

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:	
----------------	-------	---------	------------	--

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 #
9/15/2021	0405

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	AJ Rice 31-1	Net 30	Surface

Description	Quantity	Rate	Amount
Pump Charge	1	1,150.00	1,150.00
Mileage	45	6.50	292.50
Ton Mileage (min.)	1	600.00	600.00
60/40 3%cal 2% gel	150	18.25	2,737.50T
Discount		-1,195.00	-1,195.00

Thank-you!

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.	Subtotal	\$3,585.00
<i>We appreciate your busines and look forward to serving you again!</i>	Sales Tax (7.5%)	\$153.98
	Balance Due	\$3,738.98

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 0405
 LOCATION Loveland
 FOREMAN Tam Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-15-21	35571	AJ Rice 31-1	31	8	22	Graham

CUSTOMER
Canyon Operating LLC
 MAILING ADDRESS
PO Box 7117
 CITY Loveland STATE CO ZIP CODE 80537

TRUCK #	DRIVER	TRUCK #	DRIVER
101	Tam W		
	Preston D		

JOB TYPE Surface HOLE SIZE _____ HOLE DEPTH 212 CASING SIZE & WEIGHT 8 3/4" 26.2
 CASING DEPTH 210' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.41 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 11.5 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on Murfin #8
Circulate mud mix 150sx 60/40 3+2 displac 11.5 Bbl. Shut in
cement did circulate

Shut in at 10:00pm

Thanks Tam & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PLOA2	1	PUMP CHARGE	\$1150 ⁰⁰	\$1150 ⁰⁰
MOA1	45	MILEAGE	\$6.50	\$292.50
MOA2	6.68 tons	Ton Mileage delivery	\$100 ⁰⁰	\$668 ⁰⁰
CB004	150sx	60/40 3+2 surface blend	\$18.25	\$2737.50
			sub total	\$4780 ⁰⁰
			less 25% disc.	\$1195 ⁰⁰
			sub total	\$3585 ⁰⁰
			SALES TAX	153.98
			ESTIMATED TOTAL	3,738.98

AUTHORIZATION [Signature] TITLE Tam Fisher DATE 9-15-21

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 #
9/23/2021	0409

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	AJ Rice 31-1	Net 30	Rotary Plug

Description	Quantity	Rate	Amount
Pump Charge	1	1,150.00	1,150.00
Mileage	46	6.50	299.00
11.35 tons at 46 miles	522.1	1.50	783.15
60/40 4% gel 1/4# floscal	255	16.75	4,271.25T
8-5/8 Wooden Plug	1	165.00	165.00T
Discount		-1,667.10	-1,667.10

Thank-you!

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

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

Subtotal	\$5,001.30
Sales Tax (7.5%)	\$249.54
Balance Due	\$5,250.84

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 0409
 LOCATION Harvie
 FOREMAN Tony Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-23-11	35571	A3 Riv 31-1	21	S	22	Graham

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Cannon Operating LHC	101	Tony W		
	42/403	Jack T		

CUSTOMER	MAILING ADDRESS	CITY	STATE	ZIP CODE
Cannon Operating LHC	P.O. Box 7117	Loveland	CO	80537

JOB TYPE Bottom plug HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4.5" TUBING _____ OTHER _____
 SLURRY WEIGHT 13.7 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on Monday #5. Plug is ordered.
 1 1925' 50 SX
 2 1100' 100 SX
 3 275' 50 SX
 4 40' 15 SX
 5 RH 30 SX
 6 RH 15 SX 7 trucks Tony & Jack
255 SX 60/40 4 3/4" gal 1/4" H₂O seal

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P002	1	PUMP CHARGE	\$1150 ⁰⁰	\$1150 ⁰⁰
M001	46	MILEAGE	\$16 ⁵⁰	\$299 ⁰⁰
M003	11.35 hrs	Ton Miley delivery	\$783 ¹⁵	\$783 ¹⁵
CR010	255 SX	60/40 4 3/4" gal 1/4" H ₂ O seal	\$16 ⁷⁵	\$4271 ²⁵
FE055	1	8 3/4" wooden plug	\$165 ⁰⁰	\$165 ⁰⁰
			sub total	\$16,468 ⁴⁰
			less 25% disc.	\$1,667 ¹⁰
			sub total	\$5001 ³⁰
			SALES TAX	249.54
			ESTIMATED TOTAL	5,250.84

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.



