

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) (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	Norstar Petroleum, Inc.
Well Name	DINGES 3-18
Doc ID	1617501

Tops

Name	Top	Datum
Anhydrite	1617	+716
Heebner	3681	-1348
Lansing	3724	-1391
Stark	3998	-1665
Pawnee	4144	-1811
Ft. Scott	4222	-1889
Cherokee	4245	-1912
Mississippi	4321	-1988



DRILL STEM TEST REPORT

Prepared For: **Norstar Petroleum, Inc**

88 Inverness Cir E Unit F104
Englewood CO 80112

ATTN: Aaron Young

Dinges #3-18

18 18s 24w Ness,KS

Start Date: 2021.12.13 @ 10:02:00

End Date: 2021.12.13 @ 18:41:30

Job Ticket #: 67705 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2021.12.15 @ 17:11:11



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Norstar Petroleum, Inc
88 Inverness Cir E Unit F104
Englewood CO 80112
ATTN: Aaron Young

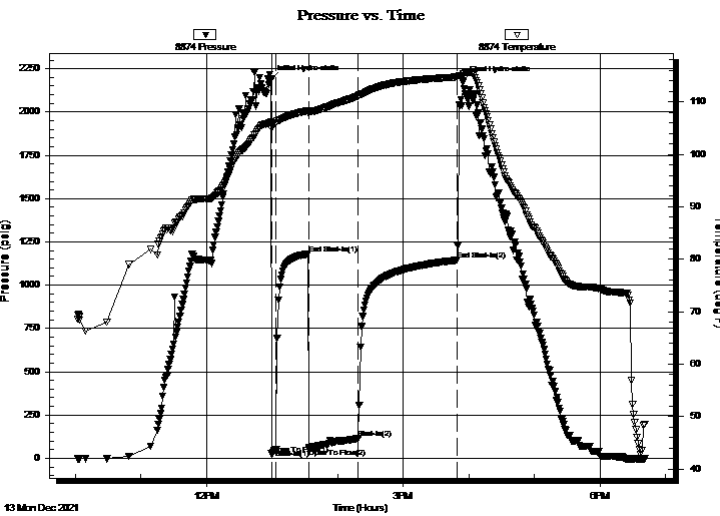
18 18s 24w Ness, KS
Dinges #3-18
Job Ticket: 67705 **DST#: 1**
Test Start: 2021.12.13 @ 10:02:00

GENERAL INFORMATION:

Formation: **Mississippian**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 12:59:15
Time Test Ended: 18:41:30
Test Type: Conventional Bottom Hole (Initial)
Tester: Bradley Walter
Unit No: 78
Interval: **4310.00 ft (KB) To 4350.00 ft (KB) (TVD)**
Reference Elevations: 2333.00 ft (KB)
Total Depth: 4350.00 ft (KB) (TVD) 2326.00 ft (CF)
Hole Diameter: 7.88 inches Hole Condition: Good KB to GR/CF: 7.00 ft

Serial #: 8874 Inside
Press@RunDepth: 115.09 psig @ 4311.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2021.12.13 End Date: 2021.12.13 Last Calib.: 2021.12.13
Start Time: 10:02:05 End Time: 18:41:30 Time On Btm: 2021.12.13 @ 12:59:00
Time Off Btm: 2021.12.13 @ 15:54:30

TEST COMMENT: IF 3" blow.
IS: No return.
FF: BOB @ 23 min, built to 17.6".
FS: Surface blow, died @ 15 min.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2187.18	106.14	Initial Hydro-static
1	25.42	104.85	Open To Flow (1)
5	49.98	105.98	Shut-In(1)
35	1180.97	108.34	End Shut-In(1)
35	55.20	108.05	Open To Flow (2)
80	115.09	111.11	Shut-In(2)
171	1144.47	114.74	End Shut-In(2)
176	2179.19	115.28	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
150.00	gw ocm 20g 15w 25o 40m	1.01
95.00	go 25g 75o	1.33
0.00	120' GIP	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Norstar Petroleum, Inc
88 Inverness Cir E Unit F104
Englewood CO 80112
ATTN: Aaron Young

18 18s 24w Ness, KS
Dinges #3-18
Job Ticket: 67705 **DST#: 1**
Test Start: 2021.12.13 @ 10:02:00

