

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 |
|--|---|

| 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 |
|---|---|------------------------------------|

| 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: | |
|----------------|-------|---------|------------|--|

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | Gilliland, Anthony L. |
| Well Name | DANKERT 1 |
| Doc ID | 1756110 |

All Electric Logs Run

| |
|-------------------|
| |
| Micro resistivity |
| Dual Induction |
| Dual Compensated |
| Cement Bond |

Anthony L. Gilliland
Edwardsville, KS.

Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: Dankert #2
API: 15-015-24213
Location: NW SE SW SE Section 1-T26S-R4E
License Number: 31794
Spud Date: 10-4-23
Surface Coordinates: Region: Butler County
Drilling Completed: 10-8-23

Bottom Hole
Coordinates:
Ground Elevation (ft): 1388
Logged Interval (ft): 1600
Formation: Arbuckle
Type of Drilling Fluid: Chemical
K.B. Elevation (ft): 1397
To: R.T.D. Total Depth (ft): 2580

Printed by MudLog from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: Gilliland Oil
Address: 326 S. 100th
Edwardsville, Kansas 66111-1424

GEOLOGIST

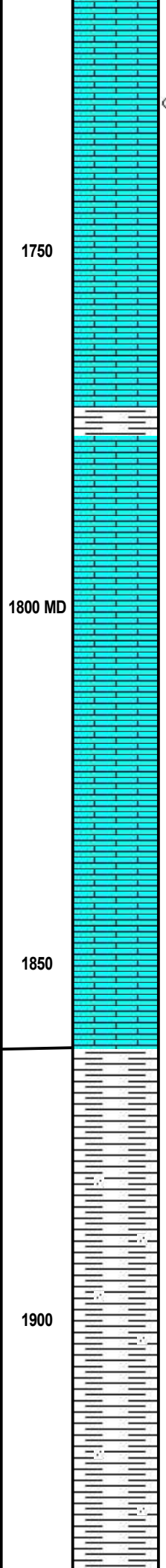
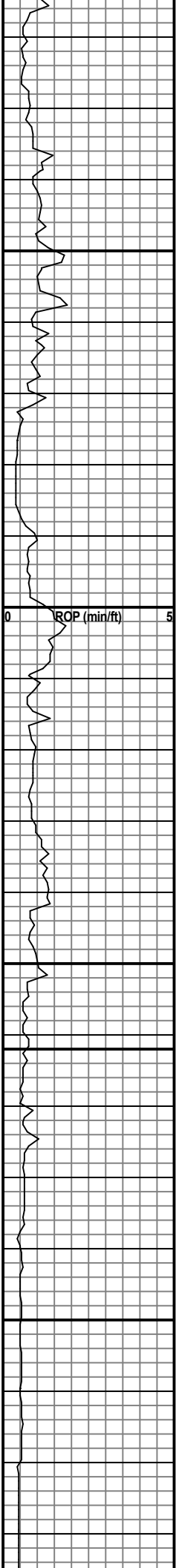
Name: William M. Stout
Company:
Address: 1441 N. Rock Road #1903
Wichita, Kansas 67206

Comments

The decision was made to run 5 1/2" casing to further evaluate the Arbuckle oil shows through perforations.

CASING

208' 8 5/8" surface casing 219' w/ 130 sacks cement.
5 1/2" production casing @ 2569'



Ls- lt bm, f-x, fos, s/ dns, sli chky, NS.

Ls- lt bm, f-x, fos, fr odor, scat inxtln & vug por w/ bm strn, SFO, spotty fluor.

Ls- lt bm, lt gy, f-x, fos, dns, NS.

Ls- a.a.

Ls- lt bm, f-x, fos, dns, NS, NV por.

Ls- lt bm, f-x, fos, sli chky, scat inxtln por, NS, s/ Sh- gy, gm.

Ls- a.a., s/ dns.

Ls- lt bm, gy, f-x, fos, dns, sli chty, NS

Ls- lt bm, bm, f-x, fos, s/ chty, scat inxtln por, NS, s/ Sh- gy.

