

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
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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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OPERATOR

Company: Pioneer Operations LLC #35862
 Address: 3014 Limestone Court
 Hays, Kansas 67601

Contact Geologist: Dan Wells
 Contact Phone Nbr: 785-639-5758
 Well Name: Richerson #1
 Location: SW-NE-NW-NW1/4 Sec. 7-8s-18w
 API: 15-163-24484
 Pool:
 State: Kansas

Field: unknown
 Country: USA

Scale 1:240 Imperial

Well Name: Richerson #1
 Surface Location: SW-NE-NW-NW1/4 Sec. 7-8s-18w
 Bottom Location:
 API: 15-163-24484
 License Number: 35862
 Spud Date: 8/9/2023 Time: 5:45 PM
 Region:
 Drilling Completed: 8/15/2023 Time: 5:30 AM
 Surface Coordinates: 4913' FSL & 4424' FEL
 Bottom Hole Coordinates:
 Ground Elevation: 1980.00ft
 K.B. Elevation: 1987.00ft
 Logged Interval: 0.00ft To: 3870.00ft
 Total Depth: 3480.00ft
 Formation: Arbuckle
 Drilling Fluid Type: Chemical

SURFACE CO-ORDINATES

Well Type: Vertical
 Longitude:
 Latitude:
 N/S Co-ord: 4913' FSL
 E/W Co-ord: 4424' FEL

LOGGED BY

Company: JANEL STAAB CONSULTING PETROLEUM GEOLOGIST
 Address: 2428 Toulon Avenue
 HAYS, KS 67601

Phone Nbr: (785) 635-1660
 Logged By: Geologist Name: JANEL STAAB

CONTRACTOR

Contractor: STP Drilling LLC
 Rig #: 2
 Rig Type: MUD ROTARY
 Spud Date: 8/9/2023 Time: 5:45 PM
 TD Date: 8/15/2023 Time: 5:30 AM
 Rig Release: 8/16/2023 Time: 12:00 AM

ELEVATIONS

K.B. Elevation: 1987.00ft Ground Elevation: 1980.00ft
 K.B. to Ground: 7.00ft

NOTES**FORMATION TOPS SUMMARY AND CHRONOLOGY OF DAILY ACTIVITY**

FORMATION	SAMPLE TOP	LOG TOP	COMPARISON - HAINES WEST (STAAB OIL CO)
Anhydrite	1428' / +559	1416' / +571	+591
Base	1463' / +524	1454' / +533	+554
Topeka	2937' / -950	2926' / -939	-921
Heebner Shale	3144' / -1157	3133' / -1146	-1128
Toronto	3164' / -1177	3171' / -1171	-1151
LKC	3186' / -1199	3175' / -1188	-1169
BKC	3412' / -1425	3492' / -1415	-1391
Arbuckle	not found		-1423
T.D.	3480' / -1493	3470' / -1483	-1510








DATE:	7:00 A.M. DEPTH	RIG ACTIVITY
08/10/2023		M.I.R.U.
08/11/2023	218'	W.O.C.
08/12/2023	1664'	Drilling shale and lime
08/13/2023	2450'	Drilling lime and shale
08/14/2023	3008'	Drilling lime and shale
08/15/2023	3480'	Short trip
08/16/2023	3480'	Job complete - Plugged

**MUD RECORD MUD-CO /SERVICE MUD INC.
GARY SCHMIDTBERGER**

BIT RECORD

CHK	DEPTH	WT	VIS	FIL	CHL	YP	LCM	NO.	SIZE	MAKE	DEPTHOUT	FEET	HRS
1.	1607'	9.0	28	NC	18,000	1	0	1.	12 1/4'	SMITH	218'	218'	3.25
2.	2402'	9.3	28	NC	37,000	1	0	2.	7 7/8'	SMF27	3480'	3262'	86.75
3.	2988'	8.9	52	5.8	2,300	21	2						
4.	3480'	9.2	63	5.8	2,400	25	2						
5.													
6.													
7.													

