

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 # 34132
 Name: Mikol Oil LLC
 Address 1: 2094 260TH AVE
 Address 2: _____
 City: HAYS State: KS Zip: 67601 + 9419
 Contact Person: Larry Denning
 Phone: (785) 259-2360
 CONTRACTOR: License # 34275
 Name: Scott Services LLC
 Wellsite Geologist: Ed Glassman
 Purchaser: CHS

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: Mikol OilWell Name: Richmond #2-27Original Comp. Date: 12/04/2009 Original Total Depth: 3704

☐ 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 #: E34075.1
☐ GSW Permit #: _____

03/21/2024 03/21/2024
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No.: 15-163-23833-00-02

Spot Description: _____

NW SE SE SW Sec. 27 Twp. 10 S. R. 17 ☐ East ☒ West
479 Feet from ☐ North / ☒ South Line of Section
2991 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: RooksLease Name: RICHMOND Well #: 2-27

Field Name: _____

Producing Formation: LKCElevation: Ground: 2055 Kelly Bushing: 2062Total Vertical Depth: 3704 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at: 219 FeetMultiple Stage Cementing Collar Used? ☒ Yes ☐ NoIf yes, show depth set: 1252 FeetIf Alternate II completion, cement circulated from: 1252feet depth to: 0 w/ 175 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: 08/13/2024

Operator Name: Mikol Oil LLC Lease Name: RICHMOND Well #: 2-27
 Sec. 27 Twp. 10 S. R. 17 ☐ East ☒ West County: Rooks

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:	☒ Log Formation (Top), Depth and Datum ☐ Sample Name Attached Top Attached Datum Attached
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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	12.25	8.625	23	219	80/20 poz	160	2%gel 3%CC
Production	7.875	5.5	15.5	3698	common	200	2%salt5%gilsonite

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: <u>7/26/2024</u>		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: Top <u>3585</u> Bottom <u>3589</u>
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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>
4	3585	3589			
TUBING RECORD: Size: <u>2.875</u> Set At: <u>3634</u> Packer At: <u> </u>					

Form	ACO1 - Well Completion
Operator	Mikol Oil LLC
Well Name	RICHMOND 2-27
Doc ID	1790413

Tops

Name	Top	Datum
Anhydrite	1305	757
B / Anhydrite	1340	722
Topeka	3005	-943
Heebner	3233	-1171
Lansing	3275	-1213
B / Kansas City	3516	-1454
Chert Conglomerate	3584	-1522
Arbuckle	3649	-1587

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Casing

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