Confidentiality Requested:
☑ Yes ☐ No

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
January 2018
Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 35983
Name: Western Plains Resources LLC
Address 1: 2790 N ANDERSON RD
Address 2:
City: GARDEN CITY State: KS Zip: 67846 + 9798
Contact Person: Jason Henson
Phone: (785) 269-7568
CONTRACTOR: License # 34059
Name: Hurricane Services, Inc.
Wellsite Geologist: n/a
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: Charles N. Griffin
Well Name: Foster 1-18R
Original Comp. Date: 05/04/2012 Original Total Depth: 5000

☐ 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 #:

05/28/2023		05/30/2023
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-055-22140-00-01
Spot Description: Foster 1-18R re-entry
NW SE NW NW Sec. 18 Twp. 21 S. R. 34 ☐ East ☑ West
4534 Feet from ☐ North / ☑ South Line of Section
4451 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: Finney
Lease Name: FOSTER Well #: 1-18R
Field Name:
Producing Formation: morrow
Elevation: Ground: 3064 Kelly Bushing: 3074
Total Vertical Depth: 5000 Plug Back Total Depth: 5000
Amount of Surface Pipe Set and Cemented at: 520 Feet
Multiple Stage Cementing Collar Used? ☑ Yes ☐ No
If yes, show depth set: 2004 Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 2004 w/ 225 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: 07/31/2023
☐ **Confidential Release Date:** 07/30/2025
☐ **Wireline Log Received** ☐ **Drill Stem Tests Received**
☐ **Geologist Report / Mud Logs Received**
☐ **UIC Distribution**
ALT ☐ **I** ☑ **II** ☐ **III** **Approved by:** David Befort **Date:** 08/01/2023