Ls- a.a.

Ls- lt bm, bm, gy, f-x, fos, chky, NS.

Ls- lt bm, lt gy, f-x, fos, s/ dns, tr inxtln por, NS

Ls- a.a., w/ Sh- gy, gm.

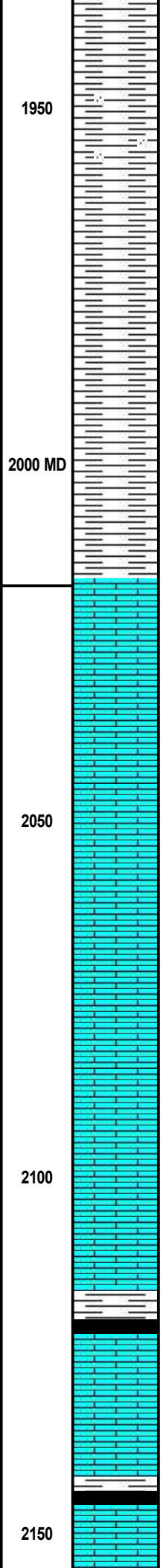
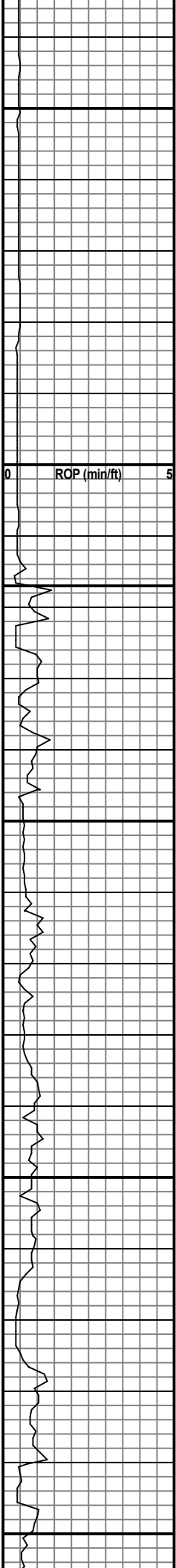
Sh- gy, lt gy, sdy, calc, s/ Ls- a.a.

Sh- gy, m gy, s/ sdy.

Sh- a.a.

Bonner Springs 1862' -465

e-log 1860' -463



Sh- gy.

Sh- a.a., s/ sdy.

Sh- gy.

Sh- a.a.

Sh- gy.

Sh- a.a., w/ Ls- lt bm, f-x, fos, dns, NS.

Ls- lt bm, f-x, fos, s/ dns, w/ Sh- a.a.

Ls & Sh- a.a.

Samples carrying a lot of Sh.

Ls- lt bm, gy, f-x, fos, s/ dns, scat inxtn por, NS.

Ls- a.a., still plenty of shale.

Ls- lt bm, bm, gy, f-x, fos, dns, sli chky, NS.

Ls- lt bm, lt gy, f-x, fos, chky, s/ dns, NS.

Ls- a.a.

Ls- lt bm, lt gy, f-x, fos, sli chty, scat por, NS, tr Sh- blk, gy.

