KOLAR Document ID: 1793602

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	- DESCRIP	WEII &	IFASE
	INSIONI		$\mathbf{W} \mathbf{L} \mathbf{L} \mathbf{L} \boldsymbol{\alpha}$	LLASL

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas DH EOR	Total Vertical Depth: Plug Back Total Depth:
OG GSW	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Leastion of fluid diagonal if hould offeite:
EOR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date Recompletion Date	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:						

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Operator Nam	ie:			Lease Name:	Well #:
Sec	Twp	S. R	East West	County:	

Page Two

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 (Attach Additional Sh	Y	′es 🗌 No			og Formatio	n (Top), Depth a	and Datum	Sample		
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum	
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No							
		Rep	CASING ort all strings set-c		Ne	w Used rmediate, productio	on, etc.			
Purpose of String Size Hole Drilled			ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
[ADDITIONAL	CEMENTING /	SQU	EEZE RECORD				
Purpose:	Depth Top Bottom	Туре	e of Cement	# Sacks Use	d		Type and	Percent Additives		
Protect Casing Plug Back TD Plug Off Zone										
 Did you perform a hydra Does the volume of the Was the hydraulic fracture 	total base fluid of the	hydraulic fr	acturing treatment		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three		
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>			
Estimated Production Per 24 Hours	Oil	Bbls.	. Gas Mcf			Water Bbls. Gas-Oil Ratio Grav				
DISPOSITIO	N OF GAS:		METHOD OF			COMPLETION:			PRODUCTION INTERVAL:	
Vented Sold (If vented, Subn	Used on Lease		Open Hole		-	·	mingled	Тор	Bottom	
	foration Perform Top Botto		Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)					
TUBING RECORD:	Size:	Set At:		Packer At:						

Form	ACO1 - Well Completion
Operator	Patriot Oil Company, LLC
Well Name	WATTS 1-24
Doc ID	1793602

Casing

Purpose Of String		Size Casing Set	U U U	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	8.625	28	43	Portland	20	na
Production	7.875	5.5	17	1714	Thixo 1#PS	218	na

INVOICE#	PAGE						
25117	1.0						
INVOICE DATE							
3/20/2024							

True Enterprise 1326 North Main Street LeRoy, KS 66857

SOLD TO:

(620) 964-2514 ens ens

620-625-3607

D: Scott Owens Scott Owens 1274 202 Road Yates Center, KS 66783

Please Remit To:

True Enterprise, 1326 North Main, LeRoy, KS 66857

	Sim.	Cust.#	Sid.By	Туре	Order #		P.0		erms	
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CEMENT TREATMENT REPORT

CEMENT TREATMENT REPORT										
Cus	tomer:	Patriot C	Dil Com	pany	Well:		Watts #1-24	Ticket:	EP12978	
City,	State:				County:		Woodson, KS	Date:	4/3/2024	
Fiel	ld Rep:				S-T-R:		34-23-14	Service:	Longstring	
			. ·			249.4				
		le Information		Calculated SI	urry - Lead		Calc	ulated Slurry - Tail		
	e Size:		in		Blend:	Thixo 1#	PS	Blend:		
	Depth:				Weight:	13.9 pp	9	Weight:	ppg	
	g Size:				Water / Sx:		/ sx	Water / Sx:	gal / sx	
Casing					Yield:	1.79 ft ³		Yield:	ft ³ / sx	
Tubing /			in		Annular Bbis / Ft.:		s / ft.	Annular Bbis / Ft.:	bbs / ft.	
	Depth:		ft		Depth:	ft		Depth:	ft	
Tool / P					Annular Volume:	0.0 bb	5	Annular Volume:	0 bbls	
	Depth:		ft		Excess:			Excess:		
Displace	ement:	39.7	bbls		Total Slurry:	bb	5	Total Slurry:	0.0 bbls	
TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	Total Sacks:	SX		Total Sacks:	0 sx	
2:00 PM	1				On location held safety n	neeting				
2.00 FM	+		-		On location held salety i	neeting				
3:00 PM					Rig landed 5 1/2" casing	and moved				
0.001 1	4.0	150.0			Hooked to 5 1/2" casing		d circulation with 10 B	BL of fresh water		
	4.0	150.0			Mixed and pumped 12 Bl					
	4.0	200.0			Mixed and pumped 218s					
	4.0			-	Switched valves on plug			ines		
	4.0				Dropped the 5 1/2" rubbe					
	4.0			-	Displaced the rubber plu		. of fresh water/ Cemer	nt to surface		
	1.0	800.0			Landed plug with 800 PS					
				-	Released pressure to set					
4:45 PM	4.0				Knocked off well and wa	shed up equipr	nent			
1. A. A.										
5:00 PM					Left location				8	
								·		
	ļ		-							
							<u> </u>			
		-								
		CREW			UNIT			SUMMAR		
	menter:	Garret			97		Average Rate	Average Pressure	Total Fluid	
Pump Op		Nick E			209		3.6 bpm	325 psi	- bbls	
	Bulk #1:	Drew			189					
	3ulk #2:	Doug	0		136/128					