

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) (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	Canyon Operating LLC
Well Name	MW LAND 15-1
Doc ID	1582881

All Electric Logs Run

BHV
DIL
DUCP
MEL

FRANKS Oilfield Service, LLC

815 Main Street
Victoria, KS 67671

Office (785) 639-3949
24 Hour Service Line (785) 639-7269

Email: franksoilfield@yahoo.com

Invoice

Date	Invoice #
6/8/2021	0335

Bill To
Canyon Opertaing, LLC P.O. Box 7117 Loveland, CO 80537-7117

Please Pay from this Invoice.
Remit Payment to:
815 Main Street
Victoria, KS 67671
Billing Questions-Call Tianna at
(785) 639-3949

County/State	Lease/Well#	Terms	Job Type
Graham Co., KS	NW Land 15-1	Net 30	Surface

Description	Quantity	Rate	Amount
Pump Charge	1	1,150.00	1,150.00
Mileage	27	6.50	175.50
Ton Mileage (min.)	1	600.00	600.00
Surface Blend	140	15.00	2,100.00
30% Discount		-1,207.65	-1,207.65

Thank-you!

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.	Subtotal	\$2,817.85
<i>We appreciate your business and look forward to serving you again!</i>	Sales Tax (7.5%)	\$110.25
	Balance Due	\$2,928.10

FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0335
 LOCATION Hoxie KS
 FOREMAN Cody Huss

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-8-21		NW Land 15-1	15	9s	25w	Graham
CUSTOMER Canyon Operating LLC			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE Surface HOLE SIZE 12.75 HOLE DEPTH 223' CASING SIZE & WEIGHT 4 3/4 23"
 CASING DEPTH 222' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8" SLURRY VOL 1.41" WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 12.75 Bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting + Rig upon STP Rig #1 Circulate casing mix 140sx of 60/40 3% CC 2% gel + displaced with 12.75 BBLs of water Shut IN Cement did Circulate to Surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC002	1	PUMP CHARGE	\$1150 ⁰⁰	\$1150 ⁰⁰
M001	27	MILEAGE	\$650	\$175 ⁵⁰
M002	6.75	Ton mileage minimum	\$600 ⁰⁰	\$4000 ⁰⁰
CB004	140SX	60/40 3% CC 2% gel	\$15 ⁰⁰	\$2100 ⁰⁰
			sub total	\$4,025 ⁵⁰
			less 30% discount	\$1,207 ⁴⁵
			sub total	\$2,817 ⁸⁵
			SALES TAX	110.25
			ESTIMATED TOTAL	2,928.10

AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

FRANKS Oilfield Service, LLC

815 Main Street
Victoria, KS 67671

Office (785) 639-3949
24 Hour Service Line (785) 639-7269

Email: franksoilfield@yahoo.com

Invoice

Date	Invoice #
6/14/2021	0337

Please Pay from this Invoice.
Remit Payment to:
815 Main Street
Victoria, KS 67671
Billing Questions-Call Tianna at
(785) 639-3949

Bill To
Canyon Opertaing, LLC P.O. Box 7117 Loveland, CO 80537-7117

County/State	Lease/Well#	Terms	Job Type
Graham Co., KS	NW Land 15-1	Net 30	Rotary Plug

Description	Quantity	Rate	Amount
Pump Charge	1	1,150.00	1,150.00
Mileage	27	6.50	175.50
Ton Mileage (min.)	1	600.00	600.00
60/40 4% gel 1/4# floseal	240	16.75	4,020.00T
30% Discount		-1,783.65	-1,783.65

Thank you!

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.	Subtotal	\$4,161.85
<i>We appreciate your business and look forward to serving you again!</i>	Sales Tax (7.5%)	\$211.05
	Balance Due	\$4,372.90

FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0337
 LOCATION Hoxie KS
 FOREMAN Cody Hoss

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-14-21		M W Land 15-1	15	9	25 W	Graham ^{KS}

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Canyon Operating LLC	101	Tom		
	102	Jack		

CITY	STATE	ZIP CODE

JOB TYPE Rosary Plug HOLE SIZE _____ HOLE DEPTH 4109' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4.3 TUBING _____ OTHER _____
 SLURRY WEIGHT 13.7 SLURRY VOL 14 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting + Rig up on STP drilling Plus as ordered
1st plug 50sx 2250'
2nd plug 100sx 1350'
3rd plug 50sx 280'
4th plug 10sx 40'
Rat hole 30sx 240sx 60/40 4% gel 1/4" Flo seal

