

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	Mull Drilling Company, Inc.
Well Name	CURTIS E 1-30
Doc ID	1632901

All Electric Logs Run

DIL
Density-Neutron
Sonic
Microlog

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	CURTIS E 1-30
Doc ID	1632901

Tops

Name	Top	Datum
Stone Corral	1898	561
Heebner	3700	-1241
Lansing	3745	-1286
Stark Shale	3989	-1530
Pawnee	4190	-1731
Fort Scott	4250	-1791
Cherokee	4278	-1819
Mississippi	4339	-1880
Warsaw	4400	-1941

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 0481
 LOCATION HOXIE
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-15-21	5144	Curtis E # 1-30				Gove Co., Ks

CUSTOMER
Mull Drilling Company, Inc
 MAILING ADDRESS
1201 W. Waterfront Plaza Bldg 1200
 CITY Wichita STATE KS ZIP CODE 67206

TRUCK #	DRIVER	TRUCK #	DRIVER
101	Tom		
122	Jack		

JOB TYPE Surf Ace HOLE SIZE 13 3/8 HOLE DEPTH 213 CASING SIZE & WEIGHT 5 7/8" 25 lbs
 CASING DEPTH 212 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 141.7 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 12.2 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: surface meeting & rig up on Pipe #5 circulation mud.
mix 175 sacks surface blend & disperse with 12.2 Bbl

Cement did disperse

Thanks Tom & Jack

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P6002	1	PUMP CHARGE <u>Surface</u>	\$1150.00	\$1150.00
M001	45	MILEAGE	\$6.50	\$292.50
M002	5.6 tons	Truck mileage delivering	\$619.20	\$619.20
CB004	175 sacks	Class A 20gal 3% cc	\$245.00	\$4287.50
			sub total	\$6,348.70
			less 10% disc	\$1,273.74
			sub total	\$5,094.96
			SALES TAX	\$291.55
			ESTIMATED TOTAL	\$5386.51

AUTHORIZATION Hector Torres 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.

Well Name: CURTIS 'E' 1-30
 API: _____
 Location: NE NE NW NE / 15S-26W-sec.30
 License Number: _____
 Spud Date: _____
 Surface Coordinates: NE NE NW NE / 15S-26W-sec.30
 80' FNL & 1620' FEL
 Region: GOVE
 Drilling Completed: 12/22/2021
 Bottom Hole Coordinates: 2448
 K.B. Elevation (ft): 2459
 Logged Interval (ft): 3650 To: 4522 Total Depth (ft): 4523
 Formation: MS-LA-MA
 Type of Drilling Fluid: CHEMICAL MUD DISPLACED ABOVE 3650'
 Printed by MudLog from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: MULL DRILLING COMPANY
 Address: MULL DRILLING COMPANY

GEOLOGIST

Name: Blake Miller
 Company: Blake S. Miller - WellSite & Consulting Geologist
 Address: 235 N. Zelta
 Wichita, KS 67206

COMMENTS

Surface Casing:
 Production Casing:
 Deviation Surveys: 3/4 deg. @ 213', 3/4 deg. @ 2017', 3/4 deg. @ 2985', 1 deg. @ 3797', 1.25 @ 4523'
 Pipe Strap @ 4523': STRAP = 4551.11, BOARD = 4549.14, 1.97' LONG
 Contractor Bit Record:
 #1) 12 1/4" PDC, BBS911 (6-13 jet), IN AT 0', OUT AT 213', MADE 213'/1.5 hr, 142 ft/hr
 #2) 7 7/8" PDC, JV965 (3-14 jet), IN AT 213', OUT AT 4523', MADE 4310'/48.25 hr, 89.3 ft/hr
 Gas Detector: NA
 Mud System: CHEMICAL MUD BY MUD-CO. (JUSTIN WHITTING)
 DSTs: TRILOBITE TESTING (MARTINE)

DSTs

TRILOBITE TESTING: MARTINE (TESTER)
 DST #1) MISS (STRADDLE, 4255-4380) 10-30-60-90, (1) 1/2" < 1 1/2", (2) SURF < 2 1/2", 55' M (O spots in tool), [1214-1221] FP: 83-87/90-104