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Canyon Operating

31-8s-22w Graham KS

P.O. Box 7117
Loveland CO, 80537

AJ Rice 31-1

Job Ticket: 63232

DST#: 1

ATTN: Clayton Erickson

Test Start: 2021.09.20 @ 01:00:00

GENERAL INFORMATION:

Formation: **LKC "C-F"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:02:45

Time Test Ended: 09:11:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Justin Polfus

Unit No: 71

Interval: 3655.00 ft (KB) To 3720.00 ft (KB) (TVD)

Reference Elevations: 2349.00 ft (KB)

Total Depth: 3720.00 ft (KB) (TVD)

2344.00 ft (CF)

Hole Diameter: 7.85 inches Hole Condition: Poor

KB to GR/CF: 5.00 ft

Serial #: 8646 Outside

Press@RunDepth: 32.54 psig @ 3656.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2021.09.20 End Date: 2021.09.20

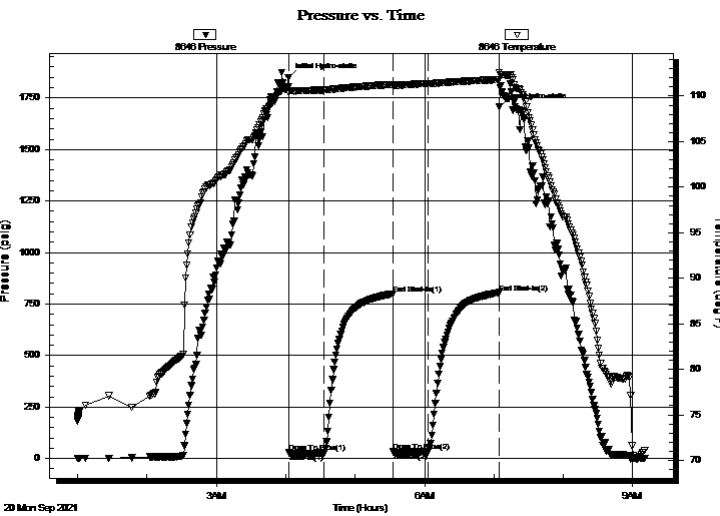
Last Calib.: 1899.12.30

Start Time: 01:00:01 End Time: 09:11:00

Time On Btm: 2021.09.20 @ 04:02:15

Time Off Btm: 2021.09.20 @ 07:04:30

TEST COMMENT: 30 IF - Weak surface blow , died after 20 minutes
60 ISI - No blow back
30 FF - No blow
60 FSI - No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1848.74	111.07	Initial Hydro-static
1	28.28	110.39	Open To Flow (1)
31	27.16	110.69	Shut-In(1)
90	799.42	111.28	End Shut-In(1)
91	32.79	111.09	Open To Flow (2)
121	32.54	111.39	Shut-In(2)
182	805.03	111.81	End Shut-In(2)
183	1705.30	112.60	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud 100%M	0.02

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Canyon Operating

31-8s-22w Graham KS

P.O. Box 7117
Loveland CO, 80537

AJ Rice 31-1

Job Ticket: 63232

DST#: 1

ATTN: Clayton Erickson

Test Start: 2021.09.20 @ 01:00:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 55.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.60 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2100.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	Mud 100%M	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

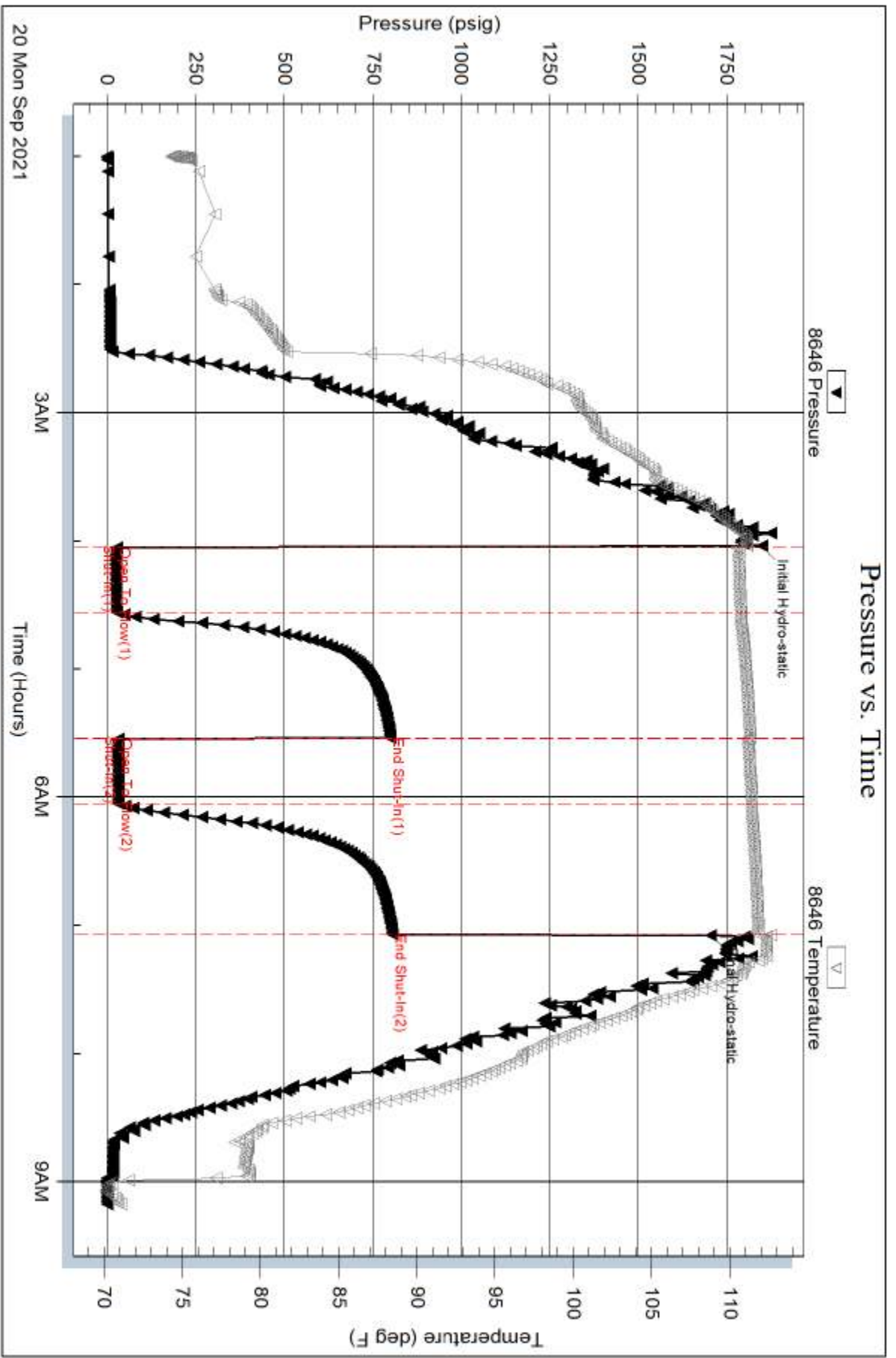
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