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC001	1	PUMP CHARGE	\$1150.00	\$1150.00
M001	2.7	MILEAGE	\$65.00	\$175.50
M00	10.74	Tom mileage delivery	\$400.00	\$4,298.00
CB010	240sx	60/40 4% gel 1/4" Flo seal	\$16.75	\$4,020.00
			sub total	\$5,945.50
			less 30% disc.	\$1,783.65
			sub total	\$4,161.85
			SALES TAX	211.05
			ESTIMATED TOTAL	4,372.90

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Canyon Operating, LLC

15 9s 25w Graham, Ks

PO Box 7117
Loveland Co 80537

MW Land 15-1

Job Ticket: 66997

DST#: 1

ATTN: Clayton Erickson

Test Start: 2021.06.12 @ 14:20:00

GENERAL INFORMATION:

Formation: **LKC C-D**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 16:16:00

Time Test Ended: 22:52:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Bradley Walter

Unit No: 78

Interval: **3870.00 ft (KB) To 3925.00 ft (KB) (TVD)**

Reference Elevations: 2563.00 ft (KB)

Total Depth: 3925.00 ft (KB) (TVD)

2556.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 7.00 ft

Serial #: 8319 Outside

Press@RunDepth: 227.38 psig @ 3871.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2021.06.12 End Date: 2021.06.12

Last Calib.: 2021.06.12

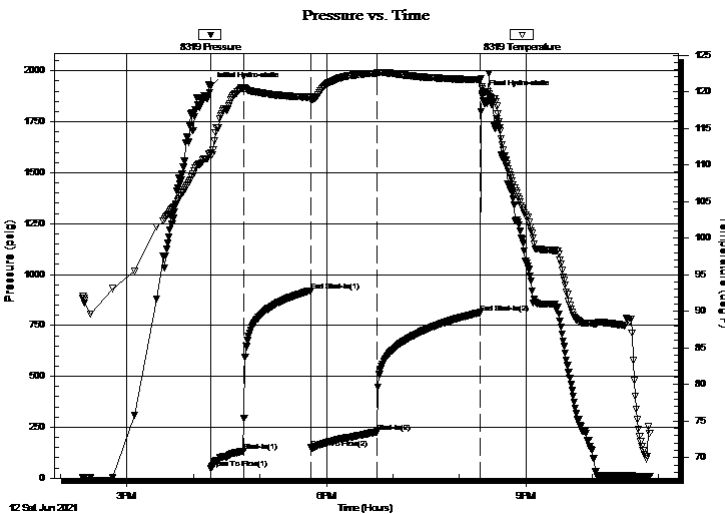
Start Time: 14:20:05 End Time: 22:51:59

Time On Btm: 2021.06.12 @ 16:15:45

Time Off Btm: 2021.06.12 @ 20:20:30

TEST COMMENT: 30- IF: 1.5" blow .
60- IS: No return.
60- FF: 5.5" blow .
90- FS: No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1925.00	111.60	Initial Hydro-static
1	46.96	111.21	Open To Flow (1)
30	132.02	120.51	Shut-In(1)
90	920.58	119.27	End Shut-In(1)
91	148.84	118.84	Open To Flow (2)
150	227.38	122.53	Shut-In(2)
243	813.03	121.61	End Shut-In(2)
245	1885.89	120.67	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
510.00	mcw 5m 95w (oil spots)	6.06
1.00	oil 100o	0.01

Gas Rates

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



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Canyon Operating, LLC
 PO Box 7117
 Loveland Co 80537
 ATTN: Clayton Erickson

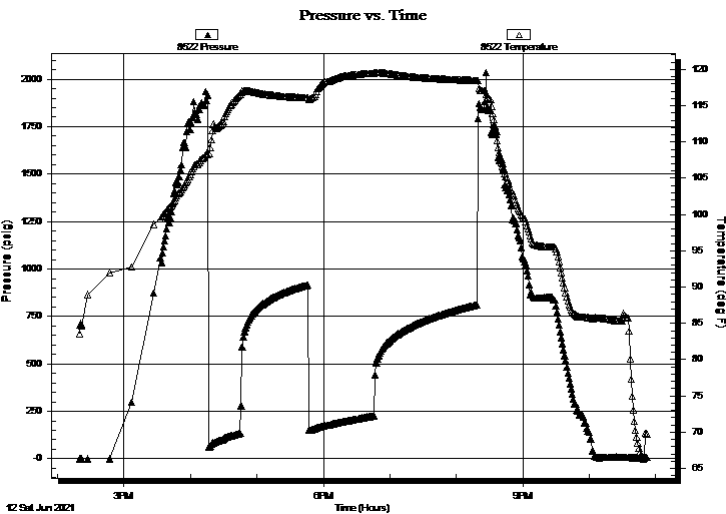
15 9s 25w Graham, Ks
MW Land 15-1
 Job Ticket: 66997 **DST#: 1**
 Test Start: 2021.06.12 @ 14:20:00

