

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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Remit To: Hurricane Services, Inc.
 250 N. Water, Suite 200
 Wichita, KS 67202
 316-303-9515

Customer:
 RH CAPITAL-BEETS LLC
 1133 CORNETT BRANCH RD
 ATTN: THOMAS HECKMAN
 LAKE OZARK, MO 65049

Invoice Date: 3/22/2024
 Invoice #: 0375156
 Lease Name: Lawson
 Well #: 1-2 (New)
 County: Douglas, Ks
 Job Number: EP12832
 District: East

Date/Description	HRS/QTY	Rate	Total
Longstring	0.000	0.000	0.00
Cement Pump Service	1.000	900.000	900.00
Heavy Eq Mileage	50.000	4.000	200.00
Light Eq Mileage	50.000	2.000	100.00
Ton Mileage	525.200	1.500	787.80
Vacuum Truck-80bbl	7.000	100.000	700.00
Oil well cement	202.000	25.000	5,050.00
Pheno Seal	101.000	1.750	176.75
Bentonite Gel	400.000	0.450	180.00
2 7/8" Rubber Plug	1.000	40.000	40.00

Total 8,134.55

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

SALES TAX: Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

WE APPRECIATE YOUR BUSINESS!



Customer	RH Capital-Beets	Lease & Well #	Lawson I-2	Date	3/22/2024
Service District	Garnett	County & State	DG, KS	Legals S/T/R	15-14-20
Job Type	Longstring	<input type="checkbox"/> PROD	<input checked="" type="checkbox"/> INJ	<input type="checkbox"/> SWD	Job #
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			
931	Casey Kennedy	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
89	Nick Beets	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
239	Devin Katzer	<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
189	Keith Detwiler	<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations
110	Wes Callahan	<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	
189	Drew Beckwith	Comments			

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
C011	Cement Pump Service	ea	1.00	\$900.00
C011	Cement Pump Service	ea	1.00	\$0.00
M010	Heavy Equipment Mileage	mi	50.00	\$200.00
M015	Light Equipment Mileage	mi	50.00	\$100.00
M020	Ton Mileage	tm	525.20	\$787.80
T010	Vacuum Truck - 80 bbl	hr	7.00	\$700.00
CP020	H226 OWC	sack	202.00	\$5,050.00
CP125	Pheno Seal	lb	101.00	\$176.75
CP095	Bentonite Gel	lb	400.00	\$180.00
FE025	2 7/8" Rubber Plug	ea	1.00	\$40.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?		Net:	\$8,134.55
Based on this job, how likely is it you would recommend HSI to a colleague?		Total Taxable	\$ -
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Tax Rate:	
Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely		Sale Tax:	\$ -
		Total:	\$ 8,134.55
		HSI Representative: <i>Casey Kennedy</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.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**



CEMENT TREATMENT REPORT

Customer:	RH Capital-Beets	Well:	Lawson I-2	Ticket:	EP12832
City, State:	Jefferson City, MO	County:	DG, KS	Date:	3/22/2024
Field Rep:	Zach Devorss	S-T-R:	15-14-20	Service:	Longstring

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	5 7/8 in	Blend:	OWC 1/2# PS	Blend:	
Hole Depth:	720 ft	Weight:	14.83 ppg	Weight:	ppg
Casing Size:	2 7/8 in	Water / Sx:	6.77 gal / sk	Water / Sx:	gal / sk
Casing Depth:	710/716 ft	Yield:	1.45 ft ³ / sk	Yield:	ft ³ / sk
Tubing / Liner:	in	Annular Bbbs / Ft.:	bbs / ft.	Annular Bbbs / Ft.:	bbs / ft.
Depth:	ft	Depth:	ft	Depth:	ft
Tool / Packer:		Annular Volume:	0.0 bbls	Annular Volume:	0 bbls
Tool Depth:	ft	Excess:		Excess:	
Displacement:	4.11/4.14 bbls	Total Slurry:	bbls	Total Slurry:	0.0 bbls
		Total Sacks:	0 sks	Total Sacks:	0 sks

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
2:00 PM			-	-	on location, held safety meeting
			-	-	
			-	-	waited for rig to finish running casing and circulate hole
			-	-	
2:30 PM	4.0		-	-	established circulation
	4.0		-	-	mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
	4.0		-	-	mixed and pumped 94 sks OWC cement w/ 1/2# PS per sk, cement to surface
			-	-	**SHUT DOWN TO FLUSH PUMP CLEAN - SURFACE CASING AND TUBING FELL 4**
	4.0		-	-	circulated hole clean with fresh water
3:00 PM			-	-	sent bulk truck back to shop to reload
			-	-	dug down beside casing to retrieve chiksan and swage
			-	-	customer had 6' sub made to get 2 7/8" casing back to surface
			-	-	rigged back up to well
6:00 PM			-	-	bulk truck back on location
	4.0		-	-	established circulation
	4.0		-	-	mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
	4.0		-	-	mixed and pumped 108 sks OWC cement w/ 1/2# PS per sk, cement to surface
	4.0		-	-	flushed pump clean
	1.0		-	-	pumped 2 7/8" rubber plug to casing TD w/ 4.14 bbls fresh water
	1.0		-	-	pressured to 800 PSI, well held pressure
			-	-	released pressure to set float valve, float held
	4.0		-	-	washed up equipment
			-	-	
6:30 PM			-	-	left location
			-	-	
			-	-	

CREW		UNIT	SUMMARY		
Cementer:	Casey Kennedy	931	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Nick Beets	89	3.5 bpm	- psi	- bbls
Bulk:	Devin Katzer	239			
H2O:	Keith Detwiler	189			

3WoCo Drilling LLC

1135 30th Rd
 Yates Center, Kansas 66783
 Steve 620-330-6328 Nick 620-228-2320

Operator License # 35722		API # 15-045-22315	
Operator: RH Capital-Beets, LLC		Lease: Lawson	
Address: 2015 Clara, Dr		Well # I-2	
Phone: 816-651-5248		Spud Date: 3/22/2024 Completed: 3/23/2024	
Contractor License: 33900		Location: Sec: 15 TWP: 14s R: 20e	
T.D. 723	Bite Size: 5.875	710 FNL	
Surface Pipe Size: 7"	Surface Depth: 40'	330 FEL	
Kind of Well: Enh Rec		County: Douglas	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	6	Lime	619	623
Clay & Sand	6	29	Shale	623	630
Shale	29	44	Lime	630	637
Lime	44	60	Shale	637	661
Shale	60	68	Lime	661	668
Lime	68	81	Shale	668	671
Shale	81	147	Mucky Shale Oil Oder	671	674
Lime	147	161	Oil Sand	674	683
Shale	161	225	Broke Oil Sand	683	685
Lime	225	253	Badly Brkn Sand	685	687
Shale	253	270	Sandy Shale	687	689
Lime	270	277	Shale	689	723
Shale	277	304			
Lime	304	349			
Shale	349	356	TD 723'		
Lime	356	390			
Shale	390	395			
Lime	395	405	Ran 2-7/8" Pipe		
Shale	405	551	To 710'		
Lime	551	558			
Shale	558	572			
Lime	572	576	Cemented Surface With		
Shale	576	579	12 Sacks		
Lime	579	584			
Shale	584	588			
Lime	588	594			
Shale	594	598			
Lime	598	605			
Shale	605	619			

