Confidentiality Requested:
☑ Yes ☐ No

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

# WELL COMPLETION FORM
## WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
January 2018
**Form must be Typed**
**Form must be Signed**
**All blanks must be Filled**

OPERATOR: License # 30458
Name: RJM Company
Address 1: PO BOX 256
Address 2:
City: CLAFLIN State: KS Zip: 67525 + 0256
Contact Person: Karl Miller
Phone: (620) 588-3910
CONTRACTOR: License # 33350
Name: Southwind Drilling, Inc.
Wellsite Geologist: Jim Musgrove
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 #:

| 10/2/2023 | 10/8/2023 | 10/19/2023 |
|---|---|---|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No.: 15-009-26405-00-00
Spot Description:
E2 - SE - NW - SE Sec. 31 Twp. 16 S. R. 11 ☐ East ☑ West
1650 Feet from ☐ North / ☑ South Line of Section
1550 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
GPS Location: Lat: *(e.g. xx.xxxxx)*, Long: *(e.g. -xxx.xxxxx)*
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Barton
Lease Name: WONDRA BROTHERS A Well #: 2
Field Name:
Producing Formation: Arbuckle
Elevation: Ground: 1885 Kelly Bushing: 1895
Total Vertical Depth: 3330 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 393 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: 25000 ppm Fluid volume: 700 bbls
Dewatering method used: Evaporated
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: 10/26/2023
☐ **Confidential Release Date:** 10/25/2025
☐ **Wireline Log Received** ☑ **Drill Stem Tests Received**
☑ **Geologist Report / Mud Logs Received**
☐ **UIC Distribution**
**ALT** ☑ **I** ☐ **II** ☐ **III** **Approved by:** David Befort **Date:** 10/30/2023