

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) (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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CHARGE TO: *Citadel*

ADDRESS

CITY, STATE, ZIP CODE

TICKET 34846

PAGE 1 OF 1

SERVICE LOCATIONS 1. <i>Ness City</i>	WELL/PROJECT NO. <i>1-21</i>	LEASE <i>Shay</i>	COUNTY/PARISH <i>Lane</i>	STATE <i>KS</i>	CITY	DATE <i>1-19-23</i>	OWNER
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Professional</i>	RIG NAME/NO.	SHIPPED VIA <i>CT</i>	DELIVERED TO <i>location</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Squeeze</i>	WELL PERMIT NO.		WELL LOCATION <i>4 + 23 Junction, 1-E, 1 3/4-N, E-into</i>	
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS <i>workover</i>					

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<i>575</i>		<i>1</i>			<i>MILEAGE Truck 112</i>	<i>50</i>	<i>mi</i>			<i>7.00</i>	<i>350.00</i>
<i>578</i>		<i>1</i>			<i>pump charge (Deep Squeeze)</i>	<i>1</i>	<i>Job</i>			<i>1600.00</i>	<i>1600.00</i>
<i>303</i>		<i>1</i>			<i>mca Acid</i>	<i>250</i>	<i>gal</i>	<i>15%</i>		<i>3.00</i>	<i>750.00</i>
<i>221</i>		<i>1</i>			<i>Liquid KCL</i>	<i>2</i>	<i>gal</i>			<i>25.00</i>	<i>50.00</i>
<i>325</i>		<i>1</i>			<i>STD cement</i>	<i>100</i>	<i>SK</i>			<i>15.00</i>	<i>1500.00</i>
<i>290</i>		<i>1</i>			<i>O-Air</i>	<i>1</i>	<i>gal</i>			<i>42.00</i>	<i>42.00</i>
<i>581</i>		<i>1</i>			<i>CMT Service Charge</i>	<i>100</i>	<i>SK</i>			<i>2.00</i>	<i>200.00</i>
<i>286</i>	<i>582</i>	<i>1</i>			<i>Min. Drayage</i>	<i>9400</i>	<i>lbs</i>	<i>235 TM</i>		<i>350.00</i>	<i>350.00</i>
<i>286</i>		<i>1</i>			<i>Halad-1</i>	<i>3550</i>	<i>lbs</i>			<i>8.00</i>	<i>280.00</i>

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

X *[Signature]*

DATE SIGNED *1-19-23* TIME SIGNED *17:30* A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UNDECEID	DISAGREE	PAGE TOTAL <i>5122.00</i>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				<i>[Signature]</i> <i>136.65</i>
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL <i>5258.65</i>
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE	PAGE NO.
1-19-23	1
TICKET NO.	
34846	

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Citadel		1-21		Shay		Squeeze		34846	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	10:30								ON location 2 3/8" 5 1/2" plug 4396' Treat 4187' Squeeze 4090' perf's 4211'-12'
	11:15		17	✓					Spot Acid
	11:30	.5	17.5	✓		400			Pump hole catch
		1	19	✓		250			
	11:35	.5	20	✓					KO instant seal
			23	✓					Acid Clear
	13:45						300		pull to 4090' set packer load 135
	14:05	2 1/2		✓		400			Injection Rate
	14:25	2	21	✓		300			mix 100SK STD w/ Haled in 1 3/4" 20SK @ 15.5
	14:35								w/out pump lines
	14:45		0	✓					start displace
		1 3/4	6	✓		250	250		
		1 3/4	11	✓		500	500		
		1 3/4	16	✓		300	300		
	15:00		16.5	✓		500	500		KO
	15:05								Wash pump truck
	15:25		17	✓		500	500		check back 1/2 bbl to catch pressure up with larger
	16:30			✓		1200			1200 psi hold
	16:40		30	✓					Reverse clean
									pull 5 joints
	17:00			✓		400	400		leave 400 psi shut in
	17:30								Job Complete
									Thanks!
									Preston, Kirby, Tyler
									100 SKS STD w/ haled in 1 3/4" 20SK used