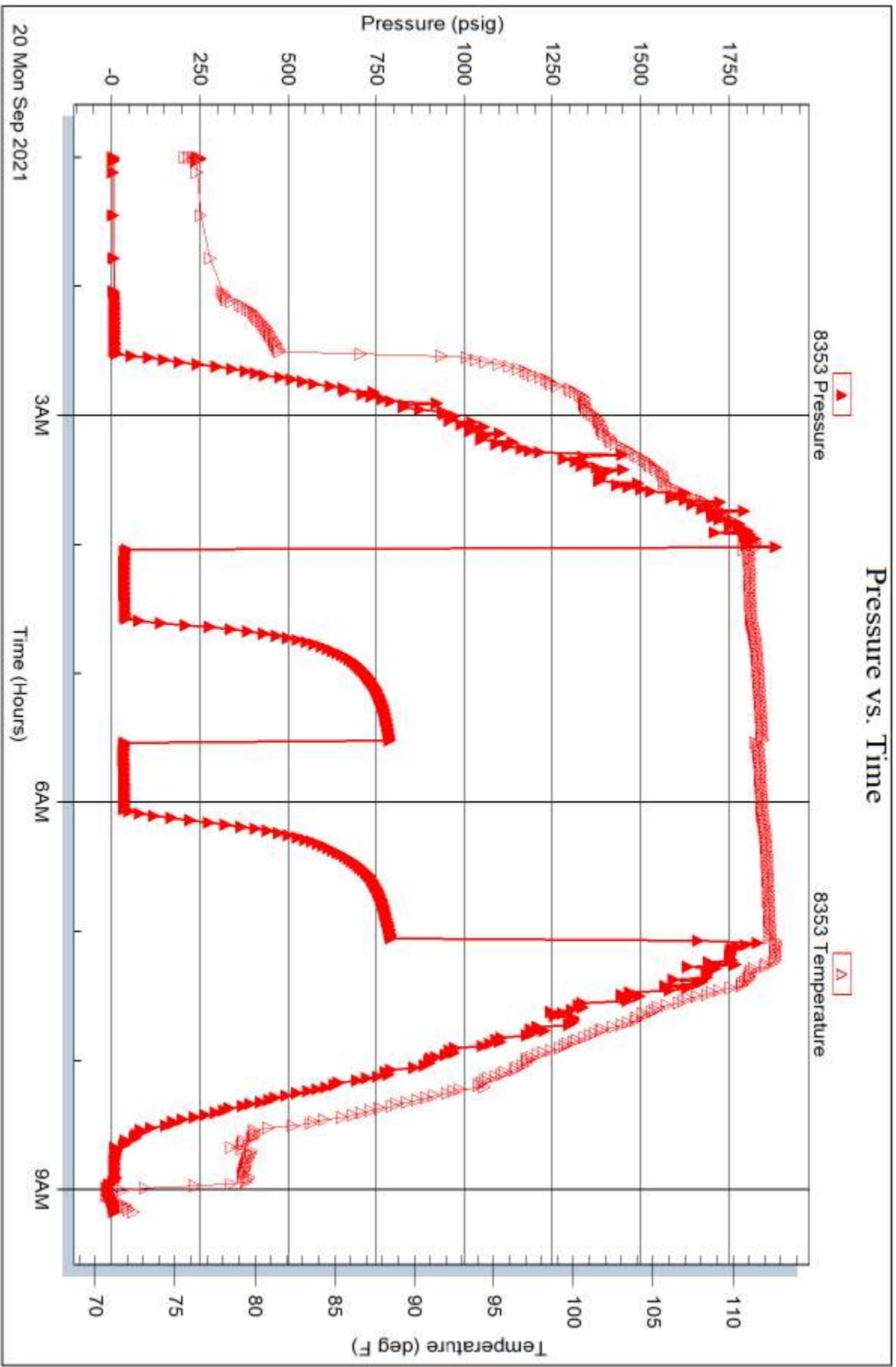
Serial #: 8353

Inside

Canyon Operating

AJ Rice 31-1

DST Test Number: 1



Tribble Testing, Inc

Ref. No: 63232

Printed: 2021.09.20 @ 09:47:00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Canyon Operating

