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 #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	·
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Described	Chloride content: ppm Fluid volume: bbls
☐ Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Location of fluid disposal if flauled offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
Recompletion Date Recompletion Date	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 Approved by: Date:						

KOLAR Document ID: 1719011

Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R [East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool rature, fluid recovery, Digital electronic log
Drill Stem Tests (Attach Addit			Ye	es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name)		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Y€ Y€	es No						
			Repo		RECORD [Nev	w Used rmediate, producti	on. etc.		
Purpose of St		ze Hole Orilled	Siz	e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[Depth	Typo	of Cement	# Sacks Use		EEZE RECORD	Typo a	nd Percent Additives	
Perforate Protect Ca Plug Back	Top	Bottom	туре	or cement	# Sacks Use	,u		туре а	ia Percent Additives	
Plug Off Z										
Did you perform Does the volum Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)		
Estimated Produc	otion	Oil Bb	le.	Flowing Gas	Pumping	Wate		ther <i>(Explain)</i> bls.	Gas-Oil Ratio	Gravity
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPO	OSITION OF GAS	S:		N	METHOD OF CO	MPLE.	TION:		PRODUCTIO	N INTERVAL:
Vented	Sold Use	d on Lease		Open Hole				nmingled	Тор	Bottom
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (Subi	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type	Bridge Plug Set At		Acid,		Cementing Squeeze Kind of Material Used)	Record
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion					
Operator	Cross Bar Energy, LLC					
Well Name	BURKETT C CW-19					
Doc ID	1719011					

Casing

Purpose Of String		Size Casing Set	Weight	Setting Depth	Cement		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

3238	\$1	ongiv.
3238	STATE CONFORATION CONTISSION OF KANSAS OIL & GAS CONDERVATION DIVISION RECOMPLETION POWN ACCO-2 AMENDMENT TO MELL HISTORY	County Green Wood SW SE NU Sec 24 Tup 23 Rge 10 West
,	Operator: License # 5930 Home Franklin D. Galuss Oil Trust Address P.D. Bex 2/9 Augusta NS	(Mote: Locate well in section plat below)
		Lease Name Burkett C Well & W-19
JUL JN	Pershaper	Floid Hamo Burkett
FWL 7"	Operator Contact Person <u>E4+/ B+offic+s</u> Phone <u>3/6-678-3498</u>	Home of New Formation Number, Re-campletion B. Elevation: Ground 240 KB 1244 Section Plat
1	Designate Type of Original Completion	Section Play
	X 011 _ Sub _ Temp Abd _ Delayed Grap.	
z ^{lz!}	Date of Original Completion: 4/6/44	3300 2970 2310 2310 2510
2154 / 2154 / 213.14	DATE OF RECOMPLETION: 7 / 1 / 93 Communicate Completed	1320 1320 1320 1320 1320 1320 1330 1330
10/1	Designate Type of Recompletion/Markovers	
1 4	Deepening Delayed Completion	
213.4	Plug BackRe-perforation	K.C.C. OFFICE USE ONLY
	Conversion to injection/Disposal	FLetter of Confidentiality Attached CWireline Log Received
ul skil	Is recompleted production:	C Drillers Timelog Received Distribution
<u> </u>	NO Commingled; Docket No.	KCCSMD/Rep NGPA KGS Plug Other
· ·	NO Duel Completion; Docket No.	(Specify)
	X Other (Dispose) or Injection)? Oil	
	200 Colorado Derby Building, Wichita, Kansas 67202, 82-3-107 and 82-3-141 apply. Information on side twill mental in the submitted with excess of 12 menths. One copy of any edditions submitted) shall be attached with this form. Submit commingling or dual completions. Submit CP-4 with abandoned wells. MOTE: Conversion of wells to either submit form U-1.	licate and filed with the Kansas Corporation Commission, within 120 days of the recompletion of any well. Rules of this form will be held confidential for a period of the form. See rule 82-3-107 for confidentiality in a wireline logs and driller's filme logs (not previously ACO-4 prior to or with this form for approval of hall plugged wells. Submit CP-111 with all temporarily disposal or injection must receive approval before use;
	All requirements of the statutes, rules and regulation been fully compiled with and the statements herein and	ons promulgated to regulate the oil and gas industry have a complete and correct to the best of my knowledge.
	SignatureT	Itle Date
	Subscribed and sworn to before me thisde	by of 19 <u>·</u>
	Notary Public	

5/98 NO

@ 7-91 ACO-1 -> MAI DATO.