CHARGE TO: Citadel Oil

ADDRESS

CITY, STATE, ZIP CODE

TICKET **34955**

PAGE 1 OF 1

1. SERVICE LOCATIONS <u>Ness City, KS</u>	WELL/PROJECT NO. <u>1-21 ONWO</u>	LEASE <u>Shay</u>	COUNTY/PARISH <u>LANC</u>	STATE <u>KS</u>	CITY	DATE <u>1/26/2023</u>	OWNER
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Professional</u>		RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>LOCATION</u>	ORDER NO.	
3. WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Workover</u>	JOB PURPOSE <u>Perf Squeeze</u>		WELL PERMIT NO.	WELL LOCATION <u>N/ of Shields</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<u>575</u>		<u>1</u>			MILEAGE <u>Truck #114</u>		<u>50</u>	<u>Mi</u>		<u>7.00</u>	<u>350.00</u>
<u>578</u>		<u>1</u>			<u>Pump Charge - Squeeze</u>		<u>1</u>	<u>job</u>		<u>1,600.00</u>	<u>1,600.00</u>
<u>325</u>		<u>1</u>			<u>STANDARD CEMENT</u>		<u>50</u>	<u>skts</u>		<u>15.00</u>	<u>750.00</u>
<u>286</u>		<u>1</u>			<u>HALAD-1</u>		<u>20</u>	<u>lbs</u>		<u>8.00</u>	<u>160.00</u>
<u>290</u>		<u>1</u>			<u>D-AIR</u>		<u>1</u>	<u>gal</u>		<u>42.00</u>	<u>42.00</u>
<u>581</u>		<u>1</u>			<u>Cement Service Charge</u>		<u>50</u>	<u>skts</u>		<u>2.00</u>	<u>100.00</u>
<u>582</u>		<u>1</u>			<u>Minimum Drayage Charge</u>		<u>1</u>	<u>job</u>		<u>350.00</u>	<u>350.00</u>
PAGE TOTAL											3,352.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

[Signature]

DATE SIGNED 1/26/2023 TIME SIGNED 2:45

A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY				AGREE	UNDECIDED	DISAGREE	PAGE TOTAL	3,352.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?								
WE UNDERSTOOD AND MET YOUR NEEDS?								
OUR SERVICE WAS PERFORMED WITHOUT DELAY?								
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?							<u>[Signature]</u>	<u>257.40</u>
ARE YOU SATISFIED WITH OUR SERVICE?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	TOTAL		3603.40
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND								

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR [Signature]

APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 1/26/2003 PAGE NO. 1

CUSTOMER <u>Citadel Oil</u>		WELL NO. <u>1-21 owind</u>	LEASE <u>Shay</u>	JOB TYPE <u>Perf Squeeze</u>	TICKET NO. <u>34955</u>
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1000							ON Location <u>2 3/8 x 5 1/2"</u> CIBP: <u>4,369'</u> PKR: <u>4,096'</u> Perfs: <u>4,206'-08'</u>
	1030		13	✓		1500		Test CIBP @ <u>4,369'</u> Pull 9 JEs
							300	Load BS - P Test to <u>300 PSI *Hold*</u>
	1130	2 1/2	18	✓		700		INJECTION RATE <u>2 1/2 BPM @ 700 PSI</u>
	1135	2 1/2	10.5	✓		300		Mix 50 sks of STANDARD Cement w/ HALAD in first 20 sks
								Wash Pump + Lines
		2	0	✓		0		Begin Displacement
		2	12	✓		700		Caught PSI
		1	13	✓		800		
		1/2	15	✓		1,000		
	1205	1/2	17	✓		1200		KO Pump
								Stag
	1235	∅	17	✓		1500		*Holding 1500 PSI*
	1240							-Release *small Flowback*
	1250	∅		✓		1000		Begin Staging Again
	1315	∅		✓		1700		∅ 1700 PSI - *Shut in + Wash Truck*
	1345							Tie back on tubing *Holding PSI*
								-Release *Dried up*
	1400	2 1/2	25	✓		400		Reverse Clean
	1420	∅	-	✓		400		Pull 5 JEs + Pss up Squeeze *Shut in*
	1430							Job Complete
								50 sks of Standard Cement Approx 40 sks in Perfs ± 85' in Csg
								THANKS! Guleon, Mark, Brett



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

July 12, 2023

Emily M. Wiser
Citadel Oil LLC
3000 ASTORIA WAY SUITE 150
PO BOX 1410
EDMOND, OK 73083-1410

Re: ACO-1
API 15-101-20799-00-01
SHAY OWWO 1-21
NW/4 Sec.21-16S-28W
Lane County, Kansas

Dear Emily M. Wiser:

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 01/02/2023 and the ACO-1 was received on July 12, 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