CREWS

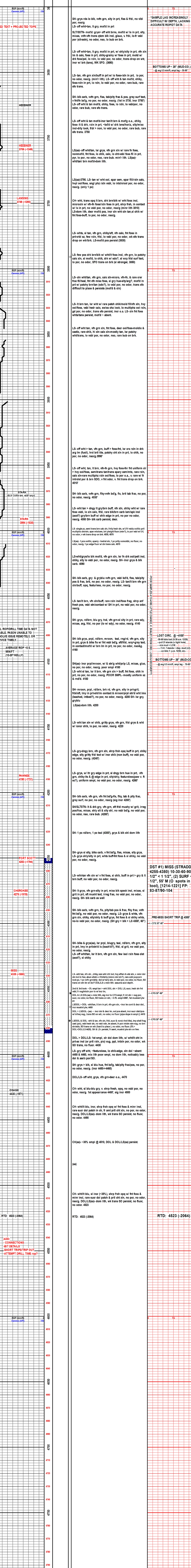
TOOL PUSHER: HECTOR TORRES
 DAYLIGHTS: JAVI (THROUGH 12/19)
 EVENING: ROSS (2X12 hr)
 MORNING: JOHN (2X12 hr)

ROCK TYPES

Anhy	Shy dolo	Siltst	Shale 3
Bent	Dol	Ss	Silty dol
Brec	Gyp	Black sh	Dol inst
Cht	Sdy lmst	Gry sh	Dol 2
Clyst	Lmst	Shale	Granite wash
Coal	Mrst	Shtlyst	Lmst
Congl	Salt	Shystr	Calc dol
Sdy dolo	Shale	Ss 2	Shale 3

ACCESSORIES

<input type="checkbox"/> MINERAL	<input type="checkbox"/> Chlorite	<input type="checkbox"/> Pelec	<input type="checkbox"/> Grysh
<input type="checkbox"/> Anhy	<input type="checkbox"/> Dol	<input type="checkbox"/> Pellet	<input type="checkbox"/> Gryst
<input type="checkbox"/> Arg	<input type="checkbox"/> Sand	<input type="checkbox"/> Pisolite	<input type="checkbox"/> Lms
<input type="checkbox"/> Bent	<input type="checkbox"/> Sity	<input type="checkbox"/> Plant	<input type="checkbox"/> Sandylms
<input type="checkbox"/> Bit	FOSSIL	<input type="checkbox"/> Strom	<input type="checkbox"/> Sh
<input type="checkbox"/> Breccfrag	<input type="checkbox"/> Algae	<input type="checkbox"/> Fuss	<input type="checkbox"/> Siltstn
<input type="checkbox"/> Calc	<input type="checkbox"/> Amph	<input type="checkbox"/> Oomoldic	TEXTURE
<input type="checkbox"/> Carb	<input type="checkbox"/> Beilm	<input type="checkbox"/> STRINGER	<input type="checkbox"/> Boundst
<input type="checkbox"/> Chtdk	<input type="checkbox"/> Biocist	<input type="checkbox"/> Anhy	<input type="checkbox"/> Chalky
<input type="checkbox"/> Chtlt	<input type="checkbox"/> Brach	<input type="checkbox"/> Arg	<input type="checkbox"/> Crysl
<input type="checkbox"/> Dol	<input type="checkbox"/> Bryozoa	<input type="checkbox"/> Bent	<input type="checkbox"/> Earthy
<input type="checkbox"/> Ferrpel	<input type="checkbox"/> Cephal	<input type="checkbox"/> Coal	<input type="checkbox"/> Finexln
<input type="checkbox"/> Ferr	<input type="checkbox"/> Coral	<input type="checkbox"/> Dol	<input type="checkbox"/> Grainst
<input type="checkbox"/> Glau	<input type="checkbox"/> Crin	<input type="checkbox"/> Gyp	<input type="checkbox"/> Lithogr
<input type="checkbox"/> Gyp	<input type="checkbox"/> Echin	<input type="checkbox"/> Ls	<input type="checkbox"/> Microxin
<input type="checkbox"/> Marl	<input type="checkbox"/> Fish	<input type="checkbox"/> Mrst	<input type="checkbox"/> Mudst
<input type="checkbox"/> Nodule	<input type="checkbox"/> Foram	<input type="checkbox"/> Siltstrg	<input type="checkbox"/> Packet
<input type="checkbox"/> Phos	<input type="checkbox"/> Fossil	<input type="checkbox"/> Ssstrg	<input type="checkbox"/> Wackest
<input type="checkbox"/> Pyr	<input type="checkbox"/> Gastro	<input type="checkbox"/> Carbsh	
<input type="checkbox"/> Salt	<input type="checkbox"/> Oolite	<input type="checkbox"/> Clystn	
<input type="checkbox"/> Sandy	<input type="checkbox"/> Ostra	<input type="checkbox"/> Dol	
<input type="checkbox"/> Silt			