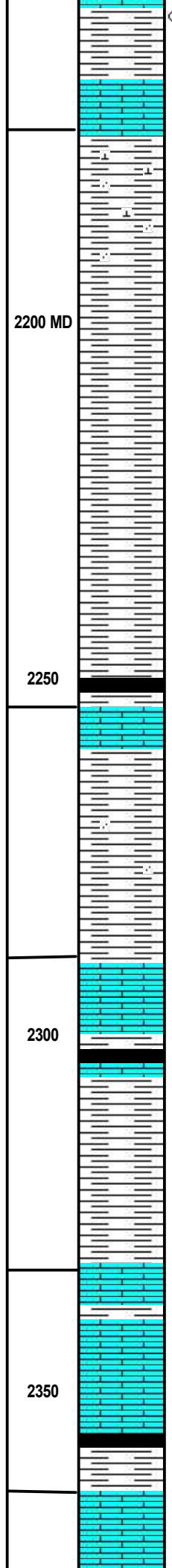
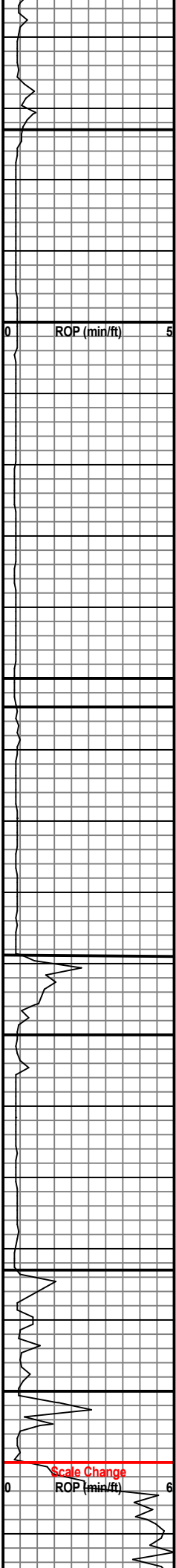
Ls- a.a., w/ Sh- gy, dk gy, calc.

Sh- dk gy, blk, s/ carb, Ls- a.a.

