

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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Pro-Stim Chemicals LLC

Acidizing Report

Date 5-31-2022

Customer Grand Mesa Pro-Stim Chemical Yard Cunningham, KS. Pro-Stim Number A-5

Well Name & Number Phillip 1-26 Formation

County State Kansas Interval 4122'-24'

Well Type: Completion Recompletion Workover Oil Gas Water Disposal Part OH

Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth Packer Depth 400'

Casing Size: 5 1/2 GRD WT Depth Tubing Size: 2 7/8 Spot 1st 4124'

Casing Vol. 1.23 Tbg Vol. 2351 Ann Vol. OH Vol. 2.5 Total Displacement 25 BBLS

Customer Representative Signature 10 250 gals 15% MCA acid, 4 gals RAS-10, 10 gals ID-23, 15 bbls 2% Biocide 1st Break Down

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
							Prs Test to _____ psi
							spot @ 4024'
3:00 PM	15% MCA	3	6	6	—	—	6 BBLS Acid
	2% KCL	3	8.5	14.5	—	—	8.5 2% KCL
							set packer to treat @ 4072'
3:30 PM	2% KCL	3.5			0		start flush
		—	1.25	2.75	50		15.76 Tubing head (2821)
		-25	7.25	21.75			start triplex
		-25					-25 BBL per min
		.50	3.25	2.5 25	500		to establish RATE
		.67			550		19 total
		1	2.5	3 27 1/2	475		19.5 in
		1.5	3	30.5	450		22 in
3:42			.9	31			25 in
							stop pumps

Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected		H2O	Acid	Oil
	Max	Final	Avg.	25	6	
Treating Prs	Max	Final	Avg.	ISIP	5'SI	10'SI
	550	450	500	250	0	15'SI
AR-CU				20	25	30

Pro-Stim Chemicals LLC

Acidizing Report

Date **5-31-2022**

Customer Grand Mesa		Pro-Stim Chemical Yard Council Bluffs, KS.		Pro-Stim Number AS		
Well Name & Number Phillip 126			Formation			
County Cove		State Kansas		Interval 3990' - 92'		
Well Type: Completion <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Disposal <input type="checkbox"/> Perf <input checked="" type="checkbox"/> OH <input type="checkbox"/>						
Job Pumped Via: Tubing <input checked="" type="checkbox"/> Casing <input type="checkbox"/> Annulus <input type="checkbox"/> CTU <input type="checkbox"/> Combination <input type="checkbox"/> Plug Depth _____ Packer Depth _____						
Casing Size: 5 1/2		GRD	WT	Depth	Tubing Size: 2 7/8	Spot
Casing Vol. 1.19		Tbg Vol. 22.82	Ann Vol. 2.5	OH Vol	Total Displacement 24 Bbls 2% KCL	

Customer Representative Signature 250 gals 15% MCA acid, 6 gals RAS-10, 10 gals 10-23, 15 bbls 2% Biocide **2nd zone**

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
							Prs Test to _____ psi
4:55 PM	15% MCA	3	6	6	—	—	Fluid 2100'
	2% KCL	3	9.5	15.5	—	—	spot + 6 Acid (250 Gal)
							9.5 KCL
							wait 10 min
5:08		3					set Packer @ 3942'
		.25	9	24.5	50		start Flush
		.35					Tubing head @ 24.5
		.75	1.5	26	200		establish Rate
		.75	1	27	150		20 Flush
		.65	1	28	175		21
		.65	1	29	150		22
5:20		.65	1	30	150		23
							24
							stop Pumps
							ISIP 0

Treatment Synopsis

Avg Inj Rate	Fluid BPM .65	Total Injected		H2O 24	Acid 6	Oil
Treating PIs	Max 200	Final 150	Avg. 175	ISIP 0	5'SI	10'SI
AR-CU					20	25
						30



ELI
WIRELINE SERVICES

Please Remit To:
P.O. Box 549
Hays, KS 67601
Phone: (785) 628-6395
Fax: (785) 628-3651

FIELD TICKET No.

- 6604

DATE 5/31/22
UNIT # 3362

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <u>Grand Mesa Operating</u>	LEASE <u>Phillip</u>	WELL NO. <u>1-26</u>
ADDRESS	FIELD	STATE <u>Ks.</u> COUNTY <u>Gove</u>
	LOCATION <u>26-13s-31W</u>	
CITY	CASING SIZE & WT. <u>5 1/2"</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>Perf + Plug</u>
ORDERED BY	TITLE	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<u>70-212-1000</u>	<u>Service Charge</u>				
<u>75-805-0065</u>	<u>Perf 4" slicks</u>				
	<u>4122-24 8 shots</u>				
	<u>3990-92 8 shots</u>				
	<u>2 total services</u>				
<u>75-820-0055</u>	<u>Set 5 1/2" CIBP@ 4164</u>				

CALLED OUT _____ Time _____ Date	ON LOCATION <u>7:45</u> Time <u>5/31/22</u> Date	COMPLETED <u>10:00</u> Time <u>5/31</u> Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX TOTAL CHARGES
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*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Employee Name (Print)	Hours	Initials
<u>Gottschalk</u>	<u>5.5</u>	
<u>Fischer</u>		

CUSTOMER AGREES to pay (the "Company") on a net 45 day basis from date of invoice to avoid loss of discount. Invoices older than 45 days are subject to loss of discount on ticket. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

X Don Gottschalk

X _____
CUSTOMER REPRESENTATIVE

White - Main Canary - Customer Pink - Field