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Mull Drilling Co INC
1700 N Waterfront Pkw y
Bldg 1200
Wichita, KS 67206
ATTN: Blake Miller

30-15S.-26W Gove,KS

Curtis E #1-30

Job Ticket: 68373

DST#: 1

Test Start: 2021.12.22 @ 01:30:00

GENERAL INFORMATION:

Formation: **Miss**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 05:18:20

Time Test Ended: 12:11:10

Test Type: Conventional Straddle (Initial)

Tester: Martine Salinas

Unit No: 81

Interval: 4255.00 ft (KB) To 4380.00 ft (KB) (TVD)

Reference Elevations: 2461.00 ft (KB)

Total Depth: 4523.00 ft (KB) (TVD)

2450.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 11.00 ft

Serial #: 8734 Outside

Press@RunDepth: 104.24 psig @ 4258.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2021.12.22 End Date: 2021.12.22

Last Calib.: 2021.12.22

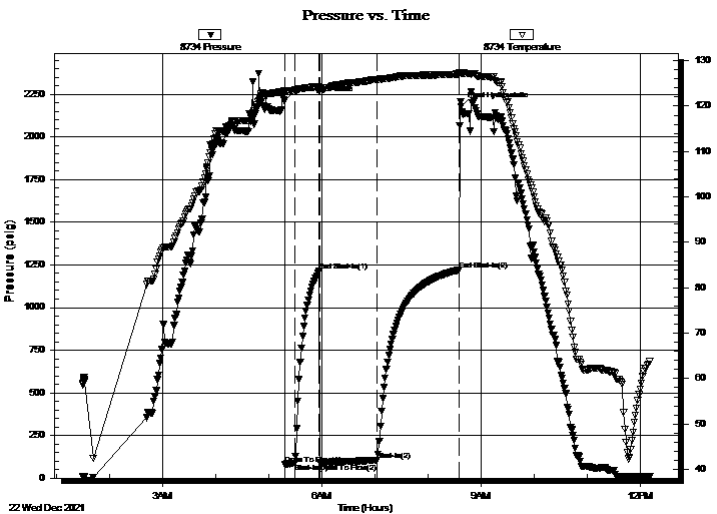
Start Time: 01:30:01 End Time: 12:11:10

Time On Btm: 2021.12.22 @ 05:18:00

Time Off Btm: 2021.12.22 @ 08:37:09

TEST COMMENT: 10-IF-1/2" blow built to 1 1/2" (In Diesel)
30-ISI-No return
60-FF-S.blow built to 2 1/2"
90-FSI-No return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2213.09	123.33	Initial Hydro-static
1	82.68	122.73	Open To Flow (1)
12	86.91	123.40	Shut-In(1)
40	1214.16	124.31	End Shut-In(1)
40	89.57	123.90	Open To Flow (2)
105	104.24	125.83	Shut-In(2)
198	1221.32	127.05	End Shut-In(2)
200	2177.56	127.25	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
55.00	100% Mud w /Oil spots in tool	0.77

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Mull Drilling Co INC

30-15S.-26W Gove,KS

1700 N Waterfront Pkw y
Bldg 1200
Wichita, KS 67206
ATTN: Blake Miller

Curtis E #1-30

Job Ticket: 68373

DST#: 1

Test Start: 2021.12.22 @ 01:30:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 58.00 sec/qt