GENERAL INFORMATION:

Formation: **LKC C-D**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 16:16:00
 Time Test Ended: 22:52:00
 Interval: **3870.00 ft (KB) To 3925.00 ft (KB) (TVD)**
 Total Depth: 3925.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Bradley Walter
 Unit No: 78
 Reference Elevations: 2563.00 ft (KB)
 2556.00 ft (CF)
 KB to GR/CF: 7.00 ft

Serial #: 8522 Inside
 Press@RunDepth: psig @ 3871.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2021.06.12 End Date: 2021.06.12 Last Calib.: 2021.06.12
 Start Time: 14:20:05 End Time: 22:51:59 Time On Btm:
 Time Off Btm:

TEST COMMENT: 30- IF: 1.5" blow .
 60- IS: No return.
 60- FF: 5.5" blow .
 90- FS: No return.



PRESSURE SUMMARY

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

Recovery

Length (ft)	Description	Volume (bbl)
510.00	mcw 5m 95w (oil spots)	6.06
1.00	oil 100o	0.01

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Canyon Operating, LLC

15 9s 25w Graham, Ks

PO Box 7117
Loveland Co 80537

MW Land 15-1

Job Ticket: 66997

DST#: 1

ATTN: Clayton Erickson

Test Start: 2021.06.12 @ 14:20:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

32000 ppm

Viscosity: 64.00 sec/qt

Cushion Volume:

bbf

Water Loss: 7.60 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1800.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
510.00	mcw 5m 95w (oil spots)	6.061
1.00	oil 100o	0.014

Total Length: 511.00 ft Total Volume: 6.075 bbf

Num Fluid Samples: 0

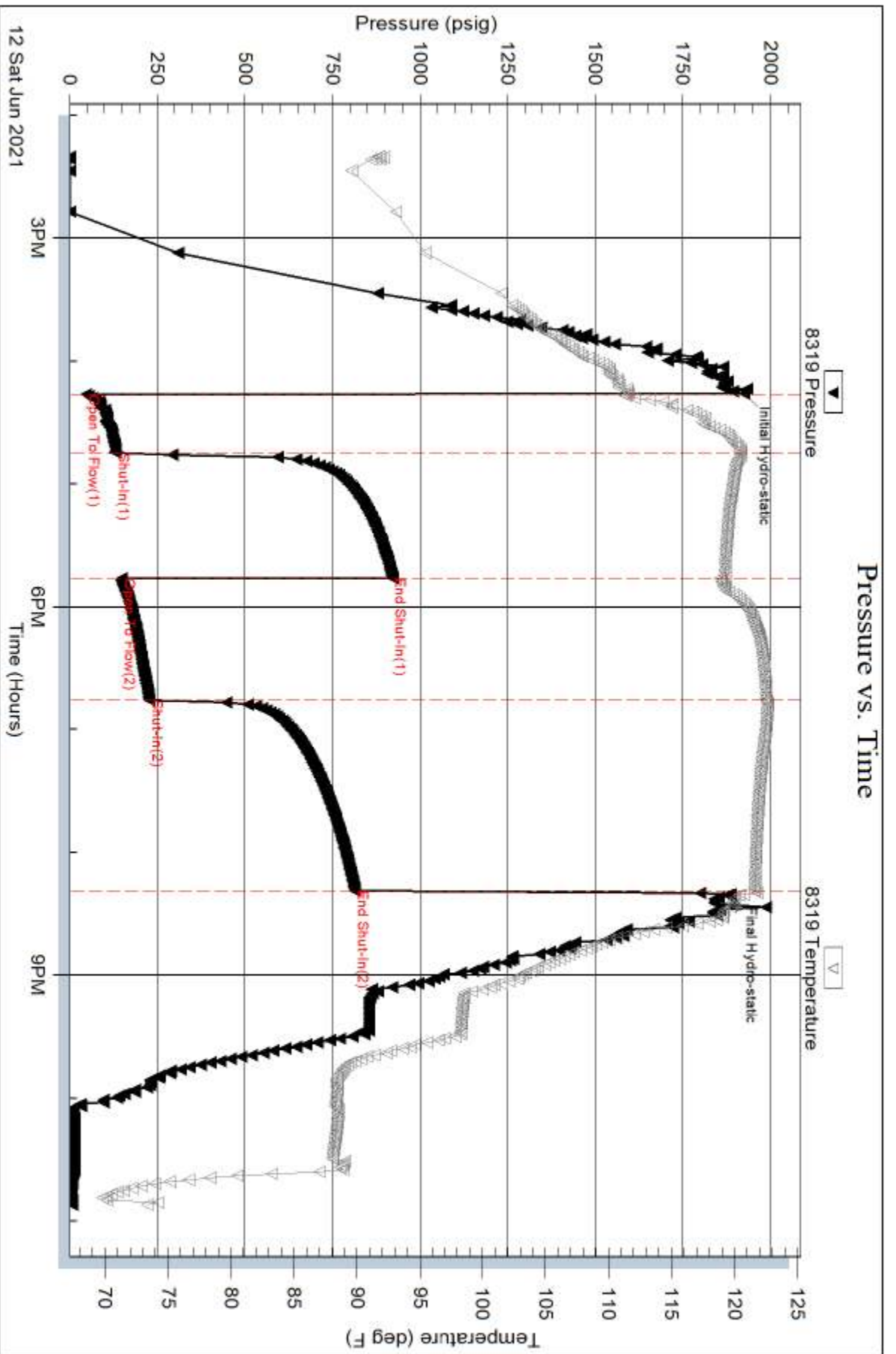
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: rw is .221 @ 72f = 32000ppm



