

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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

C & G Drilling, Inc.

Eureka, Kansas

Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: Claassen B #1
Well Id: 15-015-24233
Location: N/2 N/2 NE Section 16-T24S-R4E
License Number: 32701
Spud Date: 7-17-24
Surface Coordinates:
Region: Butler County
Drilling Completed: 7-19-24

Bottom Hole
Coordinates:
Ground Elevation (ft): 1364
Logged Interval (ft): 1800
Formation: Mississippi
Type of Drilling Fluid: Chemical
K.B. Elevation (ft): 1373
Total Depth (ft): 2586
To: R.T.D

Printed by MudLog from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: C & G Drilling, Inc.
Address: 701 E. River Street
Eureka, Kansas 67045-2100

GEOLOGIST

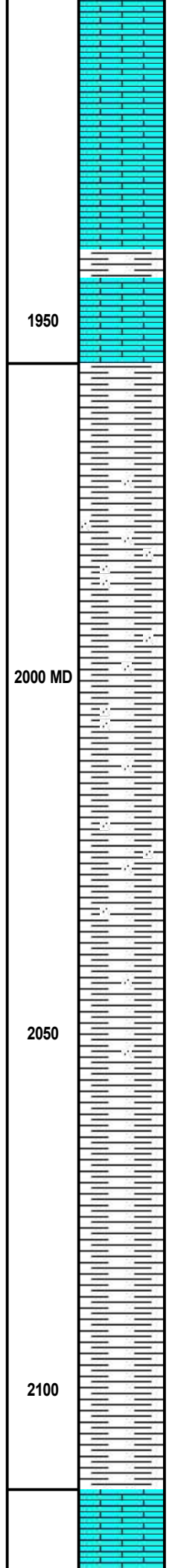
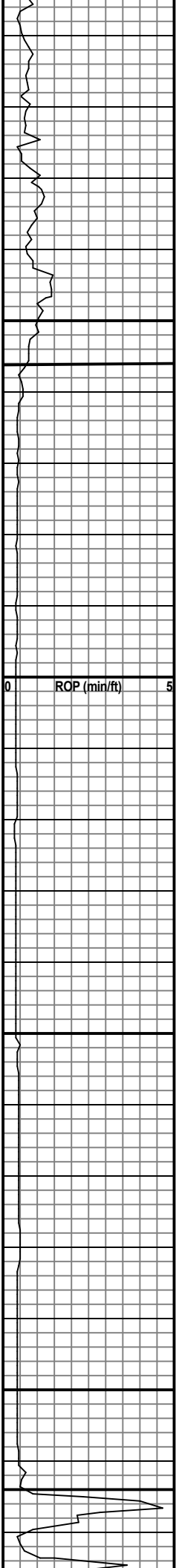
Name: William M. Stout
Company:
Address: 1441 N. Rock Road #1903
Wichita, Kansas 67206

Casing

Surface casing 205' @ 214' w/ 125 sacks cement.

Comments

Because of the poor sample shows the decision was to plugged the hole as dry and abandon.



Ls- bm, f-x, dns, fos, NS, NV por.

Ls- bm, lt bm, f-x, fos, dns, sli chty.

Ls- a.a., s/ Sh- gy.

Ls- lt bm, bm, gy, f-x, fos, dns, NS, NV por, w/ Sh- gy.

Sh- lt gy, sdy, Ls- a.a.

Sh- gy, lt gy, sdy, s/ vy sdy.

Sh- a.a.

Sh- gy, sdy.

Sh- a.a.

Sh- gy, m gy, sdy.

Sh- a.a.

Sh- m gy, gy, s/ sdy.

Sh- a.a., w/ Ls- lt bm, gy, f-x, fos, s/ arg, dns, NS.

