

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 Recompletion Date _____ 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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GRESSEL OIL FIELD SERVICE

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 FAX (316) 524-1027

Invoice

Page: 1

BURRTON, KS ♦ GREAT BEND, KS ♦ HAYS, KS ♦
 (620) 463-5161 (620) 793-3366 (785) 628-3220

INVOICE NUMBER:
L2521-IN

BILL TO:
VICTORY MINERALS
C/O CARMON DECKER
PO BOX 414830
KANSAS CITY, MO 64141

LEASE: FIRST NATIONAL BACK C #1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
12/15/2021	2521		12/07/2021	FIRST NATIONAL BANK C	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION #1		D/C	PRICE	EXTENSION
		PERFORATED WITH TITAN 3323-323, 22.7 GRAM CHARGE, AS FOLLOWS: FROM 2818' TO 2828', WITH 11 SHOTS; FROM 2840' TO 2875', WITH 33 SHOTS. RUN GR/CCL FROM 0 TO 2875' AND FROM 2875' TO 0'.				
1.00	EACH	SET UP WIRELINE		0.00	700.00	700.00
1.00	EACH	PERFORATE - 1ST 11 SHOTS		0.00	2,100.00	2,100.00
1.00	EACH	PERFORATE - NEXT 33 SHOTS		0.00	1,500.00	1,500.00
1.00	EACH	RUN GR/CCL-MIN CHG		0.00	600.00	600.00
1.00	EACH	RUN GR/CCL-MIN CHG		0.00	517.50	517.50
REMIT TO:		LTG		Net Invoice:		5,417.50
P.O. BOX 438 HAYSVILLE, KS 67060				COWCO Sales Tax:		45.50
RECEIVED BY _____		NET 30 DAYS		Invoice Total:		5,463.00

PAID Account: _____
 Check No.: _____
 Date: _____
 \$ _____

There will be a charge of 1.5% (18% annual rate) on all accounts over 30 days past due.
 Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.



2521

Field Service, LLC

P.O. BOX 438
Haysville, KS 67060
(316) 524-1225 • FAX (316) 524-1027

Date 12-7-21

CHARGE TO: Victory Minerals
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. First National Bank "C" #1 FIELD _____
 NEAREST TOWN _____ COUNTY Cowley STATE KS
 SPOT LOCATION SE-SE-Corner/Lot 7 SEC. 30 TWP. 33S RANGE 8E
 ZERO 5' AGL. CASING SIZE 4 1/2" WEIGHT _____
 CUSTOMER'S T.D. _____ GRESSEL 2875' FLUID LEVEL _____
 ENGINEER Lee Bretz OPERATOR _____

PERFORATING						
Description	No. Shots	Depth		Amount		
		From	To			
<u>Titan 3323-323 22.7 gran chage</u>	<u>11</u>	<u>2818</u>	<u>2828</u>			
<u>" " " " " "</u>	<u>33</u>	<u>2840</u>	<u>2875</u>			
					<u>3600 00</u>	

DEPTH AND OPERATIONS CHARGES						
Description	From	Depth		Total No. Ft.	Price Per Ft.	Amount
		To				
<u>Run GR/CCL</u>	<u>0</u>	<u>2875</u>	<u>3000'</u>	<u>.20</u>	<u>600 00</u>	
<u>" " "</u>	<u>2875</u>	<u>0</u>	<u>2875'</u>	<u>.18</u>	<u>517 50</u>	

MISCELLANEOUS			
Description	Quantity	Amount	
<u>Service Charge</u>	<u>1</u>	<u>700</u>	<u>00</u>

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

.....Sub Total	<u>5417 50</u>
.....Tax	
.....	
.....	

