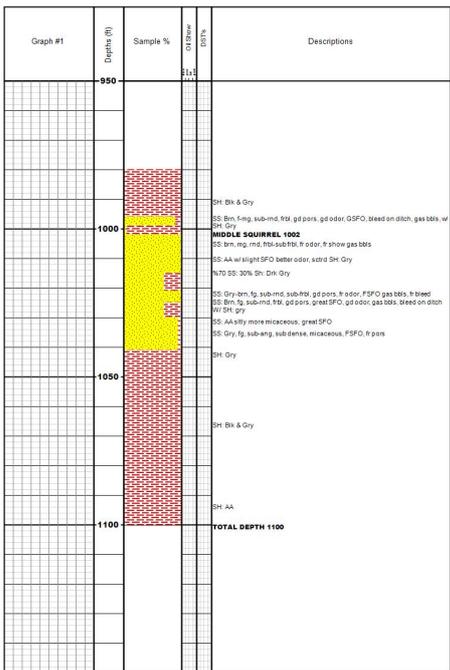
- Arhyrite
- Bentonite
- Breccia
- Carbonaceous Shale
- Cement
- Chert
- Claystone
- Coal
- Conglomerate
- Dolomite
- Fault or Fracture
- Glaucinite
- Gypsum
- Limestone
- Marlstone
- Mudstone
- Salt
- Sandstone
- Shale
- Siltstone

Graph Curves

Graph #1

Intervals

- Circulation
- Connections
- Tops
- Slide
- Rotate
- Cone
- Recovered Core
- Circulation



WoCo Drilling LLC

1135 30th Rd
 Yates Center, Kansas 66783
 Steve 620-330-6328 Nick 620-228-2320

Operator License # 36018		API # 15-207-29911	
Operator: Evolution Technology LLC		Lease: Goebel	
Address: 213 W Masson, Odessa, Mo 64076-1262		Well # 10	
Phone: 816-546-2814		Spud Date: 3-16-2023 Completed 3-20-2023	
Contractor License: 33900		Location: Sec: 20 TWP: 24s R: 16e	
T.D. 1100	Bite Size: 5.875	1540 FSL	
Surface Pipe Size: 7"	Surface Depth: 43'	1100 FWL	
Kind of Well: Gas		County: Woodson	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	5	Shale	905	921
Clay	5	26	Lime	921	927
Lime	26	33	Shale	927	938
Shale	33	181	Lime	938	945
Lime	181	204	Shale	945	957
Shale	204	209	Lime	957	963
Lime	209	226	Shale	963	990
Shale	226	244	Lime	992	994
Lime	244	319	Sand Upper SQ	994	1000
Shale	319	326	Shale	1000	1002
Lime	326	352	Gas Sand	1002	1015
Lime Break	352	371	Lime Cap	1015	1016
Lime	371	384	Shale	1016	1018
Lime Break	384	418	Lime cap	1018	1019
Lime	418	439	Oil Sand Lower SQ	1019	1030
Shale	439	461	Badly Broken Sand Oder	1030	1035
Lime	461	471	Shale	1035	1095
Shale	471	505			
Lime	505	579	TD 1095		
Shale	579	585			
Lime	585	633	Ran 1093' of 2-7/8" Pipe		
Shale	633	792			
Lime	792	798	Cemented Surface with		
Shale	798	818	10 sacks of cement		
Lime	818	827			
Shale	827	889			
Lime	889	894			
Shale	894	896			
Lime	896	905			