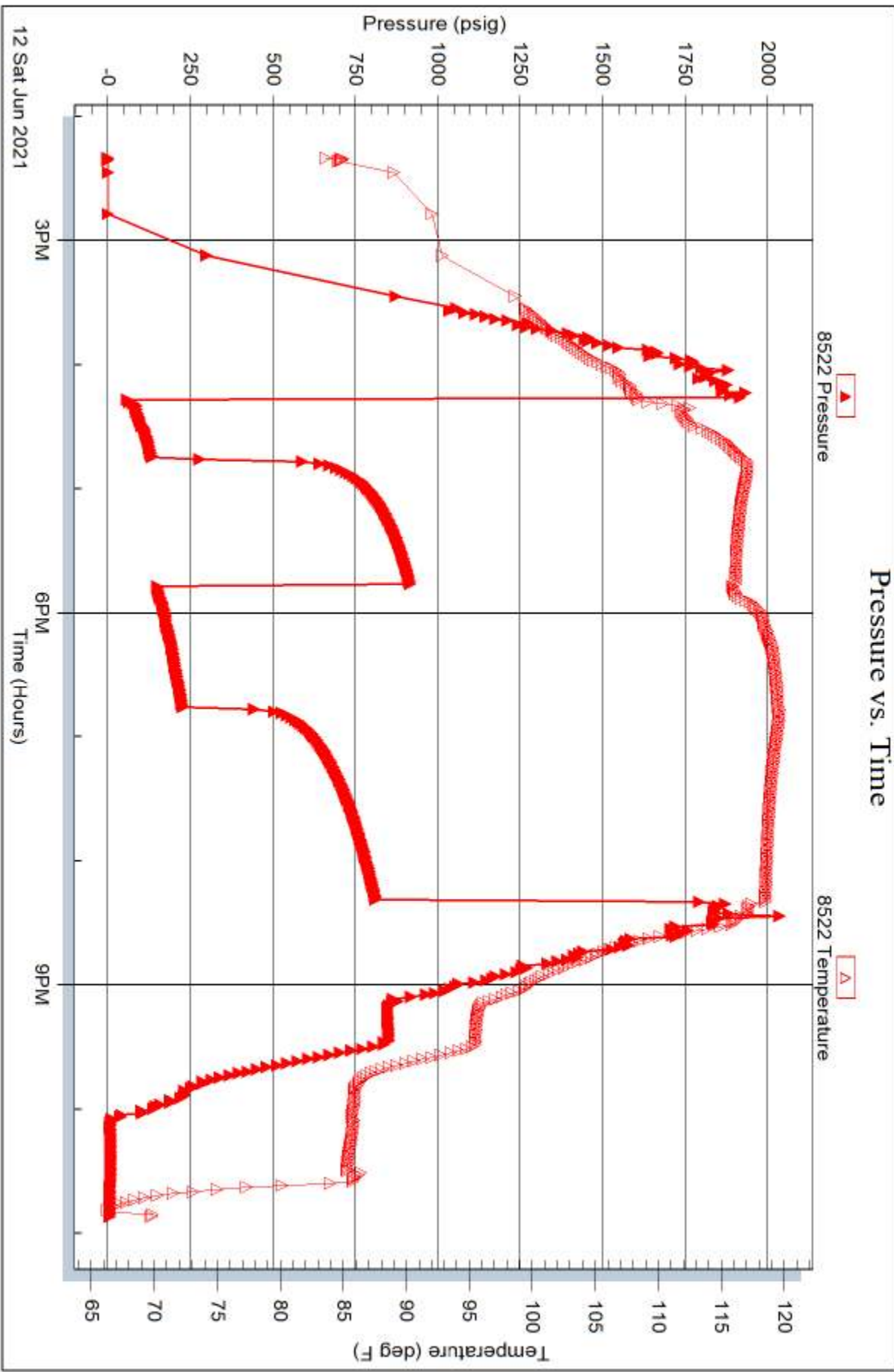
Serial #: 8522

Inside

Canyon Operating, LLC

MW Land 15-1

DST Test Number: 1





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Canyon Operating, LLC

15 9s 25w Graham, Ks

PO Box 7117
Loveland Co 80537

MW Land 15-1

Job Ticket: 66998

DST#: 2

ATTN: Clayton Erickson

Test Start: 2021.06.13 @ 13:18:00

GENERAL INFORMATION:

Formation: **LKC- H-I-J**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 15:51:45

Time Test Ended: 22:06:15

Test Type: Conventional Bottom Hole (Reset)

Tester: Bradley Walter

Unit No: 78

Interval: 3976.00 ft (KB) To 4050.00 ft (KB) (TVD)

Reference Elevations: 2563.00 ft (KB)

Total Depth: 4050.00 ft (KB) (TVD)

2556.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 7.00 ft

Serial #: 8319 Outside

Press@RunDepth: 77.41 psig @ 3977.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2021.06.13

End Date: 2021.06.13

Last Calib.: 2021.06.13

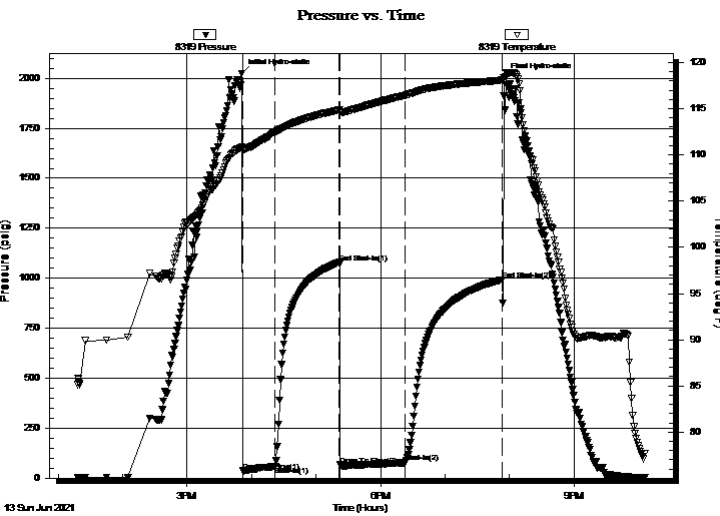
Start Time: 13:18:05

End Time: 22:06:15

Time On Btm: 2021.06.13 @ 15:50:45

Time Off Btm: 2021.06.13 @ 19:55:15

TEST COMMENT: 30- IF: 2.3" blow .
60- IS: No return.
60- FF: 1.4" blow .
90- FS: No return.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2025.04	110.90	Initial Hydro-static
1	36.49	110.41	Open To Flow (1)
31	59.82	112.44	Shut-In(1)
91	1078.63	114.85	End Shut-In(1)
92	66.09	114.58	Open To Flow (2)
152	77.41	116.42	Shut-In(2)
243	992.80	118.08	End Shut-In(2)
245	2004.84	118.39	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
110.00	w cm 35w 65m (oil spots on top)	0.54

Gas Rates

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Canyon Operating, LLC

15 9s 25w Graham, Ks

PO Box 7117
Loveland Co 80537

MW Land 15-1

Job Ticket: 66998

DST#: 2

ATTN: Clayton Erickson

Test Start: 2021.06.13 @ 13:18:00

GENERAL INFORMATION:

Formation: **LKC- H-I-J**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 15:51:45

Time Test Ended: 22:06:15

Test Type: Conventional Bottom Hole (Reset)

Tester: Bradley Walter

Unit No: 78

Interval: 3976.00 ft (KB) To 4050.00 ft (KB) (TVD)

Reference Elevations: 2563.00 ft (KB)

Total Depth: 4050.00 ft (KB) (TVD)

2556.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 7.00 ft

Serial #: 8522

Inside

Press@RunDepth: psig @ 3977.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2021.06.13

End Date:

2021.06.13

Last Calib.:

2021.06.13

Start Time: 13:18:05

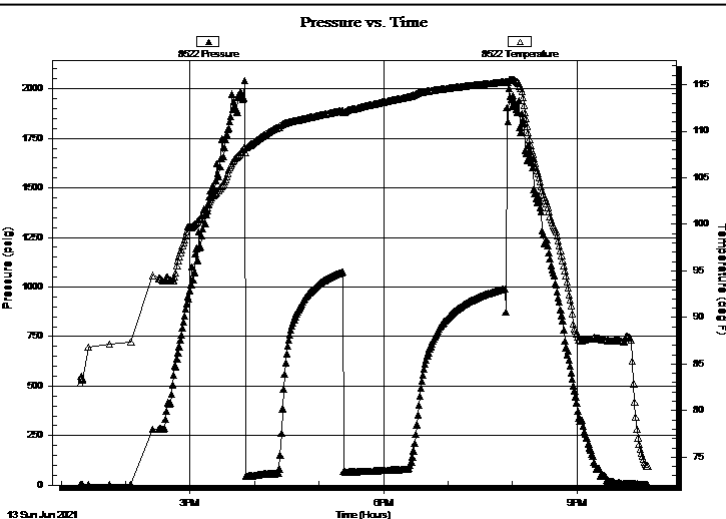
End Time:

22:06:15

Time On Btm:

Time Off Btm:

TEST COMMENT: 30- IF: 2.3" blow .
60- IS: No return.
60- FF: 1.4" blow .
90- FS: No return.



PRESSURE SUMMARY

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

Recovery

Length (ft)	Description	Volume (bbl)
110.00	w cm 35w 65m (oil spots on top)	0.54

Gas Rates

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Canyon Operating, LLC

15 9s 25w Graham, Ks

PO Box 7117
Loveland Co 80537

MW Land 15-1

Job Ticket: 66998

DST#: 2

ATTN: Clayton Erickson

Test Start: 2021.06.13 @ 13:18:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

26000 ppm

Viscosity: 58.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.60 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3300.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
110.00	w cm 35w 65m (oil spots on top)	0.541

