

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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Form	ACO1 - Well Completion
Operator	McCoy Petroleum Corporation
Well Name	BUNYAN "A" 1-29
Doc ID	1596009

All Electric Logs Run

ELI - Dual Induction
ELI - Compensated Density/Neutron
ELI - PE
ELI - Microlog
ELI - Sonic

McCoy Petroleum Corporation
9342 E. Central Ave.
Wichita, Kansas 67206

McCoy Petroleum Corporation
BUNYAN 'A' #1-29
NE SW NW NW
825' FNL, 495' FWL
Sec 29-32s-1e
Sumner County, KS
API#: 15-191-22834-00-00

SAMPLE TOPS:

Heebner	2308	-1111
Iatan	2603	-1406
Stalnaker Sand	2660	-1463
Stalnaker Base	2750	-1553
Lansing (Lignite)	2994	-1797
Stark Shale	3188	-1991
BKC	3231	-2034
Marmaton	3327	-2130
Altamont	3364	-2167
Cherokee Shale	3475	-2278
Ardmore Shale	3521	-2324
Miss Chert	3628	-2431
Miss Lime	3640	-2443
Kinderhook	4000	-2803
Woodford Shale	4036	-2839
Simpson Sand	4072	-2875
RTD	4125	-2928

LOG TOPS:

Heebner	2309	-1112
Iatan	2603	-1406
Stalnaker Sand	2650	-1453
Stalnaker Base	2752	-1555
Lansing (Lignite)	2993	-1796
Stark Shale	3190	-1993
BKC	3230	-2033
Marmaton	3326	-2129
Altamont	3366	-2169
Cherokee Shale	3471	-2274
Ardmore Shale	3521	-2324
Miss Chert	3627	-2430
Miss Lime	3640	-2443
Kinderhook	4001	-2804
Woodford Shale	4036	-2839
Simpson Sand	4072	-2875
LTD	4126	-2929

QUALITY WELL SERVICE, INC.

7785

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410
Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	Sec.	Twp.	Range	County	State	On Location	Finish
10-9-21	29	32S	1 E	Sumner	Ks		
Lease	BUNYAK A	Well No.	1-29	Location	Wellington, Ks 1/2 mi S to Bottom Rd		
Contractor	STERLING DELTA RIG #5			Owner	3 E to MEZDAR Rd 1/2 W 30th		
Type Job	SURFACE			To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size	12 1/4	T.D.	272'	Charge To	McCoy PETROLEUM Corp		
Csg.	85/8 23#	Depth	268'	Street			
Tbg. Size		Depth		City	State		
Tool		Depth					
Cement Left in Csg.		Shoe Joint	25	The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line		Displace	1596	Cement Amount Ordered	150 4 60/40 2 1/2 GAL		
EQUIPMENT				3 1/2 CL 1/2" PS			
Pumptrk	8	No.		Common	150 20		
Bulktrk	12	No.		Poz. Mix	100 50		
Bulktrk		No.		Gel.	430 #		
Pickup		No.		Calcium	645 #		
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal	125 #		
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
Run 6 #1's 85/8 23# CSG SET @ 268'				Sand			
out to 20 still out @ 159'				Handling	267		
START CSG CSG ON BOTTOM				Mileage	50/12050		
Hook up to Csg & Boreal circ w/1216				FLOAT EQUIPMENT			
START Pumping 10-45h H ₂ O				Guide Shoe			
START MIX Pump 50 60/40				Centralizer			
2 1/2 GAL 3 1/2 CL 1/2" PS @ 140 1/2 GAL				Baskets			
START DISO				AFU Inserts			
PUG DOWN				Float Shoe			
R 6 BH out 150 #				Latch Down	Addl. hulls x		NC
Close valve on Csg				Service Spv	1 EA		
Good Circulation				UMV	50		
CCL OUT TO PAT				Pumptrk Charge	SURFACE		
THANK YOU				Mileage	100		
PLEASE CALL AGAIN				TODD MIKE X2			
Signature							
				Tax			
				Discount			
				Total Charge			

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

RECEIVED OCT 29 2021

Invoice

Date	Invoice #
10/19/2021	C-2727

Bill To
McCoy Petroleum Corporation PO Box 39 Spivey KS 67142

P.O. No.	Terms

Description	Qty
Common	150
Poz	100
Gel	430
Calcium	645
Flo-Seal	125
SFC 0-500'	1
Handling	267
.08 * sacks * miles	12,050
Service Supervisor	1
LMV	50
Heavy Equipment Mileage	100
Customer Discount	
Discount Expires after 30 days from the date of the invoice	
Bunyan A #1-29	
Sumner Co.	