Customer Signature _____ Date _____

COPELAND

Acid & Cement

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

Page: 1

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C47871-IN

BILL TO:
VICTORY MINERALS
C/O CARMON DECKER
PO BOX 414830
KANSAS CITY, MO 64141

LEASE: FIRST NATIONAL BANK C1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
12/15/2021	47871		12/08/2021	FIRST NATIONAL BANK	C1	NET 30
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	PUMP CHARGE - ACID		0.00	550.00	550.00
69.00	EA	BIO BALLS		30.00	8.00	386.40
1,250.00	GAL	15% NE/FE ACID		30.00	1.95	1,706.25
3.00	GAL	CORROSION INHIBITOR		30.00	40.00	84.00
5.00	GAL	KCL - LIQUID		30.00	23.50	82.25
110.00	MI	MILEAGE PUMP TRUCK		0.00	4.00	440.00
1.00	LOT	TAX PORTION OF ACID/ADDITIVES		0.00	968.10	968.10
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COB		Net Invoice:		4,217.00
RECEIVED BY		NET 30 DAYS		COWCO Sales Tax:		127.28
				Invoice Total:		4,344.28

PAID Account: _____
 Check No.: _____
 Date: _____
 \$ _____

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.



FIELD ORDER N° C 47871

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE Dec 8 2021

IS AUTHORIZED BY: Victory Minerals
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease First National Bank Well No. C.1 Customer Order No. _____

Sec. Twp. _____ Range _____ County Rowley State Ks

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	1	Acid pump charge		550 ⁰⁰
	69	Bio Balls @ 8 ⁰⁰ /en.		552 ⁰⁰
	1250 gal	15% NE FE @ 195 ⁰⁰ /gal		2437 ⁵⁰
	3 gal	Corrosion Inhib @ 40 ⁰⁰ /gal		120 ⁰⁰
	5 gal	XCh @ 23 ⁵⁰ /gal		117 ⁵⁰
	110 mi	1 way mileage @ 4 ⁰⁰ /mile		440 ⁰⁰
		Bulk Charge		
		Bulk Truck Miles		
		Process License Fee on _____ Gallons		
		TOTAL BILLING		

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative [Signature]

Station Buddon

Well Owner, Operator or Agent _____

Remarks _____

NET 30 DAYS

TREATMENT REPORT

Acid Stage No.

Date: 12/8/21 District: Bureau F. O. No.
 Company: Victory Minerals
 Well Name & No.: First National Bank C-1
 Location: Field:
 County: Cowley State: Ks
 Casing: Size: 4 1/2 Type & Wt. Set at ft.
 Formation: Perf. to
 Formation: Perf. to
 Formation: Perf. to
 Liner: Size: Type & Wt. Top at ft. Bottom at ft.
 Cemented: Yes/No. Perforated from ft. to ft.
 Tubing: Size & Wt. 2 3/4 Swung at 28.18 ft.
 Perforated from ft. to ft.
 Open Hole Size: T.D. ft. P.B. to ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown: Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.
 Flush Bbl./Gal.
 Treated from ft. to ft. No. ft.
 from ft. to ft. No. ft.
 from ft. to ft. No. ft.
 Actual Volume of Oil/Water to Load Hole: Bbl./Gal.
 Pump Trucks. No. Used: Std. 323 Sp. Twin
 Auxiliary Equipment
 Packer: Set at ft.
 Auxiliary Tools
 Plugging or Sealing Materials: Type 69 Bio Balls Gal. lb.

Company Representative

Treater [Signature]

TIME a.m. / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
3:20				On loc ISA Rig up waiting on tank truck
3:55				Tank truck on location mix Shell Ban in water
4:00			0	Start acid & launching balls
:			2 BB	Start launching 1 ball every 8 seconds. 3 BPM Rate.
:	400		3 1/2 BB	Catch pressure 3 1/2 BPM @ 400#
:			10 BB	Have circulation to surface. Stop pump
:				Reset packer acts like slipping hole / Holding steel
:				Tie or start acid again
4:50			11 BB	Catch pressure start dropping balls again
:			15 BB	Broke circ again stop pump
:			16 BB	Release packer pull limit & try to reset
:				Tie back on start acid
:			18 BB	Catch pressure finish drop balls
:			23 BB	Broke circ again stop pump
:				Knock off wash out pump & ball launcher
:				Start pulling tub had to work tub to get
:				started out of hole Dilute rest of acid
5:50				Rack up left location