Kansas City 2017' -776

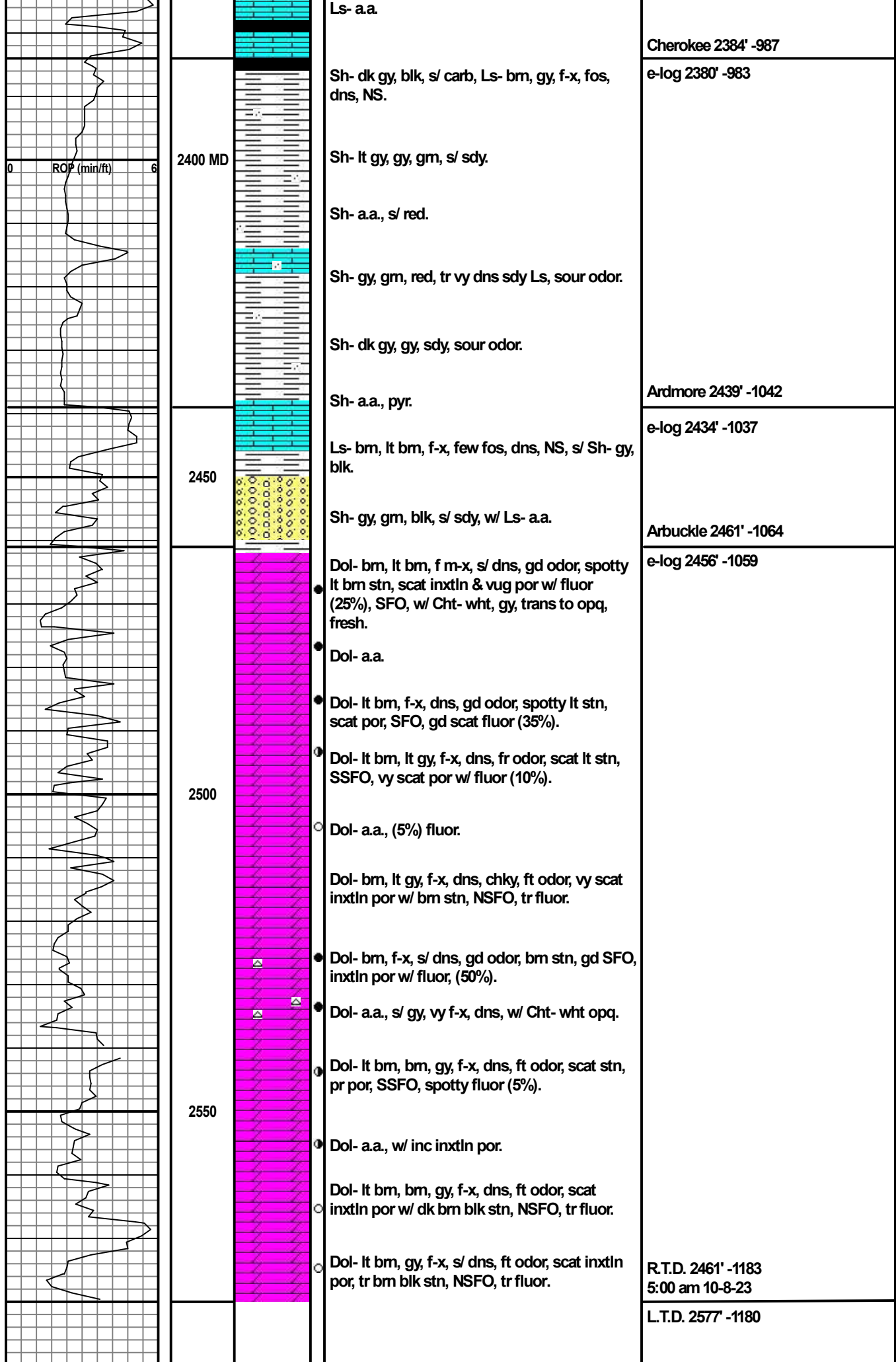
e-log 2012' -615

Vis. 39
Wt. 9.2
LCM 1#



Ls- lt bm, f-x, fos, s/ ool, ft odor, vy scat lt stn, tr FO, scat inxtln por w/ fluor.
 Ls- lt bm, lt gy, f-x, vy fos, s/ dns, chky, NS.
 Sh- dk gy, gy, sdy, calc, w/ Ls- a.a.
 Sh- dk gy, gy.
 Sh- a.a.
 Sh- dk gy, gy.
 Sh- a.a.
 Ls- lt bm, f-x, few fos, s/ dns, w/ Sh- gy, gm, blk.
 Sh- gm, gy, s/ sdy.
 Sh- gy, gm, red, Ls- lt bm, f-x, fos, NS.
 Ls- lt bm, f-x, fos, dns, NS.
 Sh- gy, gm, red, blk, Ls- a.a.
 Sh- a.a., washes red.
 Sh- gy, dk gy, gm,
 Ls- lt bm, bm, gy, f-x, few fos, dns, s/ chty, NS, Sh- a.a.
 Ls- bm, lt bm, f-x, fos, dns, NS, s/ Sh- gy, blk.

Base Kansas City 2173' 776
 e-log 2170' -773
 Marmaton 2254' -857
 e-log 2249' -852
 Altamont 2289' -892
 e-log 2284' -887
 Vis. 40
 Wt. 9.3
 LCM 2#
 Pawnee 2333' -936
 e-log 2329' -932
 Trip Bit @ 2360'
 Back drilling 2:15 pm 10-7-23





| | | | | | |
|------------------|-----------------------|--|------------|---|-----------|
| Customer | Gilliland, Anthony L. | Lease & Well # | Dankert #2 | Date | 10/8/2023 |
| Service District | Eureka | County & State | Butler, Ks | Legals S/T/R | 1 26S 4E |
| Job Type | Longstring | <input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD | New Well? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> No | Job # |
| Equipment # | Driver | Ticket # | | | |

| Equipment # | Driver | Job Safety Analysis - A Discussion of Hazards & Safety Procedures | | | |
|-------------|---------|---|---|--|--|
| 1003 | David | <input checked="" type="checkbox"/> Hard hat | <input checked="" type="checkbox"/> Gloves | <input type="checkbox"/> Lockout/Tagout | <input type="checkbox"/> Warning Signs & Flagging |
| 1203 | Broker | <input checked="" type="checkbox"/> H2S Monitor | <input checked="" type="checkbox"/> Eye Protection | <input type="checkbox"/> Required Permits | <input type="checkbox"/> Fall Protection |
| 1212 | Russell | <input checked="" type="checkbox"/> Safety Footwear | <input type="checkbox"/> Respiratory Protection | <input checked="" type="checkbox"/> Slip/Trip/Fall Hazards | <input checked="" type="checkbox"/> Specific Job Sequence/Expectations |
| 1213 | Jake | <input type="checkbox"/> FRC/Protective Clothing | <input type="checkbox"/> Additional Chemical/Acid PPE | <input checked="" type="checkbox"/> Overhead Hazards | <input checked="" type="checkbox"/> Muster Point/Medical Locations |
| | | <input type="checkbox"/> Hearing Protection | <input checked="" type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Additional concerns or issues noted below | |