Total Length: 110.00 ft Total Volume: 0.541 bbl

Num Fluid Samples: 0

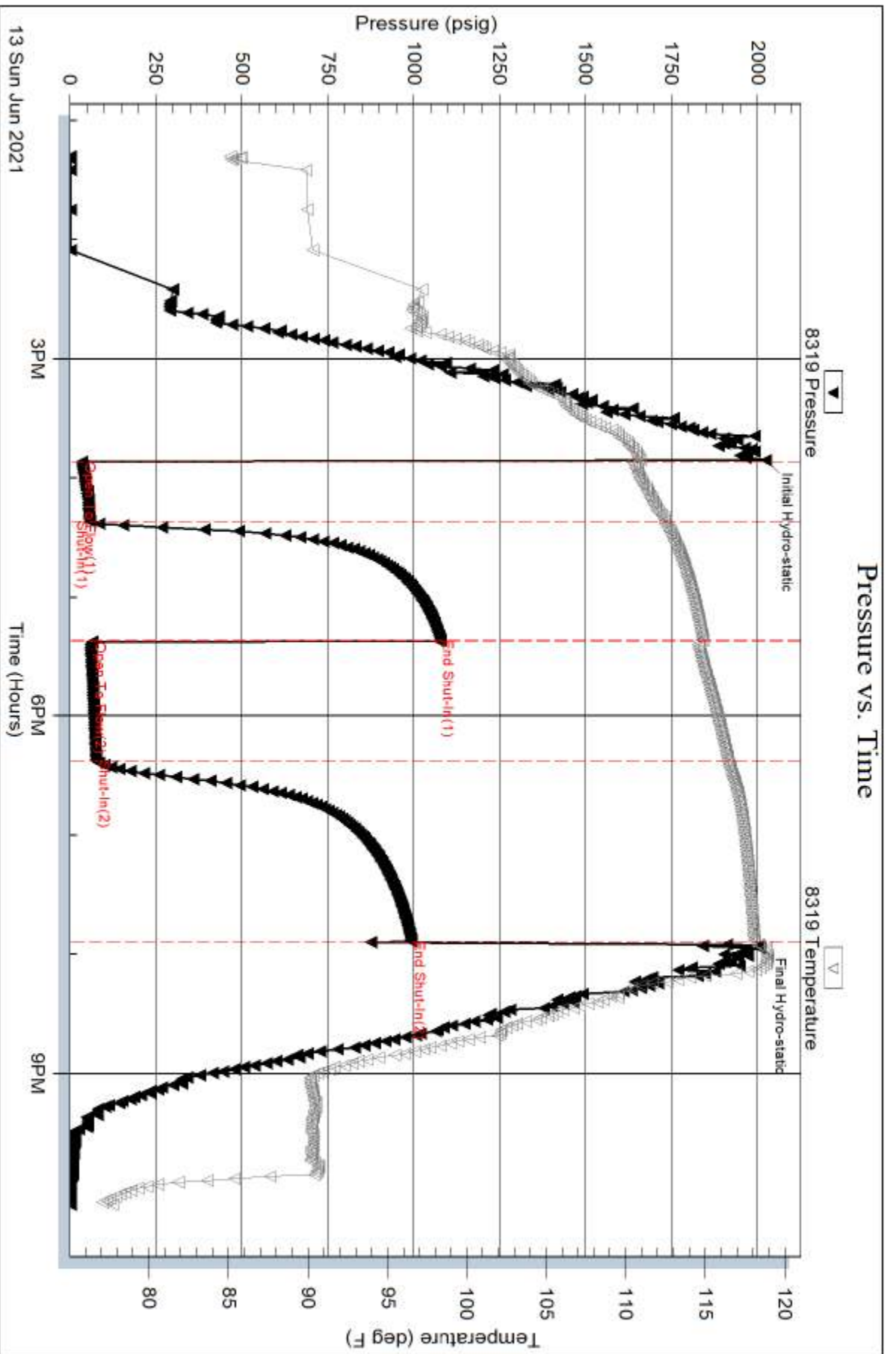
Num Gas Bombs: 0