31-8s-22w Graham KS

P.O. Box 7117
Loveland CO, 80537

AJ Rice 31-1

Job Ticket: 63233

DST#: 2

ATTN: Clayton Erickson

Test Start: 2021.09.20 @ 23:00:00

GENERAL INFORMATION:

Formation: **LKC "H-J"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 01:21:30

Time Test Ended: 07:35:30

Test Type: Conventional Bottom Hole (Reset)

Tester: Justin Polfus

Unit No: 71

Interval: 3745.00 ft (KB) To 3817.00 ft (KB) (TVD)

Reference Elevations: 2349.00 ft (KB)

Total Depth: 3817.00 ft (KB) (TVD)

2344.00 ft (CF)

Hole Diameter: 7.85 inches Hole Condition: Poor

KB to GR/CF: 5.00 ft

Serial #: 8646 Outside

Press@RunDepth: 23.58 psig @ 3746.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2021.09.20

End Date:

2021.09.21

Last Calib.:

2021.09.20

Start Time: 23:00:01

End Time:

07:35:30

Time On Btm:

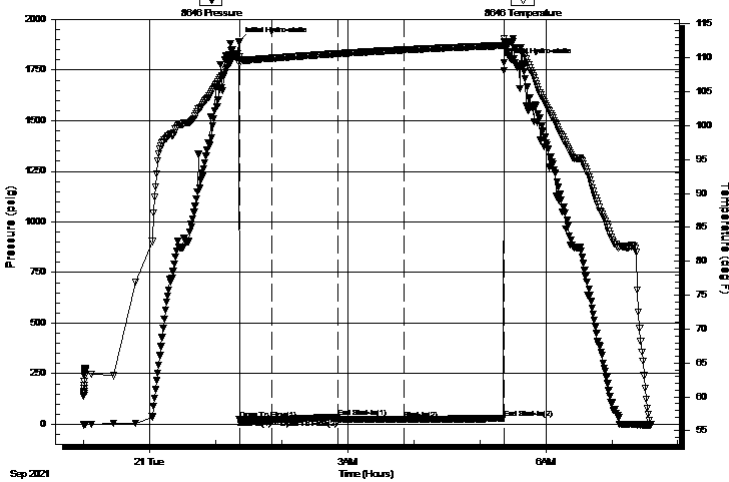
2021.09.21 @ 01:21:15

Time Off Btm:

2021.09.21 @ 05:22:00

TEST COMMENT: 30 IF - Blow built to 1/2"
60 ISI - No blow back
60 FF - No blow
90 FSI - No blow back

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1889.11	110.22	Initial Hydro-static
1	22.38	109.14	Open To Flow (1)
30	22.25	109.94	Shut-In(1)
90	34.02	110.62	End Shut-In(1)
90	22.18	110.62	Open To Flow (2)
150	23.58	111.17	Shut-In(2)
241	29.37	111.82	End Shut-In(2)
241	1787.75	112.86	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1.00	Mud 100%M	0.00

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

31-8s-22w Graham KS

P.O. Box 7117
Loveland CO, 80537

AJ Rice 31-1

Job Ticket: 63233

DST#: 2

ATTN: Clayton Erickson

Test Start: 2021.09.20 @ 23:00:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 45.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2100.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1.00	Mud 100%M	0.005