Comments

API# 15-015-24213. Driller TD = 2580' KB. 5 1/2" 15.50# New Casing set @ 2558'. Centralizers on # 1,2,3,4. Baskets on top of #5 & #15.

| Product/ Service Code | Basket | Unit of Measure | Quantity | Net Amount |
|-----------------------|--------------------------------------|-----------------|----------|------------|
| D013 | Depth Charge: 2001'-3000' | job | 1.00 | \$2,000.00 |
| M010 | Heavy Equipment Mileage | mi | 45.00 | \$180.00 |
| M015 | Light Equipment Mileage | mi | 45.00 | \$90.00 |
| M020 | Ton Mileage | tm | 840.00 | \$1,260.00 |
| R060 | Senior Supervisor | day | 1.00 | \$800.00 |
| CP070 | 60/40 Pozmix A | sack | 225.00 | \$3,600.00 |
| CP095 | Bentonite Gel | lb | 1,160.00 | \$522.00 |
| CP125 | Pheno Seal | lb | 450.00 | \$787.50 |
| CP062 | H842 | sack | 140.00 | \$3,850.00 |
| CP110 | Kol Seal | lb | 700.00 | \$525.00 |
| CP125 | Pheno Seal | lb | 280.00 | \$490.00 |
| FE145 | 5 1/2" Float Shoe - AFU Flapper Type | ea | 1.00 | \$375.00 |
| FE170 | 5 1/2" Latch Down Plug & Baffle | ea | 1.00 | \$350.00 |
| FE130 | 5 1/2" Cement Basket | ea | 2.00 | \$600.00 |
| FE125 | 5 1/2" Centralizer | ea | 4.00 | \$240.00 |

Customer Section: On the following scale how would you rate Hurricane Services Inc.?

Based on this job, how likely is it you would recommend HSI to a colleague?

1 2 3 4 5 6 7 8 9 10

| | | | | | |
|--|------|---|--|--------|--------------|
| Total Taxable | \$ - | Tax Rate: | | Net: | \$15,669.50 |
| Sale Tax: | \$ - | State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt. | | Total: | \$ 15,669.50 |
| HSI Representative: <i>David Gardner</i> | | | | | |