Tool Information

Drill Pipe:	Length: 4193.00 ft	Diameter: 3.80 inches	Volume: 58.82 bbl	Tool Weight: 2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 120.00 ft	Diameter: 2.25 inches	Volume: 0.59 bbl	Weight to Pull Loose: 75000.00 lb
		Total Volume: 59.41 bbl		Tool Chased 0.00 ft
Drill Pipe Above KB:	30.00 ft			String Weight: Initial 65000.00 lb
Depth to Top Packer:	4310.00 ft			Final 65000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	40.00 ft			
Tool Length:	67.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4284.00	
Shut In Tool	5.00		Fluid	4289.00	
Hydraulic tool	5.00			4294.00	
Jars	5.00			4299.00	
Safety Joint	2.00			4301.00	
Packer	5.00		Inside	4306.00	27.00 Bottom Of Top Packer
Packer	4.00			4310.00	
Stubb	1.00			4311.00	
Recorder	0.00	8874	Inside	4311.00	
Recorder	0.00	8319	Outside	4311.00	
Perforations	3.00			4314.00	
Change Over Sub	1.00			4315.00	
Drill Pipe	31.00			4346.00	
Change Over Sub	1.00			4347.00	
Bullnose	3.00			4350.00	40.00 Bottom Packers & Anchor

Total Tool Length: 67.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Norstar Petroleum, Inc

18 18s 24w Ness,KS

88 Inverness Cir E Unit F104
Englewood CO 80112

Dinges #3-18

Job Ticket: 67705

DST#: 1

ATTN: Aaron Young

Test Start: 2021.12.13 @ 10:02:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

35 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

34000 ppm

Viscosity: 70.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 5.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3800.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
150.00	gw ocm 20g 15w 25o 40m	1.011
95.00	go 25g 75o	1.333
0.00	120' GIP	0.000

Total Length: 245.00 ft Total Volume: 2.344 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: rw is .281 @ 51F = 34000ppm

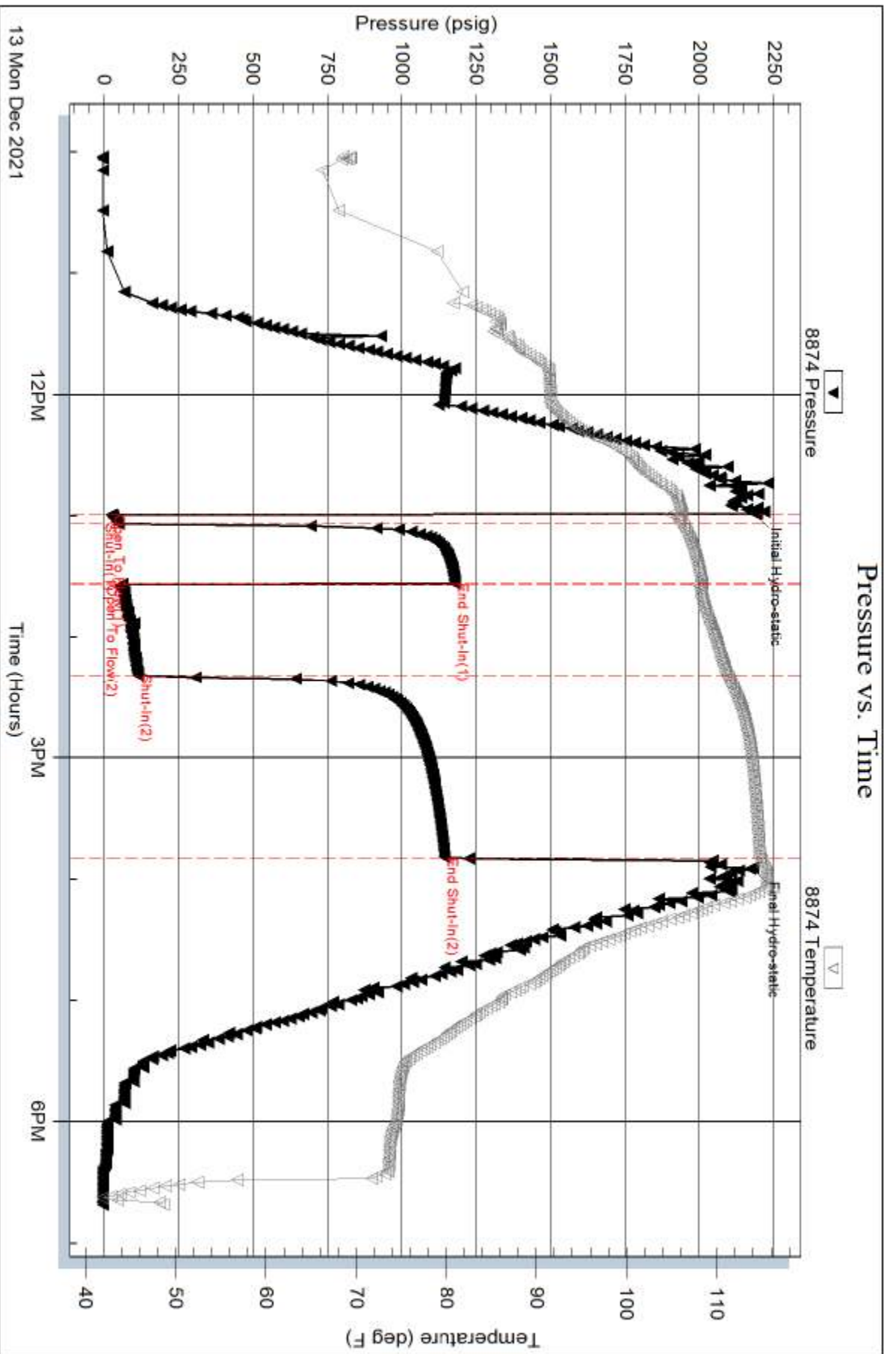
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Inside