1950

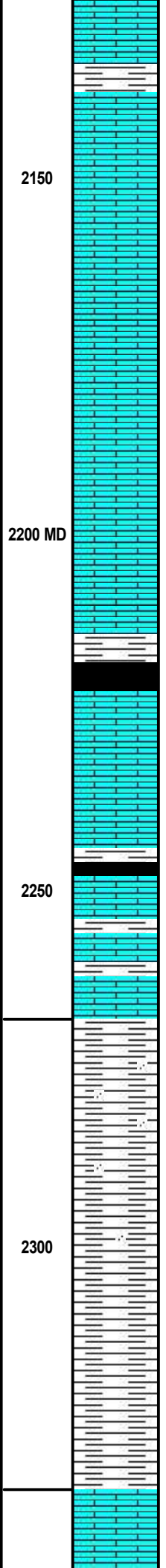
2000 MD

2050

2100

Bonner Springs 1956' -577

Kansas City 2114' -735



Ls- lt bm, f-x, fos, dns, s/ chky, tr, cht, scat inxtln por, NS.

Ls- lt bm, lt gy, f-x, fos, chky, NS, s/ Sh- gy.

Ls- a.a., tr inxtln por, NS.

Ls- lt bm, lt gy, f-x, fos, dns, chky, NS.

Ls- lt bm, f-x, fos, ool, chty, NS, scat por.

Ls- a.a.

Ls- lt bm, f-x, fos, chky, s/ inxtln por, NS.

Ls- lt bm, lt gy, f-x, fos, dns, s/ chky, NS.

Ls- lt bm, gy, bm, f-x, fos, dns, w/ Sh- gy, blk.

Ls- lt bm, lt gy, f-x, fos, dns, NS, s/ Sh- gy.

Ls- lt bm, lt gy, bm, f-x, fos, dns, w/ Sh- gy, blk, s/ carb.

Ls- a.a., Sh- a.a., s/ lt gy.

Sh- dk gy, gy, gm, s/ sdy, Ls- a.a.

Sh- a.a.

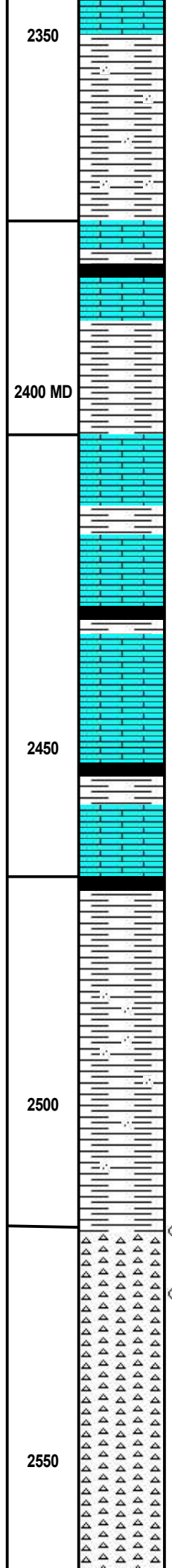
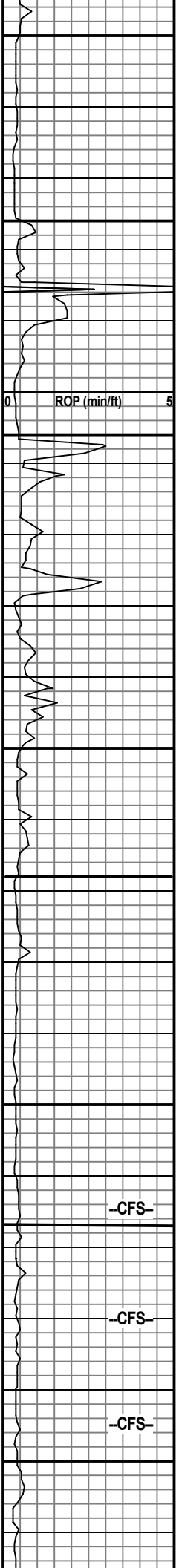
Sh- gy, dk gy, sdy, calc.

Sh- a.a.

Sh- a.a., s/ gm, blk, w/ Ls- lt bm, f-x, few fos, NV por, NS.

Base Kansas City 2114' -735

Marmaton 2334' -955



Ls- lt bm, f-x, dns, Sh- gy, gm, sdy.

Sh- gm, gy, sdy.

Ls- lt bm, f-x, few fos, NS, Sh- gy, gm, dk gy.

Sh- gy, dk gy.

Ls- lt bm, f-x, fos, dns in pt, Sh- a.a.

