

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)</i> <i>(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:	
----------------	-------	---------	------------	--



416 Main Street
 P.O. Box 225
 Victoria, KS 67671
 Office (785) 639-3949
 24 Hour Service Line (785) 639-7269

Invoice

Date	Invoice #
5/12/2023	0936

Please Pay from this Invoice.
 Remit Payment to:
 416 Main Street PO BOX 225
 Victoria, KS 67671
 Billing Questions-Call Tianna at
 (785) 639-3949
 Email: franksoilfield@yahoo.com

KCC License Number
 35469

Bill To
Patterson Energy, LLC PO Box 400 Hays, KS 67601-0400

County/State	Lease/Well#	Terms	Job Type
Rooks County, KS	Landry #10	Net 30	Surface

Description	Quantity	Rate	Amount
Pump Charge	1	950.00	950.00
Mileage	40	6.50	260.00
Ton Mileage (min.)	1	600.00	600.00
60/40 3%cal 2% gel	175	20.90	3,657.50T
Discount		-273.37	-273.37

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.

Subtotal \$5,194.13

We appreciate your business and look forward to serving you again!

Sales Tax (7.0%) \$243.22

Balance Due \$5,437.35

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 0936
 LOCATION Hoxie
 FOREMAN JI

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/12/23	34808	Landry #10	14	9	19	Rooks
CUSTOMER Patterson Energy			TRUCK #			
MAILING ADDRESS PO BOX 400			DRIVER		TRUCK #	
CITY Hays			DRIVER		TRUCK #	
STATE KS			DRIVER		TRUCK #	
ZIP CODE 67601			DRIVER		TRUCK #	

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 266 CASING SIZE & WEIGHT 8 3/4
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, set up on Discovery 2. Got circulation & pumped 175.8x
Displaced w 16 BBL. Returned cement to pit.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC002	1	PUMP CHARGE <u>Surface</u>	\$950 ⁰⁰	\$950 ⁰⁰
M001	40	MILEAGE	\$6 ⁵⁰	\$260 ⁰⁰
M002	7.78 tons	TMP	\$100 ⁰⁰	\$778 ⁰⁰
CB014	175 sx	80/20 3% cc 2% cc	\$20 ⁹⁰	\$3,657 ⁵⁰
			subtotal	\$5,467 ⁵⁰
			less 5% disc.	\$273 ³⁷
			subtotal	\$5,194 ¹³
			SALES TAX	243.22
			ESTIMATED TOTAL	5437.35

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.

QB



416 Main Street
 P.O. Box 225
 Victoria, KS 67671
 Office (785) 639-3949
 24 Hour Service Line (785) 639-7269

Invoice

Date	Invoice #
5/22/2023	0948

Please Pay from this Invoice.
Remit Payment to:
 416 Main Street PO BOX 225
 Victoria, KS 67671
Billing Questions-Call Tianna at
(785) 639-3949
Email: franksoilfield@yahoo.com

KCC License Number
 35469

Bill To
Patterson Energy, LLC PO Box 400 Hays, KS 67601-0400

County/State	Lease/Well#	Terms	Job Type
Rooks County, KS	Landry #10SWD	Net 30	Port Collar

Description	Quantity	Rate	Amount
Pump Charge	1	950.00	950.00
Mileage	32	6.50	208.00
15.87 tons at 32 miles	507.84	1.50	761.76
60/40 8% gel 1/4# Flo-Seal	345	17.95	6,192.75T
Gel	700	0.30	210.00T
Discount		-416.12	-416.12

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.	Subtotal	\$7,906.39
<i>We appreciate your business and look forward to serving you again!</i>	Sales Tax (7.0%)	\$425.78
	Balance Due	\$8,332.17

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 0948

LOCATION Vickorville

FOREMAN Tom W. Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-22-23		Landry # 10910				
CUSTOMER <u>Patterson Energy</u>			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE Part Coker HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2" / 89 1/2"
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & set up on well. Crew found part coker. Tested to 1000psi - good. Put 500psi on + opened tool mix 10 Bbl of gel + put 500psi on casing. Open tool. Mix total of 700 Bbl. Circulated Mix 345 ft cement to circulate. 7.5 place cement. Shut part coker & tested to 1000psi - good. Ran 5 joints & washed clean. Back up more oil.

Thanks Tom & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL003	1	PUMP CHARGE <u>Part Coker</u>	\$950.00	\$950.00
MO01	32	MILEAGE	\$6.50	\$208.00
MO02	15.57 tons	100 Mileage <u>Delaware</u>	\$76.74	\$76.74
CB02d	345 ft	60/40 59 gal <u>1st place</u>	\$17.95	\$4,192.75
CF003	700#	gel	\$0.30	\$210.00
			sub total	\$8,322.51
			less 5% disc	\$416.12
			sub total	\$7,906.39
			SALES TAX	425.78
			ESTIMATED TOTAL	8332.17

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.