Cushion Volume:

bbf

Water Loss: 7.20 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1900.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
55.00	100% Mud w /Oil spots in tool	0.772

Total Length: 55.00 ft Total Volume: 0.772 bbf

Num Fluid Samples: 0

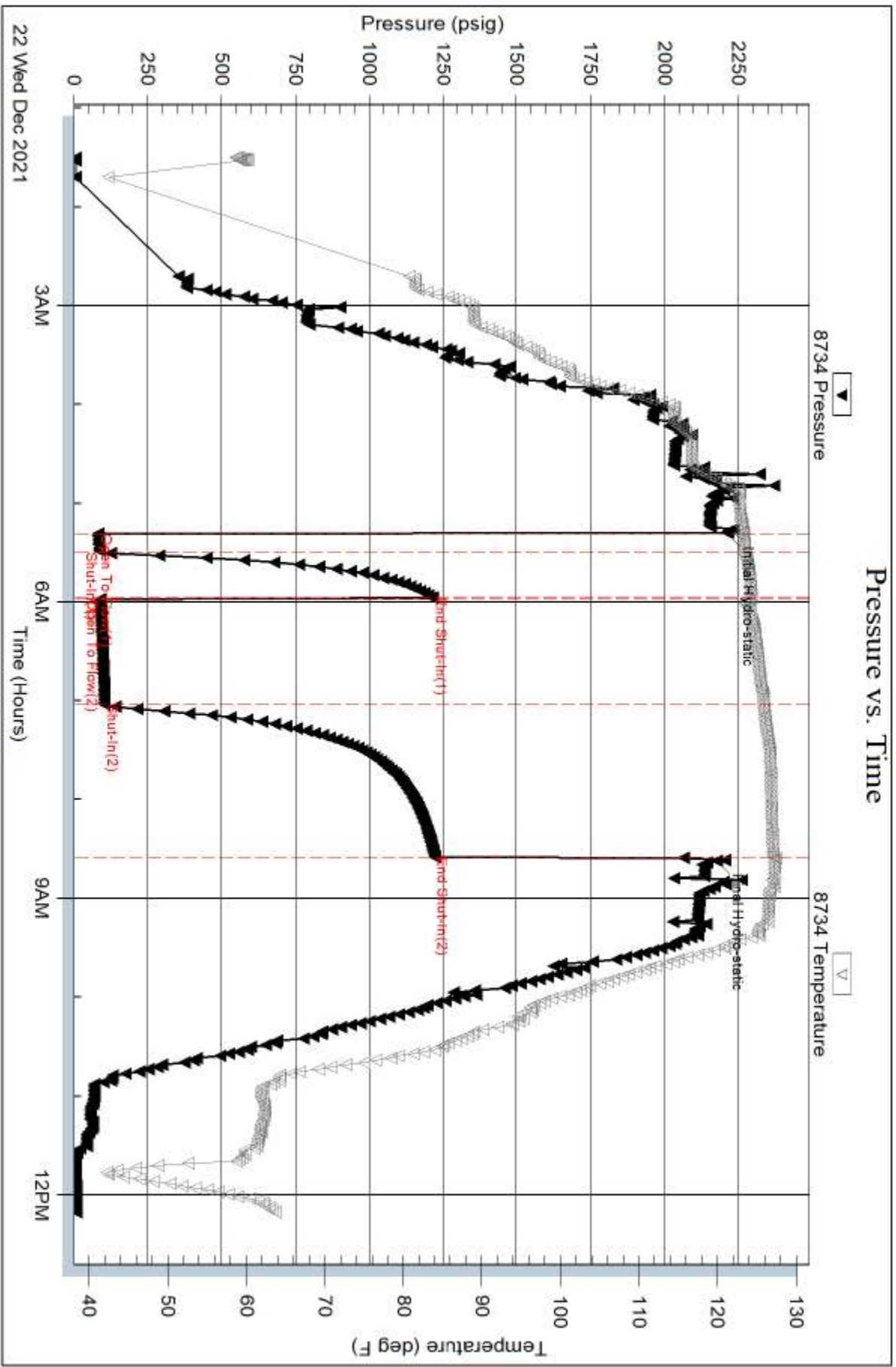
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