PLEASE REMIT TO ABOVE ADDRESS! Thank you for your business!	Subtotal
	Sales Tax
	Total

lll

QUALITY WELL SERVICE, INC.

7786

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	Sec.	Twp.	Range	County	State	On Location	Finish
10-16-21	29	32S	1E	SUMNER	Ks		
Lease	BENJAMIN		Well No.	A 1-29			
Contractor	STEELE DRILLING R.G. #5			Location WELLSBORO, Ks 15 to Botkin Rd			
Type Job	PTA		Owner 3E to Meridian Rd 1/2 W to 35th				
Hole Size	77/8		To Quality Well Service, Inc. 1E Side				
Csg.			You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.				
Tbg. Size	4 1/2 DP		Charge To MCLM Petroleum Corp				
Tool			Street				
Cement Left in Csg.			City				
Meas Line			State				
EQUIPMENT			The above was done to satisfaction and supervision of owner agent or contractor.				
Pumptrk	3 No.		Cement Amount Ordered 125 x 60/40				
Bulktrk	10 No.		4 1/2 GEL 1/4" P1				
Bulktrk	No.		Common 75 x				
Pickup	No.		Poz. Mix 50 x				
JOB SERVICES & REMARKS			Gel. 430"				
Rat Hole	35 x		Calcium				
Mouse Hole	25 x		Hulls				
Centralizers			Salt				
Baskets			Flowseal 31"				
D/V or Port Collar			Kol-Seal				
1st Plug @ 320			Mud CLR 48				
Pump H2O			CFL-117 or CD110 CAF 38				
M & L Pump	x 60/40 4 1/2 GEL 1/4" P1		Sand				
Disp			Handling 129				
2nd Plug @ 60			Mileage 50 / 6450				
Pump H2O			FLOAT EQUIPMENT				
M & L Pump	x 60/40 4 1/2 GEL 1/4" P1		Guide Shoe				
Disp			Centralizer				
			Baskets				
			AFU Inserts				
			Float Shoe				
			Latch Down				
			SERVICE Sup 1 EA				
			Pumptrk Charge PTA				
			Mileage 100				
			Tax				
			Discount				
			Total Charge				
I thank you PLEASE CALL AGAIN TOM M. KE & 2 Signature <i>[Signature]</i>							

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

RECEIVED OCT 29 2021

Invoice

Date	Invoice #
10/19/2021	C-2729

Bill To
McCoy Petroleum Corporation PO Box 39 Spivey KS 67142

P.O. No.	Terms

Description	Qty
Common	75
Poz	50
Gel	430
Flo-Seal	-31
Plug/Pump Charge	1
Handling	129
.08 * sacks * miles	6,450
Service Supervisor	1
LMV	50
Heavy Equipment Mileage	100
Customer Discount	
Discount Expires after 30 days from the date of the invoice	
Bunyan A #1-29	
Sumner Co.	

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	Subtotal
	Sales Tax
	Total

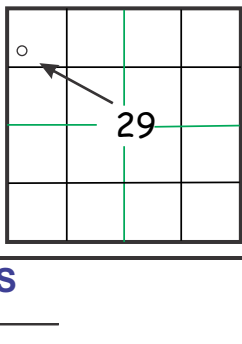
SSC

GEOLOGICAL REPORT

Larry A. Nicholson

FINAL
NAD 27
37.24437000
-97.34694000

COMPANY McCoy Petroleum Corp
API # 15-191-22834 FIELD Unnamed
LEASE Bunyan A WELL # #1-29
LOCATION NE SW NW NW
SURVEY 825' FNL 495' FWL
SECTION 29 TWP 32S RGE 1E
COUNTY Sumner STATE Kansas