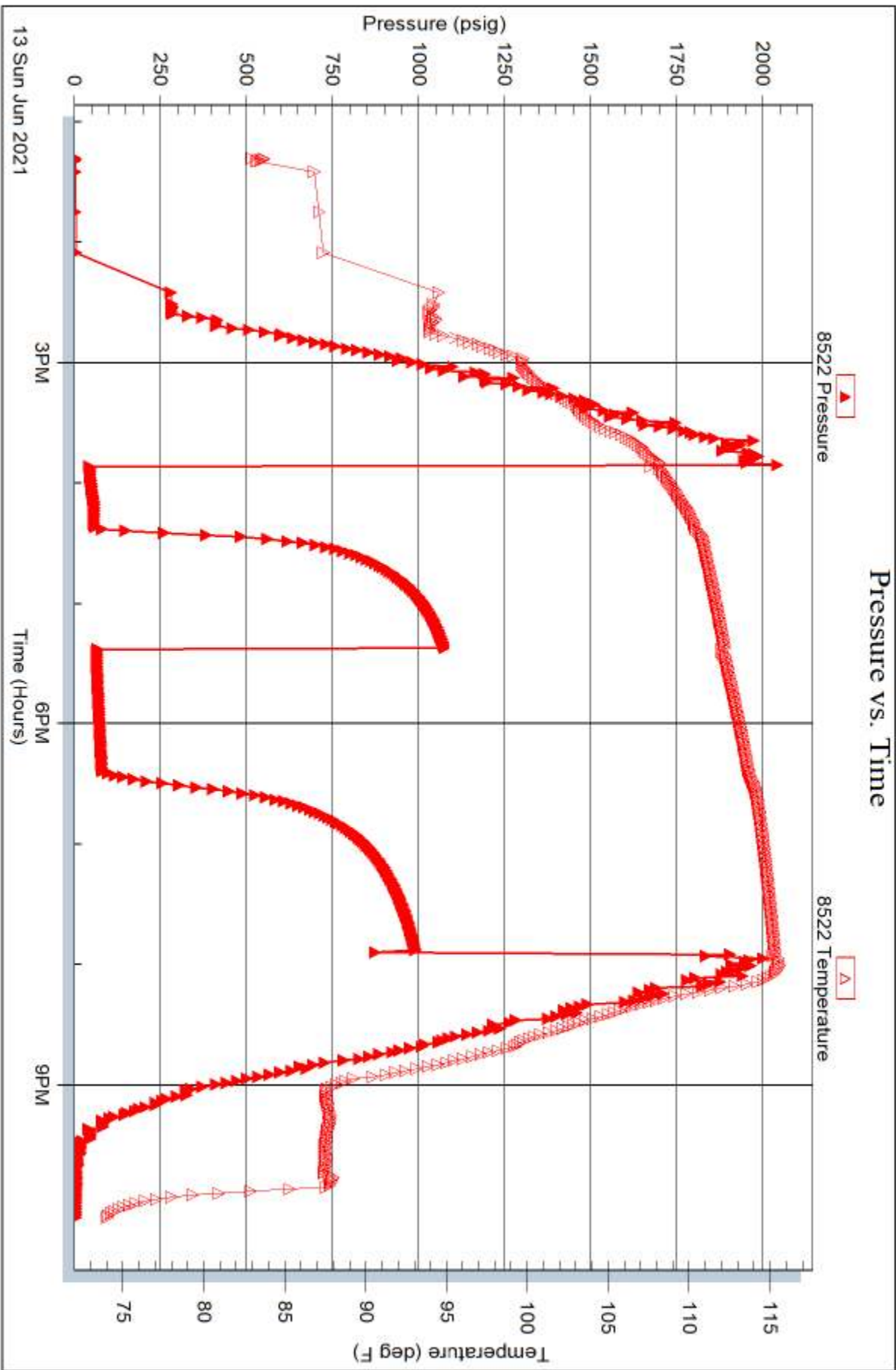
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: rw is .274 @ 75f = 26000ppm





