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 # 30606
Name: Murfin Drilling Co., Inc.
Address 1: 250 N WATER STE 300
Address 2:
City: WICHITA State: KS Zip: 67202 + 1216
Contact Person: Nick Ahlerich
Phone: (316) 267-3241

CONTRACTOR: License # 30606
Name: Murfin Drilling Co., Inc.
Wellsite Geologist: NA
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: Murfin Drilling Company
Well Name: Bastin 1-24
Original Comp. Date: 09/17/2008 Original Total Depth: 4190
☐ 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 #: E-34,393
☐ GSW Permit #:

10/03/2023	10/16/2023	10/16/2023
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-039-21061-00-01
Spot Description:
N2 - SE - NE - SE Sec. 24 Twp. 5 S. R. 30 ☐ East ☑ West
1850 Feet from ☐ North / ☑ South Line of Section
330 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: Decatur
Lease Name: GREEN-OBRIEN UNIT Well #: 1-24
Field Name: Murmac
Producing Formation: LKC
Elevation: Ground: 2813 Kelly Bushing: 2818
Total Vertical Depth: 4186 Plug Back Total Depth: 4146
Amount of Surface Pipe Set and Cemented at: 260 Feet
Multiple Stage Cementing Collar Used? ☑ Yes ☐ No
If yes, show depth set: 2552 Feet
If Alternate II completion, cement circulated from: 2552
feet depth to: 0 w/ 200 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: 11/02/2023
☐ **Confidential Release Date:** 11/01/2025
☐ **Wireline Log Received** ☐ **Drill Stem Tests Received**
☐ **Geologist Report / Mud Logs Received**
☑ **UIC Distribution**
ALT ☑ **I** ☐ **II** ☐ **III** **Approved by:** David Befort **Date:** 11/05/2023