

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	RedBud Oil & Gas Operating, LLC
Well Name	MCMILLIN 2-10
Doc ID	1373940

Tops

Name	Top	Datum
Pawnee	470	309
Osage	568	211
Summit	602	177
Mulky	636	143
Bevier	677	102
Croweburg	688	91
Mineral	738	41
Scammon	750	29
Tebo	788	-9
Weir	804	-25
Rowe	984	-205
Riverton	1044	-265
Mississippian	1059	-280

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	11/8/2021
Date Completed	11/9/2021

Operator	A.P.I.#	County	State
Red Bud Oil & Gas Operating, LLC	15-125-32525-00-00	Montgomery	Kansas

Well No.	Lease	Section	Township	Range
2-10	McMillin	10	33	16

Type of Well	Driller	Cement	Surface	TD	Size of Hole
Gas	Billy Thornton	8	39' 2" 8 5/8	1125	6 3/4

0-3	DIRT	414-464	SHALE	788-810	SANDY SHALE
3-9	CLAY	464-489	LIME (PAWNEE)	810-820	SAND
9-12	RIVERROCK	489-496	BLK SHALE (LEXINGTON)	820-847	BLACK SHALE
12-22	LIME	496-497	COAL	847-853	SAND
22-24	SHALE	497-516	SHALE	853-986	SHALE
24-30	LIME	516-520	SAND	986-987	COAL
30-41	LMY SHALE	520-523	SANDY SHALE	987-1063	SHALE
41-85	SHALE	523-538	SHALE	1063-1065	COAL
85-96	LIME	538-562	SAND / LIGHT ODOR	1065-1068	SHALE
96-100	SHALE	562-564	SHALE	1068-1075	LIME (MISS. CHAT)
100-110	LIME	564-602	LIME (OSWEGO)	1075-1125	GRAY LIME
110-120	SAND	602-610	BLK SHALE (SUMMIT)	1125	TD
120-130	SHALE	610-631	LIME		
130-134	LIME	631-638	BLK SHALE (EXCELLO)		
134-271	SHALE	638-640	COAL (MULKY)		Gas Tests:
271-276	LIME (LENAPAH)	640-649	LIME	486	No Gas
276-278	BLACK SHALE	649-673	SHALE	511	No Gas
278-288	SANDY SHALE	673-675	LIME	611	Slight Blow
288-297	LIME	675-677	SHALE	647	Slight Blow
297-317	SHALE	677-679	BLACK SHALE	761	Slight Blow
317-330	LIME	679-698	SANDY SHALE	812	Slight Blow
330-332	BLACK SHALE	698-700	LIME	1062	Slight Blow
332-341	SANDY SHALE	700-711	SANDY SHALE		
341-346	LIME	711-732	SHALE		
346-348	BLACK SHALE	732-733	COAL (MINERAL)		
348-358	SAND	733-748	SANDY SHALE		
358-361	SANDY SHALE	748-768	SHALE		
361-391	SAND	768-776	SAND		
391-400	SHALE	776-787	SHALE		
400-414	SANDY SHALE	787-788	COAL (TEBO)		

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. **6022**
 Foreman Kevin McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
11-9-21	1248	McMILLIN 2-10				MG	Ks	
Customer <u>Redbud OIL & GAS OPERATING, LLC</u>			Unit #		Driver		Unit #	Driver
Mailing Address <u>211 W. Myrtle St.</u>			104		ALAN M.			
City <u>Independence</u>			112		SHANNON F.			
State <u>Ks</u>			140 7147		RUSSELL M.			
Zip Code <u>67301</u>								

Job Type Longstring Hole Depth 1125' Slurry Vol. 38.5 BBL Tubing _____
 Casing Depth 1095' Hole Size 6 3/4" Slurry Wt. 13.7* Drill Pipe _____
 Casing Size & Wt. 4 1/2" 11.60* Cement Left in Casing 0' Water Gal/SK _____ Other _____
 Displacement 17 BBL Displacement PSI 700 Bump Plug to 1200 PSI BPM _____

Remarks: Safety Meeting: 4 1/2" 11.60" Casing Set @ 1095'. Rig up to 4 1/2 Casing. Pump 17 BBL Fresh water to Load casing. Pump additional 18 BBL water to Load the Hole. Pump 500* Gel Spacer w/ 2 SKS Hulls, 10 BBL water. Spacer. Mixed 130 SKS THICK Set Cement w/ 2* PhenoSeal/SK @ 13.7* GAL yield 1.68 = 38.5 BBL Slurry. Wash out Pump & Lines. Shut down. Release Plug. Displace Plug to Seat w/ 17 BBL Fresh water. FINAL Pumping Pressure 700 PSI. Bump Plug to 1200 PSI. Wait 2 Mins. Release Pressure. Float Held. Shut in @ 0 PSI. Good Cement Returns to Surface = 5 BBL Slurry to Pit. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1100.00	1100.00
C 107	40	Mileage	4.20	168.00
C 201	130 SKS	THICK Set Cement	22.55	2931.50
C 208	260*	PhenoSeal 2*/SK	1.45	377.00
C 108 B	7.15 TONS	Ton Mileage 40 miles	1.40	400.40
C 206	500*	Gel Flush	.28*	140.00
C 214	80*	Hulls	.55*	44.00
C 114	4 Hrs	Water Transport	115.00/HR	460.00
C 224	5400 gals	City Water	11.00/1000	59.40
C 403	1	4 1/2 Top Rubber Plug	53.00	53.00
			Sub Total	5733.30
			SALES TAX	298.38
			6.5%	234.32
Authorization <u>By MUGGER</u> Title _____			Total	5669.24

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.

