KOLAR Document ID: 1746478

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 # 31160
Name: Phillips Exploration Company L.C.
Address 1: PO BOX 850
Address 2:
City: ANDOVER State: KS Zip: 67002 + 0850
Contact Person: JB Phillips
Phone: (316) 655-3838
CONTRACTOR: License # 30606
Name: Murfin Drilling Co., Inc.
Wellsite Geologist: PJ Deenihan
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 #:

08/28/2023	09/03/2023	09/23/2023
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-195-23166-00-00
Spot Description:
SE - NW - SE - SW Sec. 13 Twp. 11 S. R. 24 ☐ East ☑ West
800 Feet from ☐ North / ☑ South Line of Section
1660 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: Trego
Lease Name: GALEN GEYER Well #: 5
Field Name:
Producing Formation: NA
Elevation: Ground: 2393 Kelly Bushing: 2404
Total Vertical Depth: 4049 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 160 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: 100 ppm Fluid volume: 160 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: Phillips Exploration
Lease Name: Herman Trush 3-34 License #: 31160
Quarter NE Sec. 34 Twp. 9 S. R. 24 ☐ East ☑ West
County: Graham Permit #: D30473.0

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:** Todd Bryant **Date:** 01/30/2024

Operator Name: Phillips Exploration Company L.C. Lease Name: GALEN GEYER Well #: 5

Sec. 13 Twp. 11 S. R. 24 ☐ East ☑ West County: Trego

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 *(Attach Additional Sheets)*	☐ Yes	☑ No
Samples Sent to Geological Survey	☐ Yes	☑ No
Cores Taken	☐ Yes	☑ No
Electric Log Run	☑ Yes	☐ No
Geologist Report / Mud Logs	☐ Yes	☑ No

List All E. Logs Run:

Dual Induction
Comp Density

☑ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
Anhy	1993	+411
Lansing	3758	-1354
B/KC	3996	-1592

CASING RECORD ☑ New ☐ 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
Surface	12.25	8.85	23	222	Common	160	80/20

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
☐ Perforate ☐ Protect Casing ☐ Plug Back TD ☐ 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: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other *(Explain)*

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
☐ Vented ☐ Sold ☐ Used on Lease *(If vented, Submit ACO-18.)*	☐ Open Hole ☐ Perf. ☐ Dually Comp. *(Submit ACO-5)* ☐ Commingled *(Submit ACO-4)*	Top / Bottom

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record *(Amount and Kind of Material Used)*

TUBING RECORD: Size: Set At: Packer At:

Mail to: KCC - Conservation Division, 266 N. Main, Suite 220, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Phillips Exploration Company L.C.
Well Name	GALEN GEYER 5
Doc ID	1746478

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.85	23	222	Common	160	80/20

FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 1049
LOCATION Hays
FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-29-23	3160	Galen Geyer 5	13	11	24	Trego

CUSTOMER: Phillips Exploration
MAILING ADDRESS:
CITY | STATE | ZIP CODE:

TRUCK #	DRIVER	TRUCK #	DRIVER
103	Chris K		
203	Jake T		
	Tom W		

JOB TYPE Surface HOLE SIZE _____ HOLE DEPTH 222' CASING SIZE & WEIGHT 8 5/8" 23#
CASING DEPTH 222' 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 Murfin #14. Circulate mud. Mix 160 sx 60/20 3%cc 2% gel. Displace 13 Bbl & shut in 12:45 pm.
Cement did circulate

Thanks Tom & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL002	1	PUMP CHARGE Surface	$1150.00	$1150.00
M001	48	MILEAGE	$1.50	$312.00
M002	2.48 tons	Ton Mileage Delivery	$400.00	$400.00
~~C5001~~	~~160~~			
C5004	160 sx	60/20 3% cc 2% gel	$20.95	$3352.00
			sub total	$5414.00
			less 5% disc.	$270.70
			sub total	$5143.30
			SALES TAX	238.83
			ESTIMATED TOTAL	5382.13

AUTHORIZATION _____ 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.

FRANKS Oilfield Service

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TICKET NUMBER 1058
LOCATION Hoxie
FOREMAN Jack

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-3-23	31160	Galen Geyer #5	13	11	24	Trego

CUSTOMER: Phillips Exploration Company LLC.
MAILING ADDRESS: 211 Cedar Ridge CT
CITY: Andover | STATE: KS | ZIP CODE: 67002

TRUCK #	DRIVER	TRUCK #	DRIVER
103	CK		
201	JT		

JOB TYPE PTA | 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: Had safety meeting then set up on Muck in 114. Plugged as ordered

1) 50 sx @ 2030'
2) 100 sx @ 1100'
3) 50 sx @ 270'
4) 30 sx RH / 15 sx MH / 10 sx top off Thank You.

255 sx

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC005	1	PUMP CHARGE PTA	$1500.00	$1500.00
M001	49	MILEAGE	$6.50	$318.50
M002	11.34 Tm	TMD	$833.49	$833.49
CB010	255 sx	60/40 4% gel 1/4# Flowseal	$17.35	$4,424.25
			sub total	$7,076.24
		less	5% disc.	$353.81
			sub total	$6,722.43
			SALES TAX	315.23
			ESTIMATED TOTAL	7037.66

AUTHORIZATION _____ TITLE _____ DATE _____

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