Total Length: 1.00 ft Total Volume: 0.005 bbl

Num Fluid Samples: 0

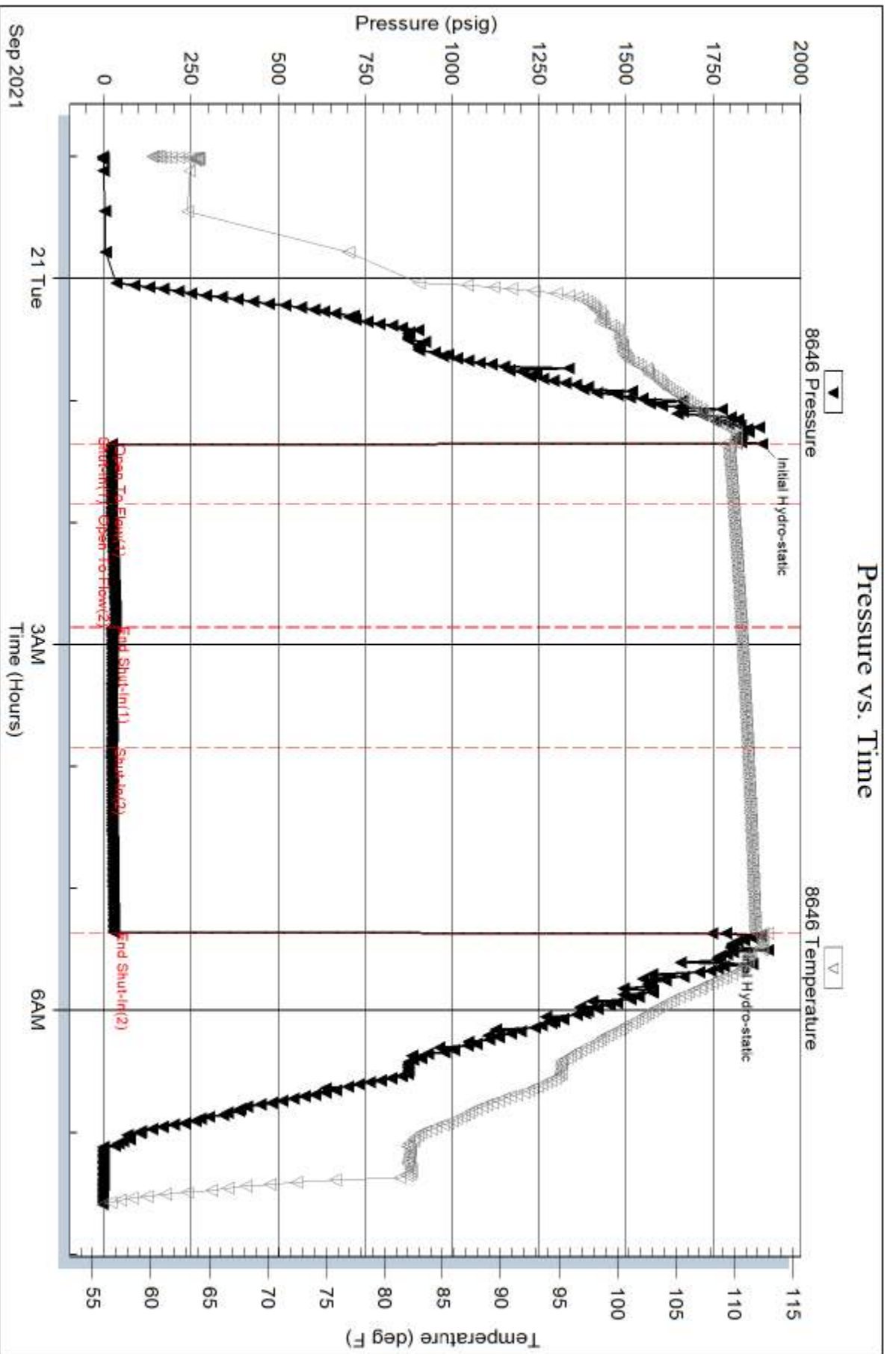
Num Gas Bombs: 0

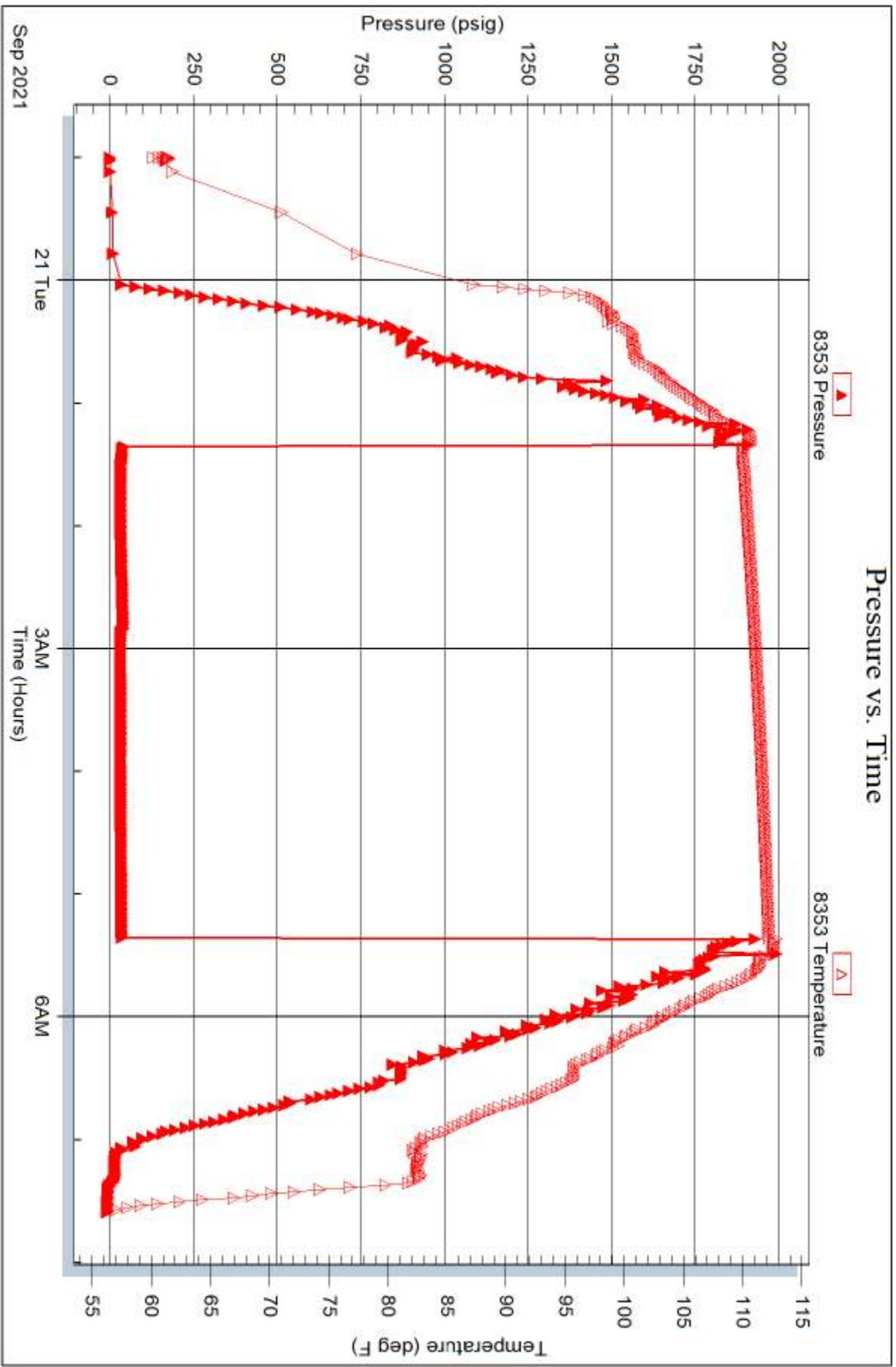
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:







TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Canyon Operating

31-8s-22w Graham KS

P.O. Box 7117
Loveland CO, 80537

AJ Rice 31-1

Job Ticket: 63234

DST#: 3

ATTN: Clayton Erickson

Test Start: 2021.09.21 @ 16:35:10

GENERAL INFORMATION:

Formation: **LKC "K & L"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 18:37:55

Time Test Ended: 01:02:10

Test Type: Conventional Bottom Hole (Reset)

Tester: Justin Polfus

Unit No: 71

Interval: 3810.00 ft (KB) To 3860.00 ft (KB) (TVD)

Reference Elevations: 2349.00 ft (KB)

Total Depth: 3720.00 ft (KB) (TVD)

2344.00 ft (CF)

Hole Diameter: 7.85 inches Hole Condition: Poor

KB to GR/CF: 5.00 ft

Serial #: 8646 Outside

Press@RunDepth: 23.85 psig @ 3811.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2021.09.21

End Date:

2021.09.22

Last Calib.: 1899.12.30

Start Time: 16:35:11

End Time:

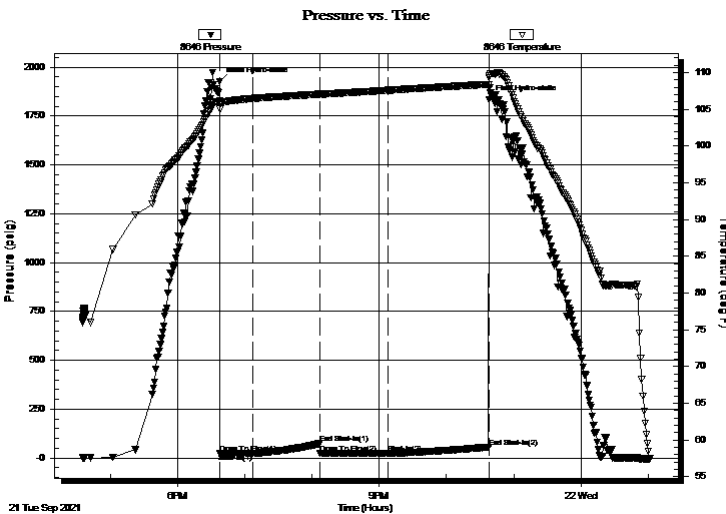
01:02:10

Time On Btm: 2021.09.21 @ 18:37:40

Time Off Btm: 2021.09.21 @ 22:37:55

TEST COMMENT: 30 IF - Blow built to 1/2"
60 ISI - No blow back
60 FF - No blow
60 FSI - No blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1925.14	106.21	Initial Hydro-static
1	23.82	105.02	Open To Flow (1)
30	23.09	106.47	Shut-In(1)
90	73.83	107.07	End Shut-In(1)
90	22.57	107.07	Open To Flow (2)
151	23.85	107.59	Shut-In(2)
240	54.72	108.41	End Shut-In(2)
241	1834.15	109.33	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1.00	Mud 100%M	0.00

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Canyon Operating

31-8s-22w Graham KS

P.O. Box 7117
Loveland CO, 80537

AJ Rice 31-1

Job Ticket: 63234

DST#: 3

ATTN: Clayton Erickson

Test Start: 2021.09.21 @ 16:35:10

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 55.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2100.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1.00	Mud 100%M	0.005

