

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 _____ 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
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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
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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:	
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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 0980
 LOCATION Hoxie
 FOREMAN Sack

FIELD TICKET & TREATMENT REPORT

Finnpup #3 WSWCEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
6-18-23	31142	Egbert #2 SWP	34	25	29	Grey																
CUSTOMER Petroleum Property Services Inc			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>CK</td> <td></td> <td></td> </tr> <tr> <td>203 203</td> <td>CK</td> <td></td> <td></td> </tr> <tr> <td>203 4</td> <td>JV</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	103	CK			203 203	CK			203 4	JV		
TRUCK #	DRIVER	TRUCK #					DRIVER															
103	CK																					
203 203	CK																					
203 4	JV																					
MAILING ADDRESS 125 N Market Suite 1251																						
CITY Witchita	STATE KS	ZIP CODE 67202																				

JOB TYPE Long service HOLE SIZE 17 1/2 HOLE DEPTH 823' CASING SIZE & WEIGHT 13 3/8
 CASING DEPTH 823' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13/15.2 SLURRY VOL 1.80 1.38 WATER gal/sk _____ CEMENT LEFT in CASING 30
 DISPLACEMENT 123 DISPLACEMENT PSI 500 MIX PSI _____ RATE _____

REMARKS: safety meeting. Rig up on lighthouse. Circulate hole. Mix 400 x 60/40/88 3% cc. Failed in line 150 sx class A 3% cc 2% gall. Washed up and displaced plug.

Consulated cement.
Thank you.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC003	1	PUMP CHARGE		
M001	115	MILEAGE		
M002	23 ton	TMO		
CR007	150 sx	Class A 3% cc 2% gall		
(B02)	400 sx	60/40 8% gall 1/2 Fluorel		
	4	13 3/8" centralizer		
	1	15 1/2 wooden plug		
				SALES TAX
				ESTIMATED TOTAL

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.

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 0983
 LOCATION Hoxie
 FOREMAN Tam Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-20-33	31142	Finnup #3 WSW	33	255	2911	GM
CUSTOMER PPSE		Mailing Address		TRUCK #		DRIVER
CITY		STATE	ZIP CODE	103	Tamm	
				2/301	SCT	
					Chris K	
					Preston P	

JOB TYPE Long string HOLE SIZE 12 1/4" HOLE DEPTH 1712' CASING SIZE & WEIGHT 5 7/8" 24"
 CASING DEPTH 1704' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13 1/4 SLURRY VOL 181/1.39 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & ran float equipment. Set up on
Leath house. Drilling hooked up hand & circulate mud. 45m
mix 200 set pipe followed by 200 set 390cc. Displace plug
short in. Release to truck-hdd. Deck up truck

Thanks Tam

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL003	1	PUMP CHARGE <u>Long string</u>	\$1850.00	\$1850.00
MOA1	115	MILEAGE	\$6.60	\$747.50
MOA2	19.50 <u>tons</u>	Ten Mileage Delivery	\$3,313.75	\$3,313.75
MOA4	115	Medium Truck Charge	\$1.50	\$172.50
CB002	200 <u>gal</u>	class A 390cc	\$24.55	\$4910.00
CB020	200 <u>gal</u>	60/40 590 gal.	\$14.75	\$3,350.00
CP001	1392 <u>ft</u>	390cc	\$1.25	\$1740.00
FE063	1	5 7/8" AFU in seat	\$485.00	\$485.00
FE017	5	5 7/8" Centralizer	\$140.00	\$700.00
FE050	1	5 7/8" Top Rubber plug	\$215.00	\$215.00
CE003	1	headt manifold charge	\$200.00	\$200.00
			sub total	\$17,783.75
			less 5% disc.	\$889.18
			sub total	\$16,894.57
			SALES TAX	859.20
			ESTIMATED TOTAL	17753.77

AUTHORIZATION Bill Cefan 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.

PPSI: FINNUP #3 WSW



312 North Broadview Street

Wichita, Kansas 67208-3815

Cell: (316) 303-4932

PETROLEUM PROPERTIES SERVICES, INC.

WELL NAME: FINNUP #3 WSW

LOCATION: 2378' FEL & 732' FNL OF SEC. 33 – T. 25 S. – R. 29 W, GRAY COUNTY, KANSAS.