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 0936
 LOCATION Hays
 FOREMAN DL

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/12/23	34888	Landry #10	14	9	19	Rooks

CUSTOMER <i>Patterson Energy</i>		
MAILING ADDRESS <i>PO BOX 400</i>		
CITY <i>Hays</i>	STATE <i>KS</i>	ZIP CODE <i>67601</i>

TRUCK #	DRIVER	TRUCK #	DRIVER
<i>ST</i>	<i>202</i>		
<i>ACK</i>	<i>102</i>		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 266 CASING SIZE & WEIGHT 8 3/4
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: *Safety meeting, set up on Discovery 2. Got circulation & pumped 175 sx
 Displaced w 16 BBL. Returned cement to pit.*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<i>PC002</i>	<i>1</i>	<i>PUMP CHARGE Surface</i>	<i>\$950.00</i>	<i>\$950.00</i>
<i>M001</i>	<i>40</i>	<i>MILEAGE</i>	<i>\$1.50</i>	<i>\$210.00</i>
<i>M002</i>	<i>7.78 tons</i>	<i>TMP</i>	<i>\$100.00</i>	<i>\$600.00</i>
<i>CB014</i>	<i>175 sx</i>	<i>80/20 3% cc 2% bell</i>	<i>\$70.90</i>	<i>\$3,157.50</i>
			<i>sub total</i>	<i>\$5,467.50</i>
			<i>less 5% disc.</i>	<i>\$273.37</i>
			<i>sub total</i>	<i>\$5,194.13</i>
			SALES TAX	243.22
			ESTIMATED TOTAL	5437.35

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.



Geologic Report
Drilling Time and Sample Log

Operator Patterson Energy, LLC.

Lease Landry No. 10

API # 15-163-24482-0000

Field Jelinek

Location 1200' FNL & 1690' FWL

Sec. 14 Twp. 9S Rge. 19W

County Rooks State Kansas

Formation Sample tops Log Tops Datum

Anhydrite 1438' 1435' +621

Base 1476' 1479' +577

Topoka 2991' 2990' -934

Heebner 3196' 3196' -1140

Toronto 3216' 3216' -1160

Lansing 3237' 3238' -1182

BKC 3453' 3453' -1397

Arbuckle 3478' 3474' -1418

Total Depth 3582'

Reference Well For Structural Comparison Phillips Petroleum Corp. Landry #2

NW 5E NW Sec 14 19E 19W Rooks Co. KS

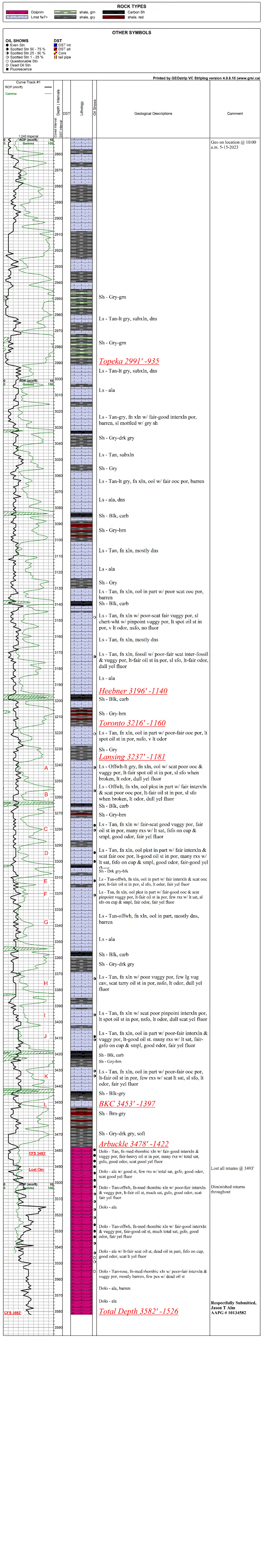
Table with columns: Drilling Contractor, Completed, Samples Saved From, Drilling Time Kept From, Samples Examined From, Geological Supervision From, Displacement, Mud Type.

Summary and Recommendations

The Landry #10 ran structurally as expected. No Drill Stem Tests were conducted. Commercial oil shows were encountered in the Lansing-Kansas City and Arbuckle Formations. After all gathered data had been examined the decision was made to run 5 1/2 inch production casing to further evaluate the Landry #10 well.

Respectfully Submitted, Jason T Alm Hard Rock Consulting, Inc.

Printed by GEOstrip VC Striplog version 4.0.8.15 (www.grsi.ca)



ROCK TYPES: Dolprim, Lmst fw7>, shale, gm, shale, gry, Carbon Sh, shale, red

OTHER SYMBOLS

OIL SHOWS: Even Stn, Spotted Stn 50 - 75 %, Spotted Stn 25 - 50 %, Spotted Stn 1 - 25 %, Questionable Stn, Dead Oil Stn, Fluorescence

DST: DST Int, DST alt, Core, tail pipe

Geo on location @ 10:00 a.m. 5-15-2023

Lost all returns @ 3493'

Diminished returns throughout

Respectfully Submitted, Jason T Alm AAPG # 10134582