Total Length: 1.00 ft Total Volume: 0.005 bbl

Num Fluid Samples: 0

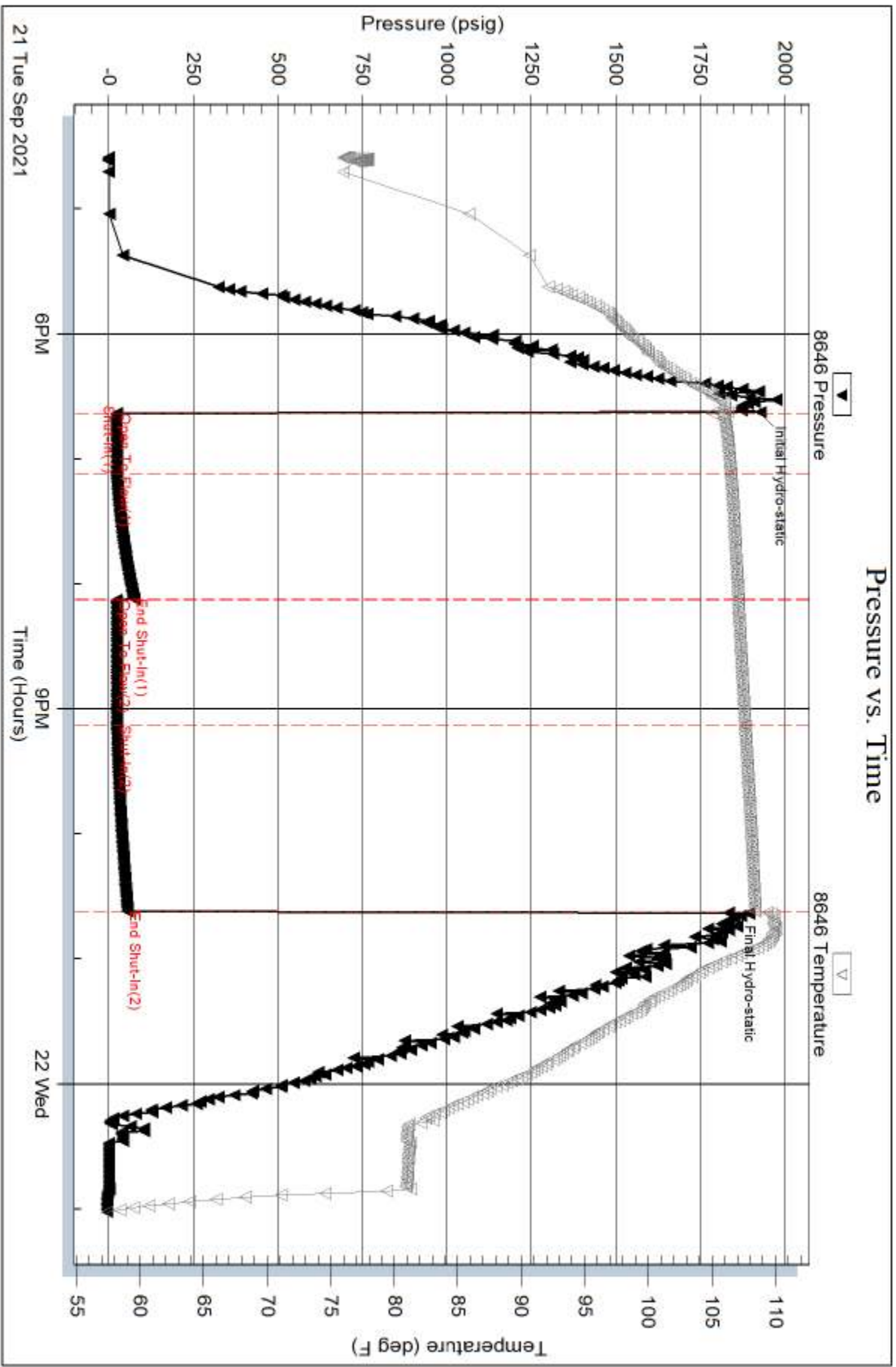
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