Norstar Petroleum, Inc

Dinges #3-18

DST Test Number: 1



Tribble Testing, Inc

Ref. No: 67705

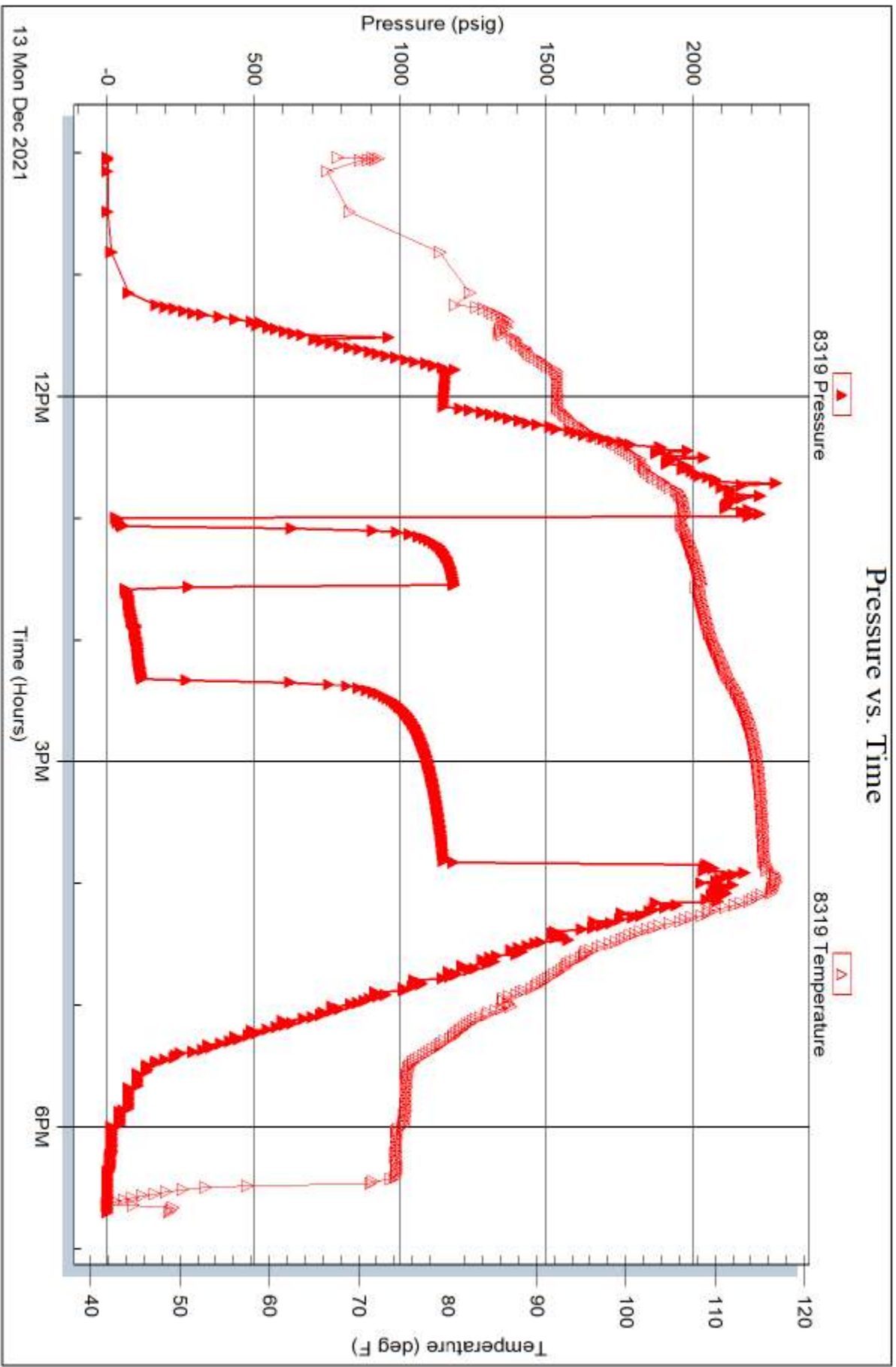
Printed: 2021.12.15 @ 17:11:12

Serial #: 8319

Outside Norstar Petroleum, Inc

Dinges #3-18

DST Test Number: 1



Triobite Testing, Inc

Ref. No: 67705

Printed: 2021.12.15 @ 17:11:13



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. **67705**

Well Name & No. Lead # Dingies #3-18 Test No. # 1 Date 12/13/2021
 Company Norstar Petroleum, Inc Elevation 2333 KB 2326 GL
 Address 88 Inverness Cir E Unit # F104 Englewood, Co 80112
 Co. Rep / Geo. Aaron Young Rig Pickrell #10
 Location: Sec. 18 Twp 18S Rge. 24W Co. Ness State _____

Interval Tested 430-4350 Zone Tested Mississippian
 Anchor Length 40' Drill Pipe Run 493 Mud Wt. 8.8
 Top Packer Depth 4305 Drill Collars Run 120 Vis 70
 Bottom Packer Depth 4310 Wt. Pipe Run — WL 5.6
 Total Depth 4350 Chlorides 3800 ppm System LCM 2#

Blow Description IF 3" blow
ISF No return.
FF BOB @ 23 min. built to 17.6"
FSF Surface return died @ 15 min.

Rec	Feet of	%gas	%oil	%water	%mud
<u>95</u>	<u>60</u>	<u>25</u>	<u>75</u>		
<u>150</u>	<u>6WOCM</u>	<u>20</u>	<u>25</u>	<u>15</u>	<u>40</u>
Rec _____	Feet of _____	%gas _____	%oil _____	%water _____	%mud _____
Rec _____	Feet of _____	%gas _____	%oil _____	%water _____	%mud _____
Rec _____	Feet of _____	%gas _____	%oil _____	%water _____	%mud _____

