

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](mailto: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	Shakespeare Oil Co., Inc.
Well Name	Carson 2-25
Doc ID	1774916

Tops

Name	Top	Datum
Base Anhydrite	2445	+667
Heebner	3968	-856
Lansing	4010	-898
Muncie Creek	4193	-1081
Stark Shale	4292	-1180
Hushpuckney	4337	-1225
Pawnee	4512	-1400
L. Cherokee Shale	4590	-1478
Johnson	4638	-1526
Morrow Shale	4711	-1599
Mississippian	4768	-1656



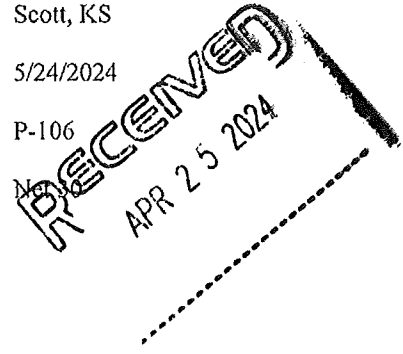
Midwest Wireline, LLC  
 PO Box 793  
 Hays, KS 67601  
 (785)625-3858

# Invoice

Date	Invoice #
4/24/2024	3026

<b>Bill To</b>
Shakespeare Oil Company, Inc. 202 W. Main St Salem, IL 62881

Well Name: Carson #2-25  
 County, State: Scott, KS  
 Due Date: 5/24/2024  
 Unit #: P-106  
 Terms:



Check Remit to Address:  
 PO Box 793  
 Hays, KS 67601

ACH Payment Preferred:  
 Equity Bank  
 Checking Acct Name: Midwest Wireline LLC  
 Account Number: 7701058917  
 Routing Number: 101105354

Description	Quantity	Price	Amount
Truck Rental / Rig-up	1	2,200.00	2,200.00T
Setting Service - Depth	4,540	0.40	1,816.00T
Setting Service - Operations	1	2,600.00	2,600.00T
Dump Bailer - Depth	4,540	0.29	1,316.60T
Dump Bailer - Operations	1	2,400.00	2,400.00T
Dump Bailer - Depth	4,540	0.29	1,316.60T
Dump Bailer - Operations	1	2,400.00	2,400.00T
Subtotal of Invoice			14,049.20
Total Discount - MS		-11,049.20	-11,049.20
Scott County Sales Tax		8.50%	255.00

Thank you for your business.	<b>Total</b>	\$3,255.00
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# MIDWEST WIRELINE

Midwest Wireline, LLC

Service Order No.

1- 3026

Phone: 785.625.3858

Fax: 785.621.7718

Date: 4/24/24

Client Info	Company <i>Shakespeare</i>				Client Order # <i>OW</i>		
	Billing Address				City	ST	Zip
Well Info	Lease & Well # <i>Carson H 2-25</i>			Field Name <i>Pence East</i>		Legal Description (coordinates) <i>25 145 34 W</i>	
	Nearest Town <i>Pence</i>		County <i>Scott</i>	State <i>Kansas</i>	Casing Size <i>3.5</i>	Casing Weight	
	Fluid <i>production</i>	Level (surf.) <i>—</i>	Reading from <i>KB</i>	Customer T.D.	Midwest T.D.	Elevation <i>3100</i>	KB Elevation <i>3112</i>
	Engineer <i>TROUT</i>		Truck Driver <i>ROME</i>		Crew Members		Unit # <i>106</i>

Product Code	Description	Q-ty	Unit Price	Depth		\$ Amount
				From	To	
10000	TRUCK RENTAL	1				2200 <sup>00</sup>
15071	DEPTH	4540	.40	0	4540	1816 <sup>00</sup>
15072	SETTING SERVICE S.5 CIBP	1		CIBP @	4540	2600 <sup>00</sup>
15021	DEPTH	4540	.29	0	4540	1316 <sup>60</sup>
15022	DUMP BAILEY 1 SX	1				2400 <sup>00</sup>
15021	DEPTH	4540	.29	0	4540	1316 <sup>60</sup>
15022	DUMP BAILEY 1 SX	1				2400 <sup>00</sup>

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

Client Approval  
*x [Signature]*  
 Name Printed \_\_\_\_\_ Signature / Date \_\_\_\_\_

Midwest Field Representative  
*[Signature]* 4/24/24  
 Name Printed \_\_\_\_\_ Signature / Date \_\_\_\_\_

SUBTOTAL	14,049 <sup>25</sup>
DISCOUNT	
SUBTOTAL	3000 <sup>00</sup>
TAX	255.00
NET TOTAL	3255.00

MIDWEST OFFICE USE ONLY - Manager Approval  
*[Signature]* 4-25-24  
 Name Printed \_\_\_\_\_ Signature / Date \_\_\_\_\_

## Summary of Changes

Lease Name and Number: Carson 2-25

API/Permit #: 15-171-21022-00-01

New Doc ID: 1774916

Parent Doc ID: 1773616

Correction Number: 1

Approved By: Kelsey Cox

Field Name	Previous Value	New Value
Completion Or Recompletion Date	4/16/2024	4/24/2024
Date of First or Resumed Production or SWD or Enhr Approved Date	04/18/2024	4/25/2024 04/25/2024
Perf_perf1bottom	4696	4503
Production Interval #3	4696	4503

## Summary of Attachments

Lease Name and Number: Carson 2-25

API: 15-171-21022-00-01

Doc ID: 1774916

Correction Number: 1

Attachment Name

Carson #2-25 CIBP Invoice and Field Ticket