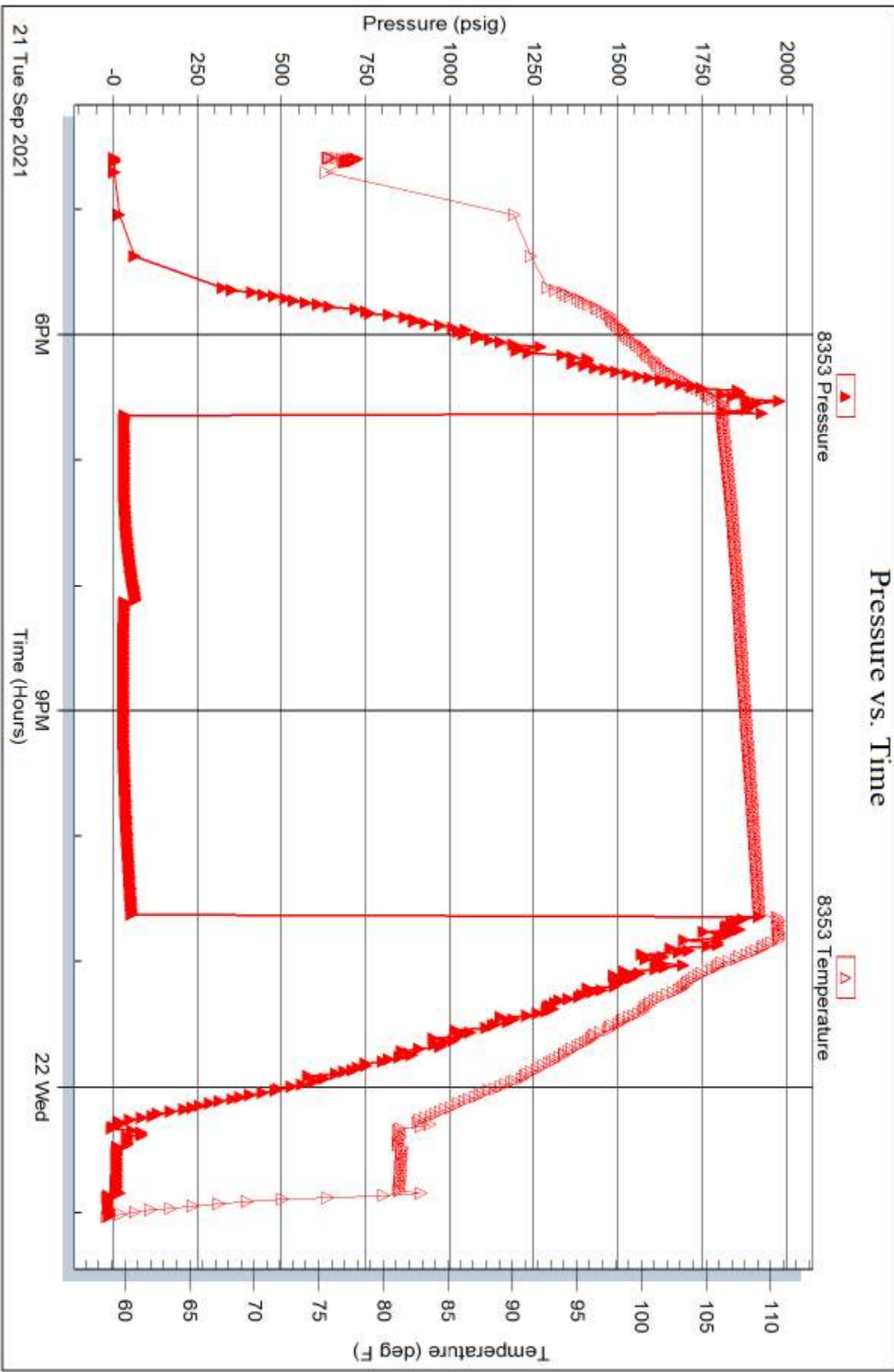
Serial #: 8353

Inside

Canyon Operating

AJ Rice 31-1

DST Test Number: 3



Triobite Testing, Inc

Ref. No: 63234

Printed: 2021.09.22 @ 07:19:09

ERICKSON WELLSITE GEOLOGY



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

Well Name: AJ Rice #31-1
 API: 15-065-24199-00-00
 Location: SE NW SE SW Sec 31 T8S R22W
 License Number:
 Spud Date: 9/15/2021
 Surface Coordinates: 966' FSL & 1894' FWL
 Region: Graham County, KS
 Drilling Completed: 9/22/2021

Bottom Hole Surface casing- 8 5/8 @ 212'
 Coordinates: Production casing-N/A
 Ground Elevation (ft): 2344 K.B. Elevation (ft): 2349
 Logged Interval (ft): 3300 To: TD Total Depth (ft): 3900
 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: 5228 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 3655-3720 30-60-30-60; Hydro: 1849-1705 IFF: 28-27 ISIP: 799 FFP: 33-33 FSIP: 805; Rec: 5' mud; BHT: 112F; IF: surface ISI: dead FF: dead FSI: dead

DST #2 3745-3817 30-60-60-90; Hydro: 1889-1788 IFF: 22-22 ISIP: 34 FFP: 22-23 FSIP: 29; Rec: 1' mud; BHT: 112F; IF: 1/2" ISI: dead FF: dead FSI: dead

DST #3 3810-3860 30-60-60-90; Hydro: 1925-1834 IFF: 24-23 ISIP: 74 FFP: 23-24 FSIP: 55; Rec: 1' mud; BHT: 109F; IF: 1/2" ISI: dead FF: dead FSI: dead

COMMENTS

FORMATION TOPS

Log Tops
 Anhydrite
 TOPEKA
 HEEBNER
 LANSING
 BKC
 TD

Sample tops
 1950(+399)
 3377(-1028)
 3599(-1250)
 3640(-1291)
 3850(-1501)
 3900(-1551)

ROCK TYPES

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

OTHER SYMBOLS

OIL SHOW: Even, Spotted, Ques, Dead, INTERVAL: Dst