ERICKSON WELLSITE GEOLOGY



Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: MW Land #15-1
 API: 15-065-24193
 Location: SE SE NW NE Sec 15 T9S R25W
 License Number: 35571
 Spud Date: 6/8/2021
 Surface Coordinates: 1200' FNL & 1400' FEL
 Region: Graham County, KS
 Drilling Completed:
 Bottom Hole Surface casing- 8 5/8 @ 262'
 Coordinates: Production casing-
 Ground Elevation (ft): 2556
 Logged Interval (ft): 3500 To: TD
 K.B. Elevation (ft): 2563
 Total Depth (ft):
 Formation:
 Type of Drilling Fluid: Chemical Mud

Printed by MudLog from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: Canyon Operating LLC
 Address: 1268 Lonetree Dr
 Loveland, CO 80537

GEOLOGIST

Name: Clayton Erickson
 Company: Erickson Wellsite Geology
 Address: 402 Palmer Street
 P.O. Box 294
 Loomis, NE 68958

DSTs

DST #1 3870-3925 30-60-60-90; Hydro: 1925-1885 IFF: 46-136 ISIP: 920 FFP: 148-227 FSIP: 813; Rec: 1' oil 510' 95%w 5%w w/ oil spots; BHT: 122F RW: .221 @ 73F Chl: 32,000ppm; IF: 1.5" ISI: dead FF: 5.5" FSI: dead

DST #2 3976-4050 30-60-60-90; Hydro: 2025-2004 IFF: 36-59 ISIP: 1078 FFP: 66-77 FSIP: 992; Rec: 110' 35%w 65%w; BHT: 118F RW: .274 @ 75F Chl: 26,000ppm; IF: 2.5" ISI: dead FF: 1.5" FSI: dead

COMMENTS

FORMATION TOPS

Log Tops	Sample tops
Anhydrite	3605(-1042)
Base Anhy	3820(-1257)
TOPEKA	3862(-1299)
HEEBNER	4091(-1528)
LANSING	4150(-1588)
BKC	
TD	

ROCK TYPES

Anhy	Bent	Brec	Cht	Clyst	Carb. shale	Arkose	Dol	Gyp	Igne	Lmst	Meta	Mrlst	Salt	Shale	Shcol	Shgy	Siltst	Ss	Till
------	------	------	-----	-------	-------------	--------	-----	-----	------	------	------	-------	------	-------	-------	------	--------	----	------

OTHER SYMBOLS

Oil Show Even	Spotted Ques	Dead	Interval
			Dst

