

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)</i> <i>(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: 4/6/2024
 Invoice #: 0375574
 Lease Name: Lawson
 Well #: 8 & I-3 (New)
 County: Douglas, Ks
 Job Number: EP13004
 District: East

Date/Description	HRS/QTY	Rate	Total
Longstrings	0.000	0.000	0.00
Cement Pump Service	2.000	900.000	1,800.00
Heavy Eq Mileage	50.000	4.000	200.00
Light Eq Mileage	50.000	2.000	100.00
Ton Mileage	455.000	1.500	682.50
Vacuum Truck-80bbl	4.250	100.000	425.00
Oil well cement	175.000	25.000	4,375.00
Pheno Seal	88.000	1.750	154.00
Bentonite Gel	400.000	0.450	180.00
2 7/8" Rubber Plug	2.000	40.000	80.00
Fresh water	3,360.000	0.020	67.20

Total 8,063.70

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!

Hurricane Services, Inc.
 250 N. Water St., Suite #200
 Wichita, KS 67202



Customer	RH Capital-Beets		Lease & Well #	Lawson 8, I-3	Date	4/6/2024	
Service District	Garnett		County & State	DG, KS	Legals S/T/R	15-14-20	
Job Type	Longstrings	<input checked="" type="checkbox"/> PROD	<input checked="" type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well?	<input type="checkbox"/> YES	<input type="checkbox"/> No
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		
209	Nick Beets	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection		
215	Wes Callahan	<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		
110	Doug Gipson	<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		
		<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below			
Comments							

Product/ Service Code	Description	Unit of Measure	Quantity		Net Amount
C011	Cement Pump Service	ea	2.00		\$1,800.00
M010	Heavy Equipment Mileage	mi	50.00		\$200.00
M015	Light Equipment Mileage	mi	50.00		\$100.00
M020	Ton Mileage	tm	455.00		\$682.50
T010	Vacuum Truck - 80 bbl	hr	4.25		\$425.00
CP020	H226 OWC	sack	175.00		\$4,375.00
CP125	Pheno Seal	lb	88.00		\$154.00
CP095	Bentonite Gel	lb	400.00		\$180.00
FE025	2 7/8" Rubber Plug	ea	2.00		\$80.00
AF080	Fresh Water	gal	3,360.00		\$67.20

Customer Section: On the following scale how would you rate Hurricane Services Inc.?					Net:	\$8,063.70
				Total Taxable	\$ -	Tax Rate:
Based on this job, how likely is it you would recommend HSI to a colleague?				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.		
<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"/>				Sale Tax:	\$ -	
Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely				Total:	\$ 8,063.70	
				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 8, I-3	Ticket: EP13004
City, State: Jefferson City, MO	County: DG, KS	Date: 4/6/2024
Field Rep: Zach Devorss	S-T-R: 15-14-20	Service: Longstrings

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	5 7/8 in	Blend:	OWC 1/2# PS	Blend:	
Hole Depth:	750/755 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:	740/744 ft	Yield:	1.45 ft ³ / sk	Yield:	ft ³ / sk
Tubing / Liner:	in	Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / 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:	4.28/4.31 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
1:00 PM			-	-	on location, held safety meeting
			-	-	**wells were flowing prior to cementing**
			-	-	#8
4.0			-	-	established circulation
4.0			-	-	mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
4.0			-	-	mixed and pumped 87 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/ 4.28 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
			-	-	
			-	-	waited for rig to finish running casing
			-	-	
			-	-	#I-3
4.0			-	-	established circulation
4.0			-	-	mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
4.0			-	-	mixed and pumped 88 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/ 4.31 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
			-	-	
3:15 PM			-	-	left location

CREW		UNIT	SUMMARY		
Cementer:	Casey Kennedy	931	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Nick Beets	209	3.1 bpm	- psi	- bbls
Bulk:	Wes Callahan	215			
H2O:	Doug Gipson	110			

WoCo Drilling LLC

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

Operator License # 35722	API # 15-045-22318
Operator: RH Capital-Beets, LLC	Lease: Lawson
Address: 2015 Clara, Dr. Jefferson City, Mo, 65101-5517	Well # 8
Phone: 816-651-5248	Spud Date: 4/4/2024 Completed: 4/5/2024
Contractor License: 33900	Location: Sec: 15 TWP: 14s R: 20e
T.D. 750 Bite Size: 5.875	542 FNL
Surface Pipe Size: 7" Surface Depth: 41'	828 FEL
Kind of Well: oil	County: Douglas

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	4	Lime	642	655
Clay & Sand	4	20	Brk Lime	655	660
Shale	20	35	Shale	660	678
Lime	35	79	Lime	678	679
Shale	79	88	Mucky Shale	679	681
Lime	88	111	Oil Sand	681	687
Shale	111	144	Brkn Oil Sand	687	689
Lime	144	164	Badly Brkn Sand	689	691
Shale	164	221	Sandy shale	691	698
Lime	221	226	Shale	698	750
Shale	226	230			
Lime	230	259			
Shale	259	270	TD 750		
Lime	270	286			
Shale	286	305	Ran 2-7/8" Pipe		
Lime	305	320	To 740.		
Shale	320	327			
Lime	327	400	Cemented Surface With		
Shale	400	403	12 Sacks		
Lime	403	409			
Shale	409	550			
Lime	550	559			
Shale	559	581			
Lime	581	600			
Shale	600	606			
Lime	606	615			
Shale	615	619			
Lime	619	629			

Shale	629	642			
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