Ls- lt bm, lt gy, f-x, s/ dns, fos, Sh- gy.

Sh- dk gy, blk, carb, Ls- a.a.

Ls- lt bm, f-x, fos, NS, NV por.

Ls- bm, gy, f-x, fos, sli chty, w/ Sh- gy, blk.

Ls & Sh- a.a.

Sh- gy, gm, red, Ls- a.a.

Sh- a.a., s/ Ss- lt gy, f-gm, arg calc, fri, NS, p por.

Sh- red, gy, gm, s/ Ss- lt bm, f-gm, calc, tr cht.

Sh- a.a., s/ Cht- wht, opq, fresh, NS.

Cht- wht, amber, lt bm, trans to opq, mostly fresh, no odor, few pieces w/ lt stn and fluor.

Cht- a.a., few pieces w/ lt stn, fluor, pp por, vySSFO when broken.

Cht- wht, opq, s/ wea w/ pp por, lt stn, fluor.

Cht- wht, opq, mostly fresh, NS.

Altamont 2376' -997

Bit balled up.
Trip bit @ 2387'.
Back drilling 5:00 pm 7-18-24

Pawnee 2406' -1027

Cherokee 2468' -1089

Mississippi 2517' -1138

C.F.S. @ 2515' 10-20-30 min.

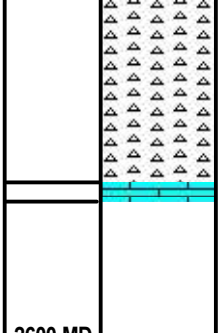
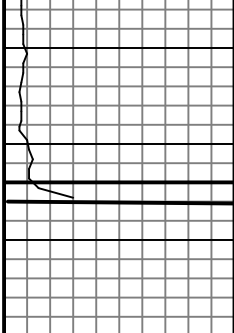
C.F.S. @ 2530' 10-20-30 min.

C.F.S. @ 2545' 10-20-30 min.

-CFS-

-CFS-

-CFS-



2600 MD

Cht- a.a.

Cht- a.a., tr Ls- lt bm, f m-x, dns.

Mississippi Lime 2584' -1205

R.T.D. 2586' -1207
9:45 pm 7-18-24



HURRICANE SERVICES INC

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

Customer:
C & G DRILLING INC
701 EAST RIVER ST
EUREKA, KS 67045

Invoice Date: 7/19/2024
Invoice #: 0377776
Lease Name: Clofton
Well #: 1
County: Butler, Ks
Job Number: EP14232
District: Eureka

Date/Description	HRS/QTY	Rate	Total
New Hole Plug	0.000	0.000	0.00
Depth Charge 0'-500'	1.000	1,000.000	1,000.00
Heavy Equipment Mileage	50.000	4.000	200.00
Light Eq Mileage	50.000	2.000	100.00
Cement Pozmix 60/40	105.000	16.000	1,680.00
Bentonite Gel	360.000	0.400	144.00
Ton Mileage	235.000	1.500	352.50
Service Supervisor	1.000	275.000	275.00

Net Invoice 3,751.50
Sales Tax: 186.94
Total 3,938.44

VH
6710
7-30-20

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

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

Customer:
C & G DRILLING INC
701 EAST RIVER ST
EUREKA, KS 67045

Invoice Date: 7/16/2024
Invoice #: 0377774
Lease Name: Clofton
Well #: 1 (New)
County: Butler, Ks
Job Number: EP14179
District: Eureka

Date/Description	HRS/QTY	Rate	Total
Surface	0.000	0.000	0.00
Depth Charge 0'-500'	1.000	1,000.000	1,000.00
Heavy Equipment Mileage	50.000	4.000	200.00
Light Eq Mileage	50.000	2.000	100.00
Cement Class A	125.000	20.000	2,500.00
Calcium Chloride	350.000	0.750	262.50
Bentonite Gel	235.000	0.450	105.75
Cello Flake	30.000	1.750	52.50
Ton Mileage	309.000	1.500	463.50
Service Supervisor	1.000	275.000	275.00

VAE
6710
7-30-24

Total 4,959.25

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!