CONTRACTOR Sterling Drlg Rig # 5
SPUD 1:00 am 10-09-21 COMP.
RTD 4:25 PM 10-15-21 LTD 4:26
MUD UP AT 2499
MUD TYPE Chemical Mud-Co B Bortz

ELEVATIONS
K.B. 1197
D.F.
G.L. 1184
All measurements from K.B. 1197

SAMPLES SAVED FROM 3400 TO RTD
DRILLING TIME FROM 3400 TO RTD
SAMPLES EXAMINED FROM 3400 TO RTD
GEOLOGICAL SUPERVISION FROM 3400 TO RTD
WELLSITE GEOLOGIST LARRY A. NICHOLSON

CASING RECORD
Conductor of w/ sx
Surface 268 of 8 5/8 new w/ 250 sx
Production of w/ sx
Drg Supervision

ELECTRICAL SURVEYS ELI Dual Den Neu Micro Sonic

FORMATION TOPS & STRUCTURAL POSITION

FORMATION	SAMPLE TOPS	SUBSEA DATUM	ELEC LOG TOPS	SUBSEA DATUM	REFERENCE WELL	
					A	B
Altamont	3365	-2168	3365	-2168		
Cherokee Sh	3470	-2273	3470	-2273		
Ardmore Sh	3516	-2319	3516	-2319		
Miss Chert	3628	-2431	3628	-2431		
Miss Lime	3640	-2443	3640	-2443		
Kinderhook	4000	-2803	4000	-2803		
Woodford Sh	4036	-2839	4036	-2839		
Simpson Sand	4072	-2875	4072	-2875		
RTD	4125		4125			
LTD	4126		4126			

REFERENCE WELLS
A: _____
B: _____

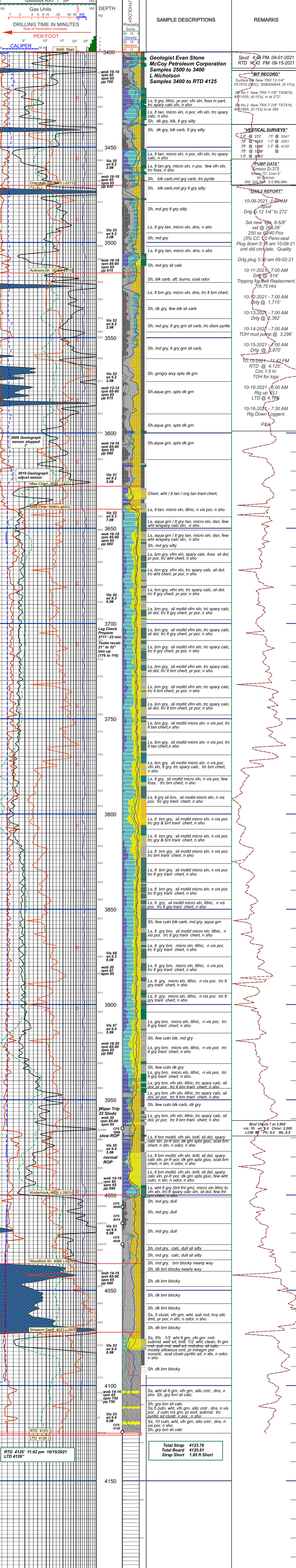
LAN 7/92, Modified 5/05, 11/11, 4/12, 4/18 1inch =25.4mm 8.5 x 9.75 216 mm x 2460 mm

DRILLSTEM TEST SUMMARY : REMARKS & RECOMMENDATIONS:

Based on low Structural Position and lack of shows. The well was P&A

**Note ROP and Elogs within 1-2 ft. depending on driller and hitting kelly down. Elog tops were used.

LEGEND



COMPANY McCoy Petroleum Corp ELEVATIONS 1197
LEASE Bunyan A #1-29 NE SW NW NW D.F.
LOCATION 825' FNL 495' FWL SEC. 29 TWP 32S RGE 1E G.L. 1184
COUNTY Sumner STATE Ks All measurements from K.B. 1197