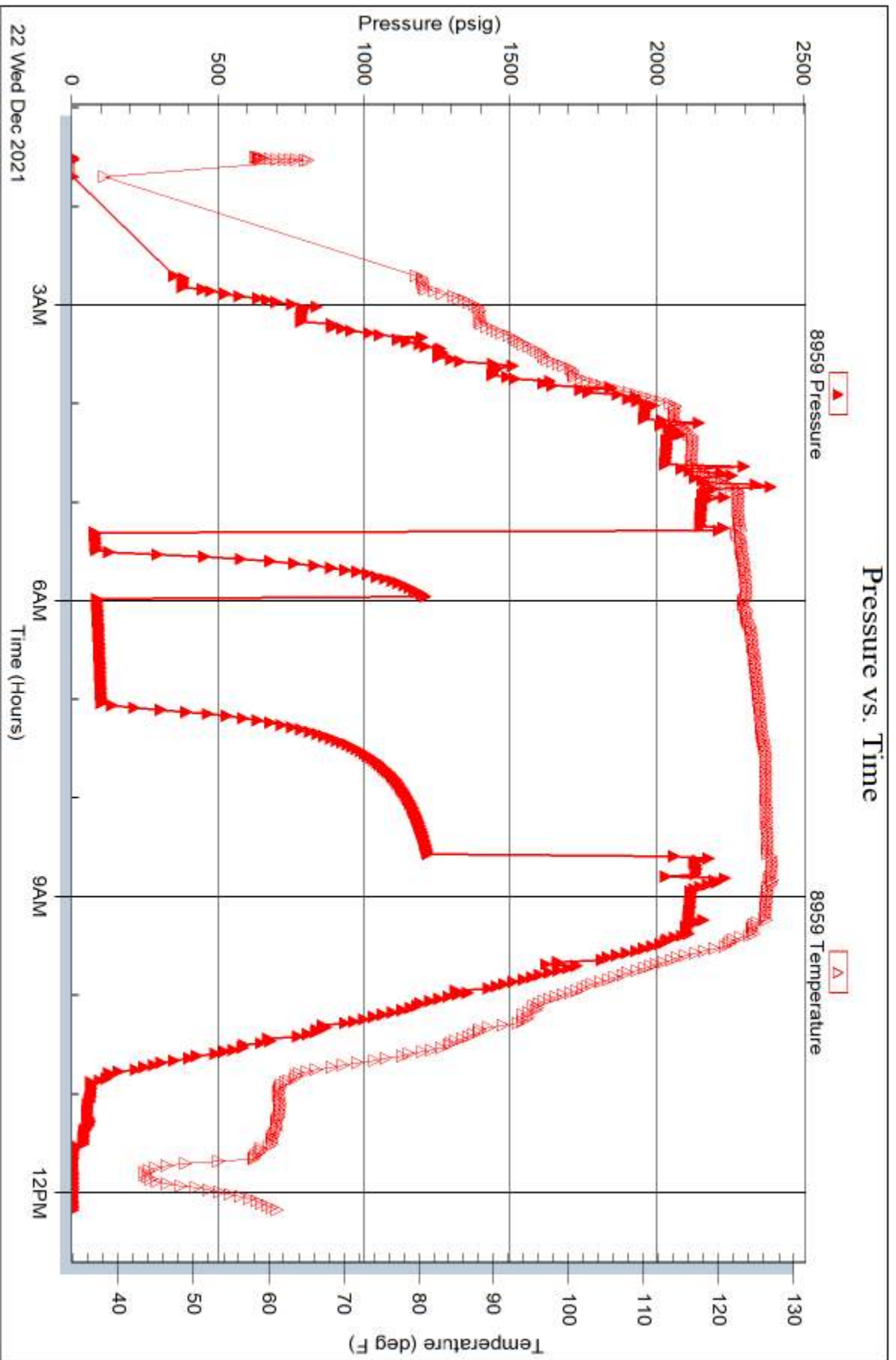
Serial #: 8959

Inside

Mull Drilling Co INC

Curtis E#1-30

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 68373

Printed: 2021.12.22 @ 14:14:48

