

ALT ☐ I ☐ II ☐ III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West      County: \_\_\_\_\_

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to [kcc-well-logs@kcc.ks.gov](mailto: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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
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:					

<div style="text-align: center;"> <b>CASING RECORD</b>      <input type="checkbox"/> New    <input type="checkbox"/> Used            Report all strings set-conductor, surface, intermediate, production, etc.         </div>							
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil      Bbls.	Gas      Mcf	Water	Bbls.	Gas-Oil Ratio      Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented    <input type="checkbox"/> Sold    <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole    <input type="checkbox"/> Perf.    <input type="checkbox"/> Dually Comp.    <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i>    <i>(Submit ACO-5)</i>    <i>(Submit ACO-4)</i></p>	<p>PRODUCTION INTERVAL:</p> <p>Top                      Bottom</p>	

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)

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Cross Bar Energy, LLC
Well Name	BURKETT C CW-19
Doc ID	1719011

#### 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	10.5	8.625	28	123	Reg Port	35	N/A
Production	7.875	5.5	14	2055	Reg Port	100	N/A
Liner	5	4.5	9.5	2136	50-50 Poz	150	N/A

Origin.

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION  
RECOMPLETION FORM  
ACD-2 AMENDMENT TO WELL HISTORY

Operator: License # 5930  
Name FRANKLIN D. GAINES Oil Trust  
Address P.O. Box 219  
Augusta, KS  
City/State/Zip 67201

Purchaser \_\_\_\_\_  
Operator Contact Person EAL Brothers  
Phone 316-678-3498

Designate Type of Original Completion  
☐ New Well ☐ Re-Entry ☒ Workover  
☒ Oil ☐ Gas ☐ Dry  
☐ Sand ☐ Inj ☐ Other (Core, Water Supply etc.)  
☐ Temp Abd ☐ Delayed Comp.

Date of Original Completion: 4/6/44

## DATE OF RECOMPLETION:

7/1/93 7/13/93  
Commenced Completed

## Designate Type of Recompletion/Workover:

☒ Deepening ☐ Delayed Completion  
☐ Plug Back ☐ Re-perforation

☒ Conversion to Injection/Disposal, oil

## Is recompleted production:

NO Commingled; Docket No. \_\_\_\_\_

NO Dual Completion; Docket No. \_\_\_\_\_

☒ Other (Disposal or Injection)? oil

API NO. 15- \_\_\_\_\_

County Greenwood  
SW SE NW Sec 24 Twp 23 Rge 10 ☒ East ☐ West

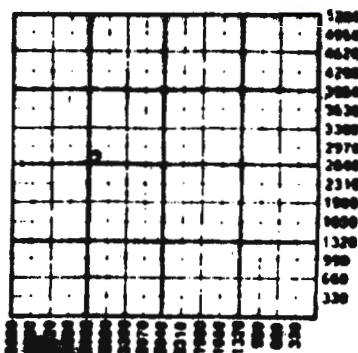
2646 Ft North from Southeast Corner of Section  
3948 Ft West from Southeast Corner of Section  
(Note: Locate well in section plat below)

Lease Name Burkett "C" Well # W-19

Field Name Burkett

Name of New Formation Nove, Re-completion BU SL

Elevation: Ground 1240 KB 1244  
Section Plat



K.C.C. OFFICE USE ONLY		
<input type="checkbox"/> F	Letter of Confidentiality Attached	
<input type="checkbox"/> C	Wireline Log Received	
<input type="checkbox"/> C	Drillers Timelog Received	
Distribution		
<input type="checkbox"/> KCC	<input type="checkbox"/> SMD/Rep	<input type="checkbox"/> NGPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input type="checkbox"/> Other
(Specify)		
.....		
.....		

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the recompletion of any well. Rules 82-3-107 and 82-3-141 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months. One copy of any additional wireline logs and driller's time logs (not previously submitted) shall be attached with this form. Submit ACD-4 prior to or with this form for approval of commingling or dual completions. Submit CP-4 with all plugged wells. Submit CP-111 with all temporarily abandoned wells. NOTE: Conversion of wells to either disposal or injection must receive approval before use; submit form U-1.

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.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

Notary Public \_\_\_\_\_ Date Commission Expires \_\_\_\_\_

FORM ACD-2  
5/98

7-91 ACD-1

2441 Date

263-3238  
1332FWL 7/21/91  
2634FWL 7/21/91

Drig. TD 2121  
New TD 2154  
4" @ 213.14  
CMT W/  
5 1/2" @ 2055

11

Sec 24 Twp 23 Rge 10 X East  
West County Greenwood

Dr/g. Log      Sample

<u>Name</u>	<u>Top</u>	<u>Bottom</u>
Bartlesville Sand	2055	2114

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth		Type of Cement	# Sacks Used	Type & Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate	0		50-50 POZ MIX	150 SK	
<input type="checkbox"/> Protect Casing					
<input type="checkbox"/> Plug Back TD					
<input type="checkbox"/> Plug Off Zone					
<input checked="" type="checkbox"/> Isuen					

[illegible]

P8TD Plug Type

Size \_\_\_\_\_ Set At \_\_\_\_\_ Packer At \_\_\_\_\_ Was Liner Run? ☒ Y ☐ N

Date of Resumed Production, Disposal or Injection \_\_\_\_\_

Estimated Production Per 24 Hours \_\_\_\_\_ bbl/oil \_\_\_\_\_ bbl/water  
 \_\_\_\_\_ MCF gas \_\_\_\_\_ gas-oil ratio