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

CUSTOMER AUTHORIZATION SIGNATURE



| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------|--|--|--|---|--|--|--|---|--|---|--|--|--|--|--|--|--|--|--|-------------|--|------------|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|------|--|--|--|--|--|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------|--|------|--|--|--|--|--|--|--|--|--|--|--|---------------|--|-------------|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|
| Customer | | Gilliland, Anthony L. | | Lease & Well # | | Dankert #2 | | Date | | 9/26/2023 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service District | | Eureka | | County & State | | Butler, Ks | | Legals S/T/R | | 1 26S 4E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Type | | Surface | | <input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD | | | | New Well? | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Equipment # | | Driver | | Job Safety Analysis - A Discussion of Hazards & Safety Procedures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1003 | | David | | <input checked="" type="checkbox"/> Hard hat | | <input checked="" type="checkbox"/> Gloves | | <input type="checkbox"/> Lockout/Tagout | | <input type="checkbox"/> Warning Signs & Flagging | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203 | | Broker | | <input checked="" type="checkbox"/> H2S Monitor | | <input checked="" type="checkbox"/> Eye Protection | | <input type="checkbox"/> Required Permits | | <input type="checkbox"/> Fall Protection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1212 | | Jake | | <input checked="" type="checkbox"/> Safety Footwear | | <input type="checkbox"/> Respiratory Protection | | <input checked="" type="checkbox"/> Slip/Trip/Fall Hazards | | <input type="checkbox"/> Specific Job Sequence/Expectations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> FRC/Protective Clothing | | <input type="checkbox"/> Additional Chemical/Acid PPE | | <input checked="" type="checkbox"/> Overhead Hazards | | <input type="checkbox"/> Muster Point/Medical Locations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> Hearing Protection | | <input checked="" type="checkbox"/> Fire Extinguisher | | <input type="checkbox"/> Additional concerns or issues noted below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| API# 15-015-24212 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Product/ Service Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Description | | Unit of Measure | | Quantity | | | | Net Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D010 | | Depth Charge: 0'-500' | | job | | 1.00 | | | | \$1,000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M010 | | Heavy Equipment Mileage | | mi | | 40.00 | | | | \$160.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M015 | | Light Equipment Mileage | | mi | | 40.00 | | | | \$80.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M020 | | Ton Mileage | | tm | | 247.50 | | | | \$371.25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CP010 | | Class A Cement | | sack | | 125.00 | | | | \$2,500.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CP100 | | Calcium Chloride | | lb | | 350.00 | | | | \$262.50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CP096 | | Cement Gel | | lb | | 235.00 | | | | \$105.75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CP120 | | Cello-flake | | lb | | 30.00 | | | | \$52.50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0" style="width:100%;"> <tr> <td colspan="10">Customer Section: On the following scale how would you rate Hurricane Services Inc.?</td> <td colspan="2">Net:</td> <td colspan="2">\$4,532.00</td> </tr> <tr> <td colspan="10"></td> <td colspan="2">Total Taxable</td> <td colspan="2">\$ -</td> </tr> <tr> <td colspan="10"></td> <td colspan="2">Tax Rate:</td> <td colspan="2"></td> </tr> <tr> <td colspan="10">Based on this job, how likely is it you would recommend HSI to a colleague?</td> <td colspan="2">Sale Tax:</td> <td colspan="2">\$ -</td> </tr> <tr> <td colspan="10"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 </td> <td colspan="2">Total:</td> <td colspan="2">\$ 4,532.00</td> </tr> <tr> <td colspan="10"></td> <td colspan="4">HSI Representative: <i>David Gardner</i></td> </tr> </table> | | | | | | | | | | | | Customer Section: On the following scale how would you rate Hurricane Services Inc.? | | | | | | | | | | Net: | | \$4,532.00 | | | | | | | | | | | | Total Taxable | | \$ - | | | | | | | | | | | | Tax Rate: | | | | Based on this job, how likely is it you would recommend HSI to a colleague? | | | | | | | | | | Sale Tax: | | \$ - | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 | | | | | | | | | | Total: | | \$ 4,532.00 | | | | | | | | | | | | HSI Representative: <i>David Gardner</i> | | | |
| Customer Section: On the following scale how would you rate Hurricane Services Inc.? | | | | | | | | | | Net: | | \$4,532.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Total Taxable | | \$ - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Tax Rate: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Based on this job, how likely is it you would recommend HSI to a colleague? | | | | | | | | | | Sale Tax: | | \$ - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 | | | | | | | | | | Total: | | \$ 4,532.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | HSI Representative: <i>David Gardner</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

Timmy Stack - C&G Drlg. Rig #2 Tool Pusher

CUSTOMER AUTHORIZATION SIGNATURE

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Andrew J. French, Chairperson
Dwight D. Keen, Commissioner
Annie Kuether, Commissioner

Laura Kelly, Governor

April 04, 2024

Anthony L Gilliland
Gilliland, Anthony L.
326 S 100TH
EDWARDSVILLE, KS 66111-1424

Re: ACO-1
API 15-015-24213-00-00
DANKERT 2
SE/4 Sec.01-26S-04E
Butler County, Kansas

Dear Anthony L Gilliland:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 10/04/2023 and the ACO-1 was received on April 04, 2024 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department