

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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Form	ACO1 - Well Completion
Operator	Quail Oil & Gas, LC
Well Name	ROBINSON 1-14
Doc ID	1786523

All Electric Logs Run

Dual Induction
Micro
Neutron
Sonic



785-953-0222

TICKET NUMBER 2911 K-C
 LOCATION Garden City
 FOREMAN Walt Drukas

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-24-24		Robinson 1-26	26	- 85	23 ^W	Graham
CUSTOMER Quail Oil & Gas, Hill City, MO 1-5 1 ^W 2-5 1/4 ^W 85			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box K			103	Cory D.		
CITY Garden City			800-850	Marcelo		
STATE Ks	ZIP CODE 67846					

JOB TYPE PTA HOLE SIZE _____ HOLE DEPTH 4116' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 x H TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, Rig up on L-D Dts, Plogas ordered
50 SKS @ 3980'
50 SKS @ 1900'
100 SKS @ 1,100' 280 SKS 6940 per 4% vol
50 SKS @ 300' 1/4# Flo-Seal
10 SKS @ 40'
20 SKS in R/H

Thank You
Walt & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
	1	PUMP CHARGE	1,900 ⁰⁰	1,900 ⁰⁰
	70	MILEAGE	7.25	500 ⁵⁰
	12.04	Ton Mileage Delivery	125	1,474 ⁹⁰
	280-SKS	Light Weight Blend X	17.50	4,900 ⁰⁰
	70 #	Flo-Seal	3 ⁰⁰	210 ⁰⁰
				8,985 ⁴⁰
		less 10% Disc		- 898 ⁵⁴
				8,086 ⁸⁶
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payments terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

ROGER L. MARTIN

INDEPENDENT PETROLEUM GEOLOGIST 316-250-6970

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY QUAIL OIL & GAS, LC	ELEVATIONS
LEASE ROBINSON 1-26	KB 2216' GL 2211'
FIELD MAVID	Measurements Are All From KB
LOCATION 838' FNL & 548' FWL	API # 15-065-24307
SECTION 26 TOWNSHIP 8 RANGE 23W	
COUNTY GRAHAM STATE KANSAS	
CONTRACTOR LD DRILLING, Rig #1	CASING
SPUD 02/14/2024 COMP 02/24/2024	SURFACE 8.58" set @ 263'
RTD 4116' LTD 4112'	PRODUCTION n/a P&A
ELECTRICAL SURVEYS	
ELE: DIL, CDL/CNL/PE, MEL/SONIC	
No DST's	

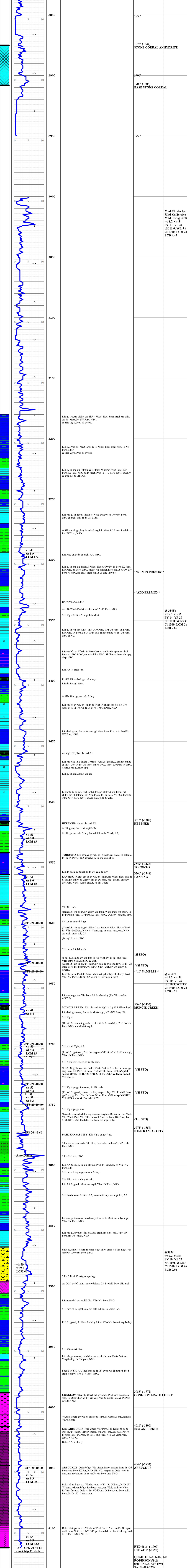
FORMATION TOPS	LOG	SAMPLES	CHRONOLOGY
STONE CORRAL ANHYDRITE	1877' (+339) 1911' (+365)	1875' (+344) 1908' (+388)	02/14/2024- MIRRU LD Drilling Rig #1, SPUD 12 1/4" hole. Run surface casing, set @ 263' KB.
HEEBNER	3510' (-1294)	3516' (-1300)	02/15/2024- Drtg @ 291' @ 5:45 AM.
TORONTO	3535' (-1319)	3542' (-1326)	02/16/2024- Drtg @ 1365' @ 6:10 AM.
LANSING	3554' (-1338)	3560' (-1344)	02/17/2024- Drtg @ 2210' @ 5:35 AM.
LKC 'T' Zn	3620' (-1404)	3627' (-1411)	
LKC 'G' Zn	3630' (-1414)	3635' (-1419)	02/18/2024- Drtg @ 2436' @ 5:30 AM.
MUNCIE CREEK	3663' (-1447)	3668' (-1452)	
LKC 'H' Zn	3677' (-1461)	3681' (-1465)	02/19/2024- Drtg @ 2776' @ 5:35 AM.
LKC 'I' Zn	3700' (-1484)	3705' (-1489)	Displace mud system -3000'.
LKC 'P' Zn	3713' (-1497)	3718' (-1502)	
LKC 'K' Zn	3724' (-1508)	3728' (-1512)	02/20/2024- WOP @ 3024' @ 5:30 AM.
LKC 'L' Zn	3750' (-1534)	3756' (-1540)	
BASE KANSAS CITY	3768' (-1552)	3773' (-1557)	02/21/2024- WOP @ 3343' @ 5:30 AM.
CONGLOMERATE CHERT	3980' (-1764)	3988' (-1772)	02/23/2024- CFS @ 3640' @ 5:35 AM.
EROSIONAL ARBUCKLE	4010' (-1794)	4016' (-1800)	02/23/2024- Drtg @ 3876' @ 5:30 AM.
ARBUCKLE	4046' (-1830)	4048' (-1832)	02/24/2024- LDDP @ RTD 4116' @ 5:40 AM.
RTD/LTD	4012' (-1896)	4016' (-1900)	Run open hole E-logs P&A (see remarks).