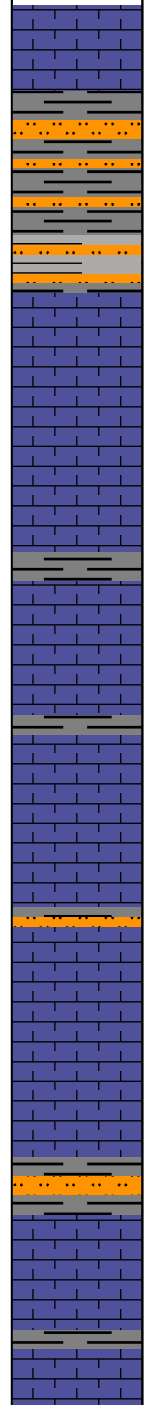
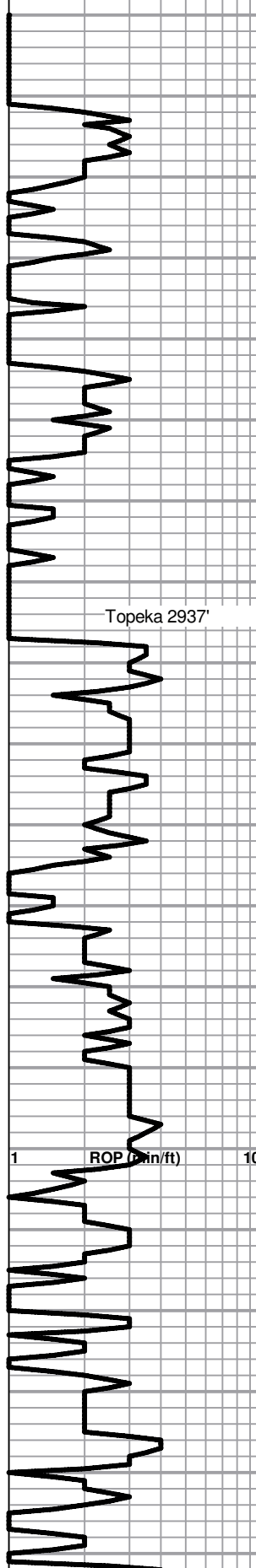
ROCK TYPES

 Congl	 shale, gry	 Shcol	 Shgy
 Lmst fw<7	 Carbon Sh	 Slst	

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

Curve Track #1	ROP (min/ft)	Depth Intervals	DST	Lithology	Oil Show	Geological Descriptions	Curve Track #3
1	1:240 Imperial	10					1:240 Imperial
		2810					
		2820					
		2830					

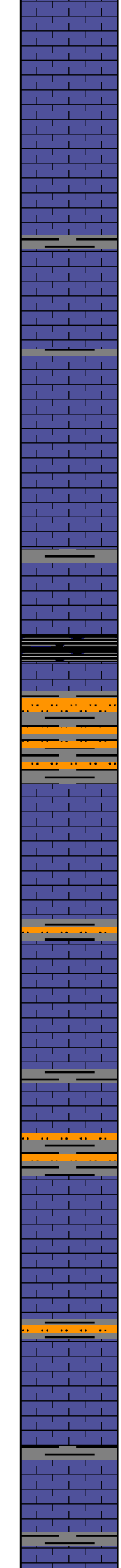
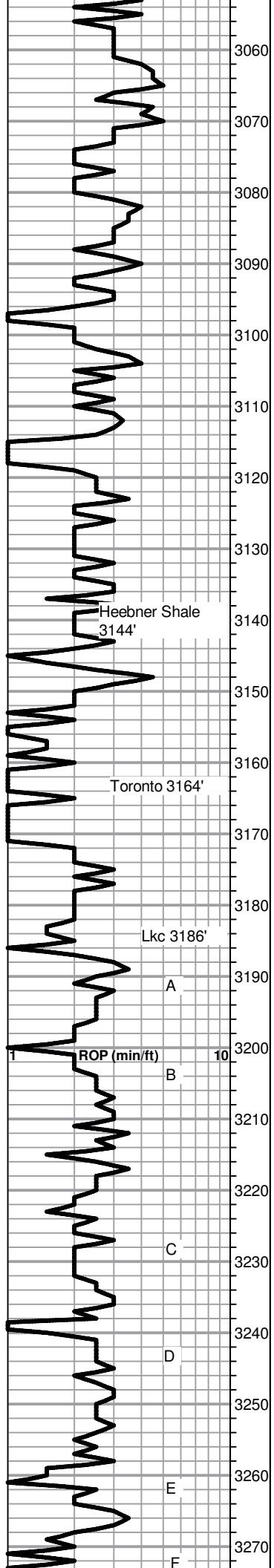
2840
2850
2860
2870
2880
2890
2900
2910
2920
2930
2940
2950
2960
2970
2980
2990
3000
3010
3020
3030
3040
3050



