

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)</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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Form	ACO1 - Well Completion
Operator	RedBud Oil & Gas Operating, LLC
Well Name	SULLIVAN D2-35
Doc ID	1615180

Tops

Name	Top	Datum
Pawnee	897	-5
Osage	993	-101
Summit	1023	-131
Mulky	1059	-167
Bevier	1079	-187
Crowburg	1102	-210
Mineral	1147	-255
Scammon	1159	-267
Tebo	1193	-310
Rowe	1412	-520
Riverton	1437	-545

Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	11/3/2021
Date Completed	11/5/2021

Operator	A.P.I.#	County	State
Red Bud Oil & Gas Operating, LLC	15-125-32524 00 00	Montgomery	Kansas

Well No.	Lease	Section	Township	Range
D2 - 35	Sullivan	35	32	14

Type of Well	Driller	Cement	Surface	TD	Size of Hole
Gas	Billy Thornton	8	40' 3" 8 5/8	1502	6 3/4

0-4	DIRT	920-989	SHALE	1430-1442	SHALE
4-10	CLAY	989-1019	LIME (OSWEGO)	1442-1449	GRY SDY LIME (MISS.)
10-18	HARD LIME	1019-1028	BLK SHALE (SUMMIT)	1449-1455	CHERT
18-80	SHALE	1028-1036	LIME	1455-1502	GRAY LIME
80-87	LIME	1036-1042	BLACK SHALE	1502	TD
87-230	SHALE	1042-1055			
230-248	SANDY SHALE	1055-1063	BLK SHALE (MULKY)		
248-310	SAND/ WATER	1063-1072	LIME		Gas Tests:
310-338	SHALE	1072-1075	SHALE		
338-346	SAND	1075-1077	COAL	911	Slight Blow
346-390	SANDY SHALE	1077-1080	BLACK SHALE	1037	Slight Blow
390-414	SAND/MORE WATER	1080-1100	SHALE	1062	1# 1/8
414-421	LIME	1100-1102	BLK SHALE (CROWEBURG)	1087	5# 1/8
421-450	SAND / WATER	1102-1112	SANDY SHALE	1112	5# 1/8
450-491	SHALE	1112-1143	SHALE	1162	5# 1/8
491-496	LIME	1143-1144	COAL (MINERAL)	1212	5# 1/8
496-497	COAL	1144-1155	SANDY SHALE	1437	6# 1/4 22.9 MCF
497-650	SANDY SHALE	1155-1156	COAL (SCA	1452	8# 1/4
650-651	BLK SHALE(HUSHPUCKNEY)	1155-1189	SHALE		
651-683	SHALE	1189-1190	COAL (TEBO)		
683-702	LIME (LENAPAH)	1190-1220	SHALE		
702-721	SAND	1220-1230	SANDY SHALE		
721-750	SANDY SHALE	1230-1350	SHALE		
750-763	LIME (ALTAMONT)	1350-1386	BLACK SHALE		
763-770	BLACK SHALE	1386-1400	SHALE		
770-776	LIME	1400-1406	BLACK SHALE		
776-891	SHALE	1406-1407	COAL		
891-893	BLACK SHALE	1407-1423	BLACK SHALE		
893-914	LIME (PAWNEE)	1423-1424	COAL		
914-920	BLACK SHALE	1424-1430	BLACK SHALE		

Thornton Air Rotary, LLC

2186 US Highway 166
Caney, KS 67333

Date	Invoice #
11/17/2021	491

Phone # 620-252-9243 E-Mail
Fax # 620-252-9243 thornrus@hotmail.com

Bill To
Red Bud Oil & Gas Operating, LLC 16000 Stuebner Airline, Suite 320 Spring, TX 77379