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
ACO-1 WELL HISTORY  
DESCRIPTION OF WELL AND LEASE

SIDE ONE

None: Originally completed,  
4-6-44 as injection

API NO. 15-

County Greenwood

SW SE NW Sec. 24 Twp. 23 Rge. 10 ☒ East  
West

2646 Ft. North from Southeast Corner of Section

3948 Ft. West from Southeast Corner of Section  
(NOTE: Locate well in section plat below.)

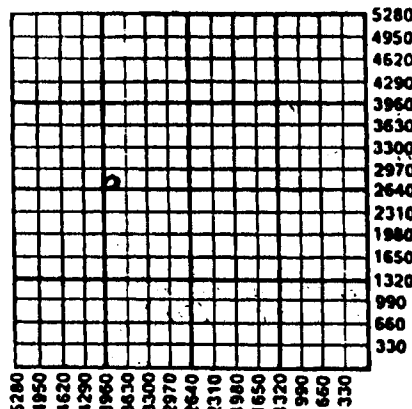
Lease Name Burkett "C" Well # W-19

Field Name Burkett

Producing Formation Bartlesville Sand

Elevation: Ground 1240.4 KB 1244.4

Total Depth 2154 PBTD 2136



Amount of Surface Pipe Set and Cemented at 122'3" Feet

Multiple Stage Cementing Collar Used? ☒ Yes ☐ No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from 21

feet depth to Surface w/ 150 SX amt.

Operator: License # 5930

Name: F.D. Gaines Oil Trust

Address P.O. Box 219

Augusta, KS

City/State/Zip 67010

Purchaser: \_\_\_\_\_

Operator Contact Person: Earl Brothers

Phone (316) 678-3493

Contractor: Name: Jerry Soule

License: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Designate Type of Completion

☐ New Well ☐ Re-Entry ☒ Workover

☒ Oil ☐ SWD ☐ Temp. Abd.

☐ Gas ☐ Inj ☐ Delayed Comp.

☐ Dry ☐ Other (Core, Water Supply, etc.)

If OWD: old well info as follows:

Operator: Phillips Petro. Co.

Well Name: Burkett "C" W-19

Comp. Date 4/6/44 Old Total Depth 2110

Drilling Method: Power Swivel

☐ Mud Rotary ☐ Air Rotary ☐ Cable

7/12/93 7/12/93 7/14/93  
Spud Date Date Reached TD Completion Date

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months. One copy of all wireline logs and drillers time log shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP 4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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.

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this, \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Notary Public \_\_\_\_\_

Date Commission Expires \_\_\_\_\_

K.C.C. OFFICE USE ONLY

F ☒ Letter of Confidentiality Attached  
C ☐ Wireline Log Received  
C ☐ Drillers Timelog Received

Distribution

☐ KCC ☐ SWD/Rep ☐ NGPA  
☐ KGS ☐ Plug ☐ Other  
(Specify)

Form ACO-1 (7-89)

SIDE TWO

Operator Name F.D. GainesLease Name Burkett "C" Well # W-19Sec. 24 Twp. 23 Rge. 10☒ East  
☐ WestCounty Greenwood

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken  
(Attach Additional Sheets.)☐ Yes ☒ No

Samples Sent to Geological Survey

☐ Yes ☐ No NA

Cores Taken

☒ Yes ☐ NoElectric Log Run  
(Submit Copy.)☒ Yes ☐ NoCore #1 2055-2073Core #2 2073-2091Core #3 2091-2109Core #4 2109-2121

Formation Description

☒ Log ☐ Sample

Name

Top

Bottom

Old TD 2121 →

New TD 2154 silty to sandy shale

4 1/2" Liner 1190' Used (Btm) CASING RECORD  
946' New (Top)☐ New ☐ Used (NA)

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	10 1/2	8 5/8	28	122' 3"	Reg. Port.	35	—
Production	7 7/8	5 1/2	14	2055	Reg. Port.	100	—
Liner	—	4 1/2	9.5	2136	50-5	150	—

## PERFORATION RECORD

Shots Per Foot Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record  
(Amount and Kind of Material Used) Depth

## TUBING RECORD

Size

Set At

Packer At

Liner Run

☒ Yes ☐ No

2 3/8" Up-set

NONE

Date of First Production

Producing Method

☐ Flowing ☒ Pumping ☐ Gas Lift ☐ Other (Explain)Estimated Production  
Per 24 Hours

Oil

Bbls.

Gas

Mcf

Water

Bbls.

Gas-Oil Ratio

Gravimetric

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☒ Used on Lease  
(If vented, submit ACO-18.)☐ Open Hole ☒ Perforation ☐ Dually Completed ☐ Commingled☐ Other (Specify) \_\_\_\_\_

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

August 03, 2023

Andrew Brensing  
Cross Bar Energy, LLC  
1700 N. WATERFRONT PKWY BLDG 300,  
STE A  
WICHITA, KS 67206-6614

Re: ACO-1  
API 15-073-19308-00-00  
BURKETT C CW-19  
SW/4 Sec.24-23S-10E  
Greenwood County, Kansas

Dear Andrew Brensing:

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 07/12/1993 and the ACO-1 was received on August 02, 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