Ls off white
sh and sltst gray, brown, red
Ls, off white-gray fnxln
Sh - gray
Ls Off wht - gray fnxln
sh- gray
Ls off wht-gray fnxln
Sh & sltst gry, brw, red
Ls off wht lt gray, fnxln
Sh & sltst, brw, gray,
Ls off wht, fnxln chlky, fossil
sh gray
Ls off wht. lt gray fnxln. pwrite.fossil

GEO ON LOCATION
DATE 8/14,23
TIME 7 a.m

MUD
VIS
WT
LCM



Ls off wht lt gry, fnxln, chrt, pyrite, fossil,
 Ls off wht lt gry, fnxln, fossil

Ls off wht lt gry, chlky, pyrite, fossil

Ls off wht lt gry, very cherty, pyrite, fossil, poor interxln porosity with a show of dead oil in porosity

Ls off wht to tan, fnxln, sl pyrite, fossil sl chlky

Ls off wht tan, fnxln, pyrite, fossil, chlky

Ls off wht tan, fnxln

Ls off wht- tan fnxln, fossil

Sh-Blk carb-fissel
 Ls off wht-tan fnxln 1pc with sfo-poor intxln porosity

Sh and sltst gray, brown,

Ls tan fnxln

Ls off wht, fnxln, sl sticky chalky, pyrite, fossil

Sh & sltst gray brn
 Ls off wht-tan fnxln

Ls off wht - tan fnxln

Ls off wht - tan fnxln fossil

sh & slt gry, brown
 Ls off wht - tan fnxln to oolitic

Ls off wht fnxln cherty

Ls off wht fnxln

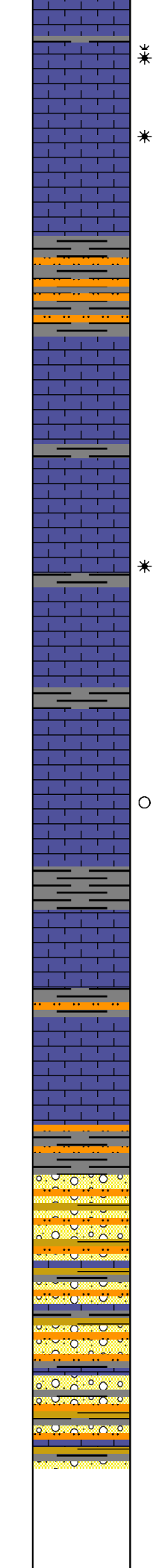
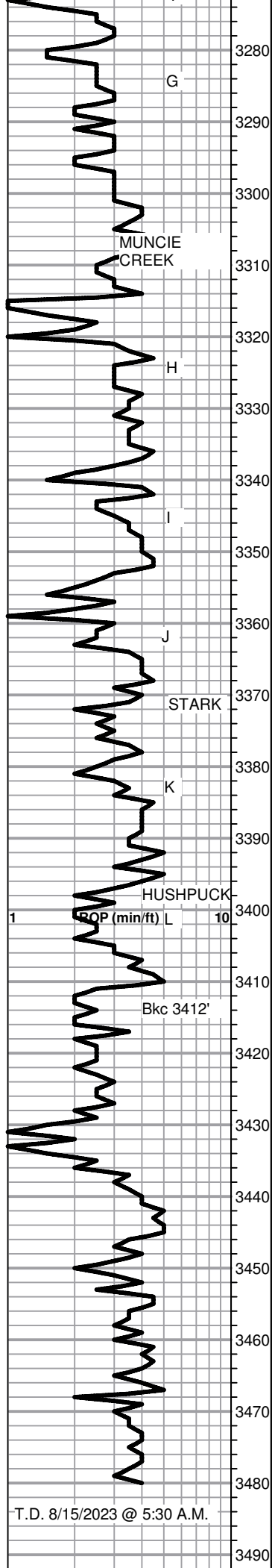
sh & slt gry, brn

