Confidentiality Requested:
☑ Yes ☐ No

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
January 2018
Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 5056
Name: F. G. Holl Company L.L.C.
Address 1: 9431 E CENTRAL STE 100
Address 2:
City: WICHITA State: KS Zip: 67206 + 2563
Contact Person: Loveness Mpanje
Phone: (316) 684-8481
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: Rene Hustead
Purchaser: CHS McPherson Refinery

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: F.G. Holl Company, LLC
Well Name: ILS Land A 1-1
Original Comp. Date: 04/13/2018 Original Total Depth: 3650
☐ 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 #:

03/18/2024		03/25/2024
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-009-26209-00-02
Spot Description: 30' S. & 130' E.
__ - SE - NW - NE Sec. 1 Twp. 19 S. R. 14 ☐ East ☑ West
1020 Feet from ☑ North / ☐ South Line of Section
1520 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☑ NE ☐ NW ☐ SE ☐ SW
GPS Location: Lat: (e.g. xx.xxxxx), Long: (e.g. -xxx.xxxxx)
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Barton
Lease Name: ILS LAND "A" Well #: 1-1
Field Name:
Producing Formation: LKC & Arbuckle
Elevation: Ground: 1880 Kelly Bushing: 1893
Total Vertical Depth: 3650 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 838 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: 03/28/2024
☐ **Confidential Release Date:** 03/28/2026
☐ **Wireline Log Received** ☐ **Drill Stem Tests Received**
☐ **Geologist Report / Mud Logs Received**
☐ **UIC Distribution**
ALT ☑ **I** ☐ **II** ☐ **III** **Approved by:** Kelsey Cox **Date:** 04/02/2024