RECEIVED
REDBUD OIL & GAS
DEC 01 2021
INDEPENDENCE, KS

SHIPPED
REDBUD OIL & GAS
DEC 03 2021

INDEPENDENCE, KS

Terms
Due on receipt

Description	Footage/Quantity	Rate	Amount
Sullivan Well # D2-35	1,502	8.50	12,767.00
McMillin Well # 2-10	1,125	8.50	9,562.50
Whitten Well # 10-13	1,100	8.50	9,350.00
PDC Bit Rental Charge (\$1.00 Per Foot)	3,727	1.00	3,727.00
Cement (8 Bags Per Well)	24	15.00	360.00
<p>Location: <u>Sullvd235</u> AFE# / Project#: <u>AFE 2107B</u> Subfeature# / Description: <u>9207</u> Foreman: <u>\$ 14,389</u> SUPT: <u>WBS 12/3/21</u></p>			
<p>Location: <u>Lewhit 1013</u> AFE# / Project#: <u>AFE 2115</u> Subfeature# / Description: <u>9207</u> Foreman: <u>\$ 10,570</u> SUPT: <u>WBS 12/3/21</u></p>			
<p>Location: <u>Lemcmil210</u> AFE# / Project#: <u>AFE 2114</u> Subfeature# / Description: <u>9207 \$ 10,807.50</u> Foreman: SUPT: <u>WBS 12/3/21</u></p>			
We appreciate the opportunity to work for you!			
Total			\$35,766.50
Payments/Credits			\$0.00
Balance Due			\$35,766.50

810 E 7TH
PO Box 92
EUREKA, KS 67045
(620) 583-5561



Cement or Acid Field Report
Ticket No. **6010**
Foreman David Gardner
Camp Eureka

API# 15-125-32524

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
11-5-21	1248	Sullivan *D2-35	35	32 S.	14 E.	Montgomery	KS
Customer			Unit #	Driver	Unit #	Driver	
Redbud Oil & Gas Operating, LLC			105	Jason			
Mailing Address			112	Steve			
211 W. Myrtle St.			113	Shannon			
City			140-T197	Allen B.			
Independence							
State							
KS							
Zip Code							
67301							

Job Type <u>Longstring</u>	Hole Depth <u>1502'</u>	Slurry Vol. <u>33 Bbl - Lead 18 Bbl - Tail</u>	Tubing
Casing Depth <u>1453.05'</u>	Hole Size <u>6 3/4"</u>	Slurry Wt. <u>13 1/2" - Lead 13 1/2" - Tail</u>	Drill Pipe
Casing Size & Wt. <u>4 1/2" 11.60"</u>	Cement Left in Casing <u>0'</u>	Water Gal/SK	Other
Displacement <u>23 3/4 Bbl</u>	Displacement PSI <u>700</u>	Bump Plug to <u>1100 PSI</u>	BPM

Remarks: Safety Meeting: Rig up to 4 1/2" casing w/ Wash head. Wash to solid T.D. w/ fresh water. Lay out last joint casing. Rig up to 4 1/2" casing w/ Head + Manifold. Break circulation w/ 5 Bbl fresh water. Mixed 750# Gel Flush, 10 Bbl water spacer. Mixed 130 SKS 60/40 Pozmix Cement w/ 4% Gel, 2" Phasaseal/sk @ 13 1/2"/gal, yield 1.42 = 33 Bbl slurry, Tail in w/ 60 SKS Thick Set Cement w/ 2" Phasaseal/sk @ 13 1/2"/gal, yield 1.68 = 18 Bbl slurry. Wash out pump & liass. Shut down. Release 4 1/2" Rubber plug. Displace plug to seat w/ 23 3/4 Bbl fresh water. Final pumping pressure of 700 PSI. Bump plug to 1100 PSI. Wait 2 mins. Release pressure. Float + Plug held. Good circulation @ all times while cementing. Good cement returns to surface = 10 Bbl slurry to pit. Job complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1100.00	1100.00
C107	40	Mileage	4.20	168.00
C203	130 SKS	60/40 Pozmix Cement	14.75	1917.50
C206	450#	Gel 4%	.28	126.00
C208	260#	Phasaseal 2"/sk	1.45	377.00
C201	60 SKS	Thick Set Cement	22.55	1353.00
C208	120#	Phasaseal 2"/sk	1.45	174.00
C108B	8.74 Tons	Ton Mileage - Bulk Trucks	1.40	489.44
C114	4 HRS	Transport Water Truck	115.00 /HR	460.00
C224	5400 Gals	City Water	11.00 / 1000	59.40
C403	1	4 1/2" Top Rubber Plug	53.00	53.00
C206	750#	Gel Flush	.28	210.00
<u>Thank You</u>			Sub Total	6,487.34
			Less 5% Sales Tax	338.24
			6.5%	277.54

Authorization by Muggler Title Co/Rep. Total 6,426.64

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