Ls off wht to gray, fnxln, fossil

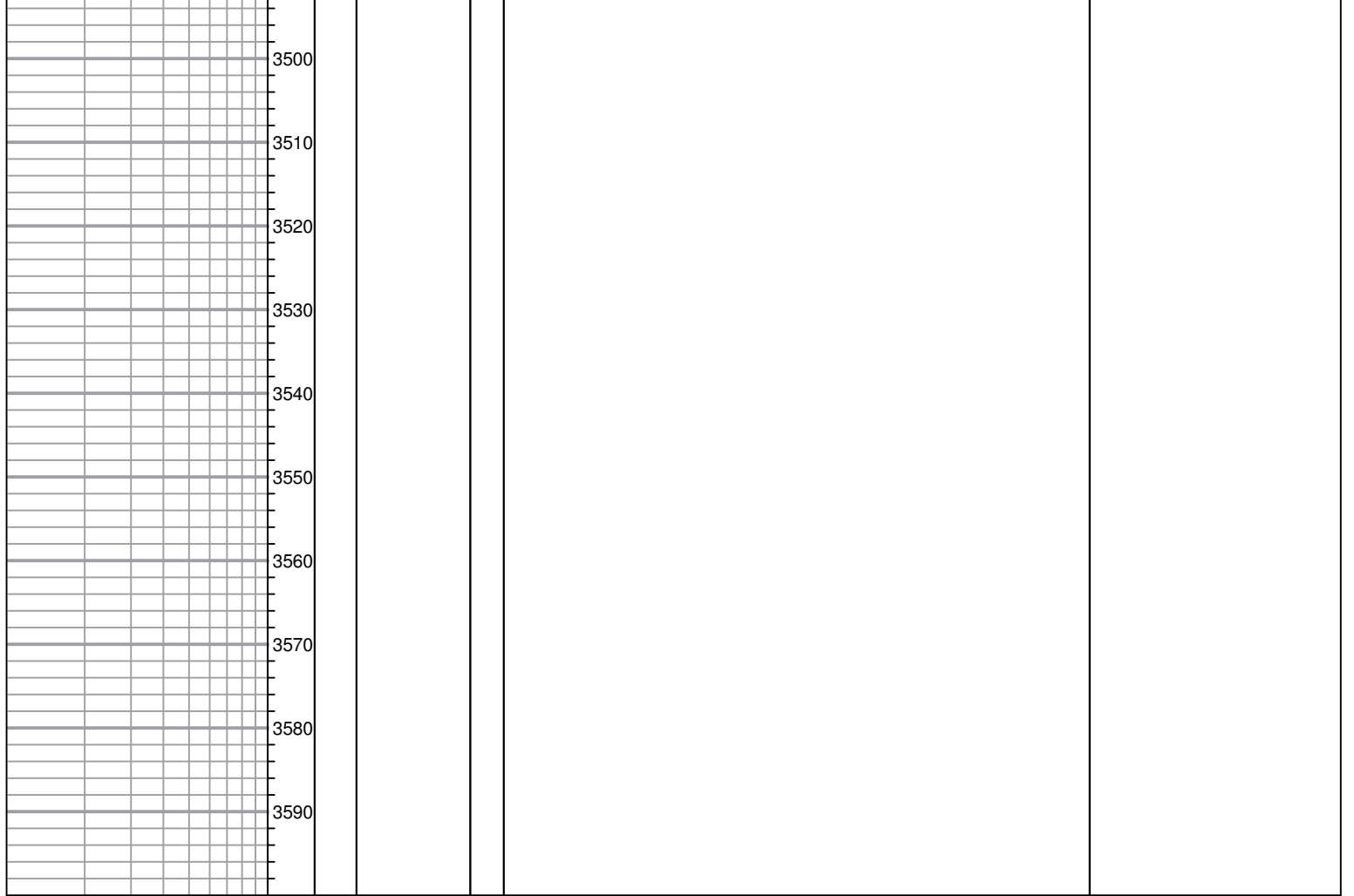
sh & slt gry, brown

Ls tan to gray fnxln, fossil

Sh gray
 Ls tan fnxln - oolitic, fossil, pyrite



* Ls tan fnxn - oolitic, poor interxln porosity, fair odor, very slight stain in porosity
 * Ls tan fnxn - oolitic sl chlky, sl pyrite, fossil faint odor no show
 Ls tan fnxn - oolitic, sl chalky, fossil no odor
 Ls tan - gray fnxn, pyrite
 sh - gray
 sh & sltst gray and brn
 Ls tan - gray fnxn, chalky
 Ls tan-gray fnxn
 sh - gray
 Ls off wht-gray fnxn
 Ls off wht-gray fnxn to oolitic fair odor no shows
 * sh - gray
 Ls off wht-gray fnxn
 Sh & sltst gray, brn
 Ls off wht fnxn - oolitic, sl pyrite
 O Ls off wht fnxn- oolitic no odor, slight show of oil when cut - 1 pc in poor interxln porosity
 Ls off wht fnxn
 sh - black
 Ls off wht fnxn
 sh & sltst, gry, brwn, green
 Ls off wht fnxn
 sh and sltst red gry green sticky
 cong - sh & sltst red, gray gree, sticky with Ls off wht fnxn sl pyrite
 sh & sltst red gray, green, with Ls of wht fnxn sl prite



**FIELD TICKET & TREATMENT REPORT
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
B-1-23	35862	Richardson #1	7	8	18	Rooks
CUSTOMER <u>Pioneer Operations LLC</u>			TRUCK #			
MAILING ADDRESS <u>3019 Limestone CT</u>			DRIVER			
CITY <u>Hoxie</u>			TRUCK #			
STATE <u>Ks</u>			DRIVER			
ZIP CODE <u>67601</u>			TRUCK #			
			DRIVER			

JOB TYPE Surface HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 8 7/8" 23#
 CASING DEPTH 218' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 125 MZ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, set up on STAR. Circulated mud. Hooked up 5' mixed cement @ 15.2 lbs. Circulated ~~100'~~ to pipe. Shut in after disp. @ 250 PSI 350.