Rec Total 240 BHT 114 Gravity 35 API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic <u>2187</u>	<input checked="" type="checkbox"/> Test <u>1450</u>	T-On Location <u>0830</u>
(B) First Initial Flow <u>25</u>	<input checked="" type="checkbox"/> Jars <u>250</u>	T-Started <u>1002</u>
(C) First Final Flow <u>49</u>	<input checked="" type="checkbox"/> Safety Joint <u>75</u>	T-Open <u>1258</u>
(D) Initial Shut-In <u>1180</u>	<input type="checkbox"/> Circ Sub _____	T-Pulled <u>1548</u>
(E) Second Initial Flow <u>55</u>	<input type="checkbox"/> Hourly Standby _____	T-Out <u>1842</u>
(F) Second Final Flow <u>115</u>	<input checked="" type="checkbox"/> Mileage <u>104rt 130</u>	Comments _____
(G) Final Shut-In <u>1144</u>	<input type="checkbox"/> Sampler _____	_____
(H) Final Hydrostatic <u>2179</u>	<input type="checkbox"/> Straddle _____	_____
Initial Open <u>5</u>	<input checked="" type="checkbox"/> Shale Packer <u>250</u>	<input type="checkbox"/> EM Tool _____
Initial Shut-In <u>30</u>	<input type="checkbox"/> Extra Packer _____	<input type="checkbox"/> Ruined Shale Packer _____
Final Flow <u>45</u>	<input type="checkbox"/> Extra Recorder _____	<input type="checkbox"/> Ruined Packer _____
Final Shut-In <u>90</u>	<input type="checkbox"/> Day Standby _____	Sub Total <u>0</u>
	<input type="checkbox"/> Accessibility _____	Total <u>2155</u>
	Sub Total <u>2155</u>	MP/DST Disc't _____