SIDE THE

nerator Name F	D. Carres	011	Trust Losso 1	Burker	4 " WOIL 0 W-1
	23 Rgo _/0				
	<u> </u>	— .— "	451 COUNTY	OFEENI	1002
	RI	COMPLETE	D POPMATION DESCR	IPTION:	
,		Drlg	Log Se	mpt e	
•	Name	_		Тор	Bottom
,	Name Bartlesville	Saud	,		2114
ı				2055	2119
		•			
	-1	OO I T LONA	CENERT HIS/SOLEE	75 85 0000	•
		:	- Committee of the comm	26 14000	
Purpose:	Depth Top Bottom	Tyr	oe of Coment	Secks Used	Type & Percent Additives
Perforate	.10	50-	50 POZ MIX	150 sx	`
Protect Casin	6				
Plug Back TD Plug Off Zone				[
X Liver					
	PERFORATION REC				
hats Per, Foot	Specify Footage of Interval Perfor			Amount and Kind o	ment Squeeze Record f Material Used)
	·				
_		¦			
j:					
					
					
D	Plug Type				•
	1		UBING RECORD:		
•	Set At		Packer At	Was L	iner Run? YY
	luction, Disposal or				•
imeted Production	Per 24 Hours		bb1/ol1	bb1/w	iter
			HOF eas	ges-o	li ratio

API NO. 15- Y-6-44 as injection SIDE ONE STATE CORPORATION COMMISSION OF KANSAS DIL & CAS CONSERVATION DIVISION county <u>Greenwood</u> WELL COMPLETION FORM ... ACO-1 WELL NISTORY SW SE NW Sec. 24 Two. 23 Rge. 10 DESCRIPTION OF WELL AND LEASE 2646 Ft. North from Southeast Corner of Section Operator: License # _ · ____ Ft. West from Southeast Corner of Section (MOTE: Locate well in section plat below.) Lease Name Burkett "C" Wall # W-19 Field Name Burkett City/State/Zip ____ Producing Formation Bartlesville Sand Purchaser: Operator Contact Person: Earl Brithers Total Depth 2154 Phone (3/6) 678- 3493 4950 Contractor: Name: Jerry Soule 4620 4290 License: 3960 3630 Wellsite Geologist:_ 3300 297ò 2640 Designate Type of Completion New Well ____ Re-Entry _____ Workover 2310 1980 SWD Temp. Abd.
Inj Delayed Comp.
Other (Core, Water Supply, etc.) 1650 1320 990 If OMMO: old well info as follows: Operator: Philips Petra. Co. Well Name: Burkett "C" W-19 Amount of Surface Pipe Set and Comented at _______________ Fer: Comp. Date 4/6/44 Old Total Depth _2/10_ Multiple Stage Cementing Collar Used? _____ Yes ____ No Drilling Method: Power Swive/ If yes, show depth set ____ If Alternate II completion, cement circulated from 21 feet depth to Surface w/ 150 sx cmt. Spud Date INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kensas 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 ell 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. K.C.C. OFFICE USE ONLY Letter of Confidentiality Attached _____ Date _____ Wireline Log Received **Drillers Timelog Received** Subscribed and sworn to before me this, ____ day of _____ Distribution SWD/Rep KCC NGPA Notary Public __ KGS Plug Other (Specify) Date Commission Expires ___ Form ACO-1 (7-89)

			SIDE TWO				
perator Name <u>E</u>	Gaine	<u> </u>	Lease Name	Burk	ett "c"	Well # _	W-19
ес. <u>29</u> тир. <u>23</u>	Rge. <u>//</u> [Zast □ West	County	Gree	Nund		
nterval tested, time	tool open ar , bottom hole 1	and base of formationd closed, flowing artemperature, fluid recopy of log.	nd shut-in pres	sures, wheti	her, shut-in pre	sșure read	hed static level
rill Stem Tests Take (Attach Additional		☐ Yes Ø No			Formation Desc	ription	
emples Sent to Geolog	gical Survey	Yes No NA		<u> </u>	Ĺζ Log □	Sample	
ores Taken		Yes No	Name		Тор	Bott	OR
lectric Log Run (Submit Copy.)		Yes 🗆 No					480 - 1
re #/ 2055	-2073						1
re#2 2073-	2091			:			e e e e e e e e e e e e e e e e e e e
orc#3 2091-	2109						gent e,r
orc#4 2109	- 2/2/		Olu TI	2/2/	silty to		•
			New TO	2154	silty to	sudy S	hale
41/2" Liner	946 New	(איא) CASING RECORD (רפף) (Il strings set-conduc	New U			c.	,
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	10/2	85/8	28	122'3"		35	
Production	77/8	5 1/2	14	2055	Reg. Pert.	100	
Liner		4/2	9.5	2136	50-5	150	
		N RECORD ge of Each Interval P			Fracture, Shot, nd Kind of Mater		weeze Record Depth
TUBING RECORD	Size	Set At	Packer At	Liner Run	X Yes □	No	
Date of First Produc	tion Produci	ng Method Flowing	NINE X _{Pumping} \Box (ias Lift 🗆	Other (Explain)	 	
Estimated Production Per 24 Hours	oil	Bbls. Ges	Mcf Wate				Gravi
isposition of Gas:	l	NE	THOD OF COMPLET	ION		-	Production Interva
Vented Sold	Used on omit ACO-18.)			_	Dually Complete		

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/

Laura Kelly, Governor

Susan K. Duffy, Chair Dwight D. Keen, Commissioner Andrew J. French, Commissioner

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