

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 |
|--|---|

| 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 |
|---|---|------------------------------------|

| 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: | |
|----------------|-------|---------|------------|--|

| | |
|-----------|-----------------------------------|
| Form | ACO1 - Well Completion |
| Operator | Steffen Resource Development, LLC |
| Well Name | JESSICA 4-21 |
| Doc ID | 1603516 |

All Electric Logs Run

| |
|----------------------|
| |
| dual induction |
| comp density/neutron |
| micro |
| sonic |

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 0467
 LOCATION Victoria
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|----------|------------|--------------------|---------|----------|-------|---------|
| 12-03-21 | 35666 | Jessica 4-21 | 18 | 30s | 7w | Kingman |

CUSTOMER
See Pen Resource Development LLC
 MAILING ADDRESS
3500 N Mayfield Rd
 CITY Hutchinson STATE KS ZIP CODE 67502

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|---------|----------|---------|--------|
| 101 | Tom W | | |
| | Arston D | | |
| | | | |
| | | | |

JOB TYPE Conductor string HOLE SIZE 17 1/2" HOLE DEPTH 99.75 CASING SIZE & WEIGHT _____
 CASING DEPTH 94.41 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 11.6 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safe meeting & rig up on Fossil Drilling Circulated
mud with 100# class A 390L & displaced 11.6 Bbl
14 Bbl
Cement did circulate a little
Thanks Tom & Arston

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|-----------------|------------|
| PC002 | 1 | PUMP CHARGE Conductor string | \$1150.00 | \$1150.00 |
| MO01 | 100 | MILEAGE | \$6.50 | \$650.00 |
| MO02 | 4.84 tons | Ton Mileage delivery | \$726.00 | \$726.00 |
| CB002 | 10054 | Class A w/ 390L | \$23.55 | 2355.00 |
| | | | | |
| | | | sub total | \$4,881.00 |
| | | | less 25% disc. | \$1,220.25 |
| | | | sub total | \$3,660.75 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | SALES TAX | 141.30 |
| | | | ESTIMATED TOTAL | 3802.05 |

AUTHORIZATION _____ TITLE _____ DATE _____

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FRANKS Oilfield Service

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 ♦ Office Phone (785) 639-3949 ♦ Email: franksoilfield@yahoo.com

TICKET NUMBER 0468
 LOCATION Victoria
 FOREMAN Tam Williams

FIELD TICKET & TREATMENT REPORT CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|--|------------|--------------------|-------------------|----------|-----------|---------|
| 12-09-21 | 35666 | Jessica 4-21 | 18 | 30s | 7w | Kingman |
| CUSTOMER Steppen Resource Development LLC | | | TRUCK # | | DRIVER | |
| MAILING ADDRESS 3500 N Mayfield Rd | | | 107 | | Tam W | |
| CITY Hutchinson | | | 107 | | Preston D | |
| STATE KS | | | ZIP CODE 67502 | | | |

JOB TYPE Surface HOLE SIZE _____ HOLE DEPTH 260' CASING SIZE & WEIGHT 5 5/8"
 CASING DEPTH 235' 250' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.9 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 14.6 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on Fossil Drilling. Circulate mud.
Mix 200 sack cement. Displaced 14.6 Bbl shift in 6:45 pm
Cement did circulate
 Thanks Tam & Preston

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|----------------------|----------------------|
| P1002 | 1 | PUMP CHARGE <u>Surface</u> | \$1150 ⁰⁰ | \$1150 ⁰⁰ |
| M001 | 100 | MILEAGE | - | - |
| M002 | 9.17 tons | Tan Mileage delivery | \$1375 ⁵⁰ | \$1375 ⁵⁰ |
| CR013 | 200 | Class A 60/40 390cc #1/1 \$/lb | \$18 ²⁵ | \$3650 ⁰⁰ |
| | | | Subtotal | \$6175 ⁵⁰ |
| | | | less 25% disc. | \$1543 ⁸⁸ |
| | | | Subtotal | \$4631 ⁶² |
| | | | SALES TAX | 219.00 |
| | | | ESTIMATED TOTAL | 4850.62 |

AUTHORIZATION _____ TITLE _____ DATE _____

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FRANKS Oilfield Service

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 ♦ Office Phone (785) 639-3949 ♦ Email: franksoilfield@yahoo.com