A.P.I. # 15-069-20516-00-00

WELLSITE COMPLETION REPORT

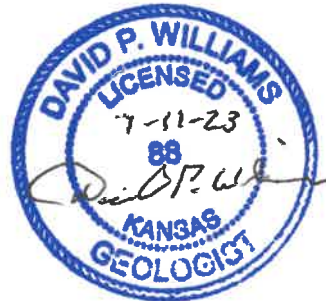
6/16/2023 - 6/18/2023 DRILL FROM 0-855'; TRIP OUT OF HOLE (TOH); TIH & RUN 21 JOINTS OF 13 3/8" (46#) CASING SET AT 823.07' (G. L.) SETTING FOUR CENTRALIZERS (SPACED 200' APART) WITH 1 WOOD WIPER PLUG. SET LANDED CASING ONE FOOT BELOW G. L. AND CEMENT W/400 SX 60/40 POZ (8% GEL & 3% CC & .25# FLOSEAL) & TAIL IN 150 SX CLASS "A" (2% GEL & 3% CC; & .25# FLOSEAL); CEMENT DID CIRCULATE TO SURFACE. FRANKS OILFIELD SERVICES TICKET (#0980 –JACK CEMENTER). WAIT ON CEMENT TO SET 12 HRS. TRIP IN HOLE (TIH) & DRILL OUT WOOD PLUG.

6/19/2023 DRILL AHEAD FROM 823.07- 1186' WHEN I HAD TO SUSPEND MY SERVICES DUE TO FAMILY MEDICAL EMERGENCY SURGERY.

RESPECTFULLY SUBMITTED,

A handwritten signature in black ink that reads 'David P. Williams'. The signature is written in a cursive style and is enclosed in a simple rectangular box.

David P Williams, P. G. #88 KSBTP





Service Order No.
5167

457 Yucca Lane • Pratt, Kansas 67124 • 620-388-5676

Date 7/18/2023

Company <u>Petroleum Property Services, Inc.</u>			Client Order# <u>NW</u>	
Billing Address		City	State	Zip
Lease & Well # <u>Finnup #3</u>		Field Name <u>Triggalls</u>		Legal Description (coordinates) <u>33-255-29W</u>
County <u>Gray</u>	State <u>Kansas</u>	Casing Size <u>8 5/8"</u>		Casing Weight
Fluid Level (surface)	Reading from <u>12' AGL</u>	Customer T.D.		Excel Wireline T.D.
Engineer <u>N. Schneider</u>	Operator <u>D. Wheatley</u>	Operator		Unit# <u>16</u>

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	<u>Service Charge</u>					<u>950.00</u>
	<u>49 X 2 3.125"</u>	<u>98</u>		<u>1402</u>	<u>1451</u>	<u>11690.00</u>

Received the above service according to the terms and conditions specified below, which we have read and to which we hereby agree.

Customer: Shen Coyle

- General Terms and Conditions**
- All accounts are to be paid within the terms fixed by Excel Wireline invoices and should these terms not be observed, interest at the rate of 1.5% per month will be charged from the date of such invoice. Interest, Attorney, Court, Filing and other fees will be added to accounts turned over to collections.
 - Because of the uncertain conditions existing in a well which are beyond the control of Excel Wireline, it is understood by the customer that Excel Wireline cannot guarantee the results of their services and will not be held responsible for personal or property damage in the performance of their services.
 - Should any of Excel Wireline instruments be lost or damaged in the performance of the operations requested, the customer agrees to make every reasonable effort to recover same, and to reimburse Excel Wireline for the value of the items which cannot be recovered or for the cost of repairing damage to items recovered.
 - It is further understood and agreed that all depth measurements shall be supervised by the customer or its employees, and customer hereby certifies that the zones, as shot, were approved.
 - The customer certifies that it has the full right and authority to order such work on such well, and that the well in which the work to be done by Excel Wireline is in proper and suitable condition for the performance of said work.
 - No employee is authorized to alter the terms or conditions of this agreement.

SUBTOTAL	<u>12,640.00</u>
DISCOUNT	<u>-6,170.00</u>
SUBTOTAL	<u>6,470.00</u>
TAX	<u>0.00</u>
NET TOTAL	<u>\$6,470.00</u>