Approved By _____ Our Representative [Signature]

Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

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 0474
 LOCATION Inxite
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-09-21	31652	Dinges 3-18	18	18	24	DESS
CUSTOMER <u>Norstar Petroleum Inc</u>			TRUCK #			
MAILING ADDRESS <u>88 Inverness Cir E Unit F04</u>			DRIVER			
CITY <u>Englewood</u>		STATE <u>CO</u>	ZIP CODE <u>80112</u>	TRUCK #		
				DRIVER		

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 275' CASING SIZE & WEIGHT 5 7/8" 23#
 CASING DEPTH 224' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 13 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting & rig up on Prokorell Drilling. Circulate mud.
Mix 150 sacks surface blend. Displaced 13 Bbl & shut in.
Cement did circulate

Thanks Tom & Jack

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL002	1	PUMP CHARGE <u>Surface</u>	\$1150 ⁰⁰	\$1150 ⁰⁰
M001	92	MILEAGE	\$6 ⁵⁰	\$598 ⁰⁰
M002	7.4 tons	Ton Mileage delivery	\$1021 ²⁰	\$1021 ²⁰
C004	150 sks	Class A 3% cc 2% gel	\$24 ⁵⁰	\$3675 ⁰⁰
			sub total	\$6,444 ²⁰
			less 20% disc.	\$1,288 ⁸⁴
			sub total	\$5,155 ³⁶
			SALES TAX	191.10
			ESTIMATED TOTAL	5346.46

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.

JOB LOG

SWIFT Services, Inc.

DATE 12/14/21 PAGE NO. 1

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Norstar Petroleum		3-18		Dinges		Long string		35314	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	1930							On location w/Float Equipment	
								RTD - 4450'	
								LTD - 4446'	
								Total Pipe - 4447' of 5 1/2"	
								60 Jts of 15.6#; 50 Jts of 14#	
								Shoe Jt - 35.96'	
								Baffle Plate - 4411'	
								Port Collar - Top of 82 @ 1634.84	
								Cent - 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21	
								Basket - 8, 82	
	2015							Start casing w/FE	
	2320							Break circulation on Bottom	
	0130							Hook up to Swift	
		2	8					Plug Rathole w/ 30 SKS	
		4	12			450		Pump Mud flush	
		4	20			500		Pump KCL spacer	
		4				500		Start Cmt - 145 SKS EA2	
		4	36			Vac		Finish Cmt, Shut Down	
								Drop Plug, Washout Pump + Lines	
	0205	8				Vac		Start Displacement	
		7	83			500		Catch Pressure	
		6	100			1000		Lift	
	0220	6	107			1500		Land Plug	
								Release Truck, Dry	
								Washup	
								Rack up	
	0245							Job Complete	
								Thanks	
								Jon, Joe, Isaac	

JOB LOG

SWIFT Services, Inc.

DATE 1-7-2022	PAGE NO. 1
TICKET NO. 34067	

CUSTOMER NORSTAR PETROLEUM		WELL NO. # 3		LEASE DUNGEES		JOB TYPE CEMENT PORT COLLAR		TICKET NO. 34067	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	1030								ON LOCATION
									2 3/8 x 5 1/2 PORT COLLAR @ 1330'
	1145				✓		1000		PSE TEST CASING - HELD
	1150	3	2	✓		300			OPEN PORT COLLAR - INT RATE
	1200	3	61	✓		300			MIX CEMENT 110 SKS SMD @ 11.2 PP6
	1220	3	4	✓		400			DISPLACE CEMENT
									CIRCULATED 10 SKS CEMENT TO PZT
	1225	*	20	✓		1000			CLOSE PORT COLLAR - PSE TEST - HELD
	1240	4	20		✓		450		RUN SITS - CIRCULATE CLEAN
									WASH TRUCK
	1330								JOB COMPLETE
									THANK YOU WAYNE, DUSTY, ISAAC