

Confidentiality Requested:

☐ Yes ☒ NoKANSAS 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 # 33543
 Name: Morrison, Mark L.
 Address 1: 1651 50TH RD
 Address 2: _____
 City: YATES CENTER State: KS Zip: 66783 + 5141 _____
 Contact Person: Kyle Jackson
 Phone: (620) 363-2428
 CONTRACTOR: License # 33977
 Name: E K Energy LLC
 Wellsite Geologist: N/A
 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: Mark MorrisonWell Name: H-01Original Comp. Date: 8/24/2012 Original Total Depth: 1020

☐ 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 #: _____

6/1/2024 6/11/2024
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No.: 15-205-28037-00-01

Spot Description: _____

SE - NE - SW - SE Sec. 3 Twp. 27 S. R. 16 ☒ East ☐ West
970 Feet from ☐ North / ☒ South Line of Section
1484 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SWGPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84County: WilsonLease Name: KIMBERLIN Well #: H-01

Field Name: _____

Producing Formation: Cattleman / BartlesvilleElevation: Ground: 973 Kelly Bushing: 0Total Vertical Depth: 1020 Plug Back Total Depth: 1013Amount of Surface Pipe Set and Cemented at: 40 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 0feet depth to: 1013 w/ 125 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 DistributionALT ☐ I ☒ II ☐ III Approved by: Kelsey Cox Date: 06/13/2024

Operator Name: Morrison, Mark L. Lease Name: KIMBERLIN Well #: H-01
 Sec. 3 Twp. 27 S. R. 16 ☒ East ☐ West County: Wilson

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 ☐ Yes ☒ No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☒ No Cores Taken ☐ Yes ☒ No Electric Log Run ☒ Yes ☐ No Geologist Report / Mud Logs ☐ Yes ☒ No List All E. Logs Run: Gamma Ray / Neutron / CCL	☒ Log Formation (Top), Depth and Datum ☐ Sample <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name</td> <td style="width: 20%;">Top</td> <td style="width: 20%;">Datum</td> </tr> <tr> <td>Cattleman</td> <td>936</td> <td>946</td> </tr> <tr> <td>Bartlesville</td> <td>975</td> <td>983</td> </tr> </table>	Name	Top	Datum	Cattleman	936	946	Bartlesville	975	983
Name	Top	Datum								
Cattleman	936	946								
Bartlesville	975	983								

CASING RECORD ☒ New ☐ 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
Surface	10	7	17	40	One	8	0
Production	5.625	2.875	6.5	1013	One	125	0

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
☐ Perforate	-			
☐ Protect Casing				
☐ Plug Back TD				
☐ 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: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Top</td> <td style="width: 50%;">Bottom</td> </tr> <tr> <td>936</td> <td>946</td> </tr> <tr> <td>975</td> <td>983</td> </tr> </table>	Top	Bottom	936	946	975	983
Top	Bottom							
936	946							
975	983							

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>
31	936	946			
25	975	983			
TUBING RECORD: Size: Set At: Packer At:					

Form	ACO1 - Well Completion
Operator	Morrison, Mark L.
Well Name	KIMBERLIN H-01
Doc ID	1780979

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	10	7	17	40	One	8	0
Production	5.625	2.875	6.5	1013	One	125	0