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P1002	1	PUMP CHARGE	\$1150.00	\$1150.00
M101	68 miles	MILEAGE	\$6.50	\$448.50
M102	7.89 ton	TMP	\$816.61	\$816.61
C1004	160 gal	Class A 32cc 2% gel	\$25.50	\$4080.00
			sub total	\$6,495.11
			less 5% disc.	\$324.75
			sub total	\$6,170.36
			SALES TAX	271.32
			ESTIMATED TOTAL	6441.69

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.

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-15-23	35862	Pioneer Operations Richeson #1	7	8	18	Rooks

CUSTOMER <i>Pioneer Operations</i>		
MAILING ADDRESS <i>3014 Limestone CT</i>		
CITY <i>Hays</i>	STATE <i>KS</i>	ZIP CODE <i>67601</i>

TRUCK #	DRIVER	TRUCK #	DRIVER
<i>JT 203</i>	<i>JT</i>		
<i>20103</i>	<i>CK</i>		

JOB TYPE <i>PTA</i>	HOLE SIZE _____	HOLE DEPTH _____	CASING SIZE & WEIGHT _____
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 STP2. Plugged as ordered.*

- 1) 50 sv @ 1450'*
 - 2) 100 sv @ 780'*
 - 3) 50 sv @ 270'*
 - 4) 30 sv in R4 10 sv down casing.*
- Plug down 9:13 PM.*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<i>PLOOS</i>	<i>1</i>	<i>PUMP CHARGE PTA</i>	<i>\$1500.00</i>	<i>\$1500.00</i>
<i>M001</i>	<i>63</i>	<i>MILEAGE</i>	<i>\$6.50</i>	<i>\$409.50</i>
<i>M002</i>	<i>10.68 tons</i>	<i>TMD</i>	<i>\$11,009.26</i>	<i>\$1,009.26</i>
<i>CB510</i>	<i>240 sv</i>	<i>65/40 4% gel 1/4 # flow seal</i>	<i>\$17.35</i>	<i>\$4,164.00</i>
<i>PCOSS</i>	<i>1 8" wooden plug</i>	<i>8" wooden plug</i>	<i>\$165.00</i>	<i>\$165.00</i>
			<i>sub total</i>	<i>\$7,247.76</i>
			<i>less 5% disc.</i>	<i>\$362.38</i>
			<i>sub total</i>	<i>\$6,885.38</i>
			SALES TAX	<i>287.88</i>
			ESTIMATED TOTAL	7173.26

AUTHORIZATION *Jack* 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.