REMARKS:

The Quail Oil & Gas, LC Robinson #1 26 test well was P&A'd in accordance with KCC regulations as follows:
 Spot cement plugs through drill pipe. 1st plug 50 sacks @ 3980'. 2nd plug 50 sacks @ 1900'.
 4th plug 50 sacks @ 309', 5th plug 50 sacks from 40' to surface. 29 sacks in rat hole.

Respectfully submitted,
 Roger L. Martin, Geologist

LTH POROSITY DRILLING TIME DST SAMPLE DESCRIPTION 0 TGV 300



RTD 4116' (-1900)
LTD 4112' (-1896)

QUAIL OIL & GAS, LC
 ROBINSON #1-26
 838' FNL & 548' FWL
 Sec 26-08S-23W
 GRAHAM CO., KS
 15-065-24307

QUALITY WELL SERVICE, INC.

8488

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-786-6992
Fax 620-672-3663

Todd's Cell 620-388-4967
Brady's Cell 620-727-6964

Date	2-14-24	Sec.	26	Twp.	8S	Range	23W	County	Geopham	State	Ks	On Location		Finish		
Lease	Robison	Well No.		Location	Hill City Ks S to O Rd W to 265 St											
Contractor	LD D216 RIG #							Owner	1/2 S 10 W Sinto							
Type Job	Surface							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cement and helper to assist owner or contractor to do work as listed.								
Hole Size	12 1/4		T.D.	263												
Csg.	8 5/8 23"		Depth	260												
Tbg. Size			Depth													
Tool			Depth													
Cement Left in Csg.			Shoe Joint	25												
Meas Line			Displace	15 461												
EQUIPMENT								2 1/2" EL 3% CC 1/2" PS								
Pumptrk	3	No.		Common 175												
Bulktrk	10	No.		Poz. Mix												
Bulktrk		No.		Gel. 229 lbs												
Pickup		No.		Calcium 494 lbs												
JOB SERVICES & REMARKS								Hulls								
Rat Hole								Salt								
Mouse Hole								Flowseal 87.5 lbs								
Centralizers								Kol-Seal								
Baskets								Mud CLR 48								
D/V or Port Collar								CFL-117 or CD110 CAF 38								
Run 6 H's 8 5/8 23' CSG SET @ 260								Sand								
START CSG CSG on Bottom								Handling 190								
Hook up to CSG + BREAK CIRC								Mileage 80 / 15200								
START Pumping H ₂ O								FLOAT EQUIPMENT								
START Mix Pump 175 & Common								Guide Shoe								
2 1/2" EL 3% CC 1/2" PS @ 14.3" / gal								Centralizer								
START DIS								Baskets								
PUSH DOWN 15 461 total								AFU Inserts								
Close Valve on CSG								Float Shoe								
Good Circ thru JOBS								Latch Down								
CIRC CNT TO PIT								SERVICE Spv 1EA								
THANK YOU								LMV 90								
PLEASE Call AGAIN								Pumptrk Charge Surface								
TODD MATT Arthur								Mileage 160								
								Tax								
								Discount								
								Total Charge								
Signature <i>[Signature]</i>																