TICKET NUMBER 0468
 LOCATION Victoria
 FOREMAN Tam Williams

FIELD TICKET & TREATMENT REPORT CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|--|------------|--------------------|-------------------------------|----------|-------|---------|
| 12-09-21 | 35666 | Jessica 4-21 | 18 | 30s | 7w | Kingman |
| CUSTOMER Steppen Resource Development LLC | | | TRUCK # DRIVER TRUCK # DRIVER | | | |
| MAILING ADDRESS 3500 N Mayfield Rd | | | 106 Tam W | | | |
| CITY STATE ZIP CODE Hatchinson KS 67502 | | | 107 Preston D | | | |

JOB TYPE Surface HOLE SIZE _____ HOLE DEPTH 260' CASING SIZE & WEIGHT 5 5/8"
 CASING DEPTH 238' 250' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.9 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 14.6 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on Fossil Drilling. Circulate mud. Mix 200 sack cement. Displaced 14.6 Bbl shift in 6:45 pm
Cement did circulate
 Thanks Tam & Preston

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|-----------------|------------|
| P1002 | 1 | PUMP CHARGE Surface | \$1150.00 | \$1150.00 |
| M001 | 100 | MILEAGE | - | - |
| M002 | 9.17 tons | Tan Mileage delivery | \$1375.58 | \$1375.50 |
| CR013 | 200 | Class A 60/40 390cc #1 1/2 | \$158.25 | \$31650.00 |
| | | | Subtotal | \$6,175.50 |
| | | | less 25% disc. | \$1543.88 |
| | | | Subtotal | \$4631.62 |
| | | | SALES TAX | 219.00 |
| | | | ESTIMATED TOTAL | 4850.62 |

AUTHORIZATION _____ TITLE _____ DATE _____

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FRANKS Oilfield Service

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 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0475
 LOCATION Victoria
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|----------|------------|--------------------|---------|----------|-------|---------|
| 12-09-21 | 35666 | Jessica 4-21 | 18 | 303 | 7w | Kingman |

CUSTOMER SeeRen Resource Development LLC
 MAILING ADDRESS 3500 N Mayfield Rd
 CITY Hutchinson STATE KS ZIP CODE 67502

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|---------|--------|---------|--------|
| 107 | Tom W | | |
| #21103 | Jack T | | |
| | Jack M | | |
| | Pat D | | |

JOB TYPE Logging HOLE SIZE _____ HOLE DEPTH 4270' CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH 4267' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 90 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on Fossil Drilling. Shows run in casing
hooked up head & manifold. Circulated mud. Mix 500gal mud flash follow
with 20 Bbl KCl water. Mix 425 sks 80/20 multi blind & follow with
225 sks class A CWL. Displaced 100 Bbl. 90 Bbls. Pressured to
2500 psi. Release pressure knock off neck up more off

Thanks Tom & crew

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|---|-----------------------|------------------------|
| PC004 | 1 | PUMP CHARGE | \$2500 ⁰⁰ | \$2500 ⁰⁰ |
| M001 | 100 | MILEAGE | \$1.50 | \$150 ⁰⁰ |
| M002 | 33.69 | Tan Mileage delivery | \$5,053 ⁵⁰ | \$5053 ⁵⁰ |
| CB026 | 425 sks | 80/20 2% piggy 2% KCl 2% meth 3% W | \$24 ⁴⁰ | \$10,370 ⁰⁰ |
| CB030 | 225 sks | Class A 6% piggy 10% salt 2% gel 5% KCl | \$28 ⁵⁵ | \$6,423 ⁷⁵ |
| CE003 | 1 | head & manifold | — | — |
| CP013 | 500 gallons | DV 1000 mud flush | \$1.00 | \$500 ⁰⁰ |
| CP014 | 3 gallons | KCl | \$30 ⁰⁰ | \$90 ⁰⁰ |
| FED033 | 1 | 5 1/2" guide shoe w AF | \$600 ⁰⁰ | \$600 ⁰⁰ |
| FED051 | 1 | 5 1/2" latch down plugassy | \$695 ⁰⁰ | \$695 ⁰⁰ |
| FE022 | 4 | 5 1/2" basket | \$385 ⁰⁰ | \$1540 ⁰⁰ |
| FE102 | 4 | 5 1/2" stop ring | \$35 ⁰⁰ | \$140 ⁰⁰ |
| FE013 | 8 | 5 1/2" Centralizer | \$108 ⁰⁰ | \$864 ⁰⁰ |
| | | | sub total | \$29,426 ²⁵ |
| | | | less 25% disc. | \$7,351 ⁵⁶ |
| | | | sub total | \$22,074 ⁶⁹ |
| | | | SALES TAX | 1273.36 |
| | | | ESTIMATED TOTAL | 23343.05 |

AUTHORIZATION _____ TITLE _____ DATE _____

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