

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 _____
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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	Arcadian Resources, LLC
Well Name	UNRUH 1
Doc ID	1795719

All Electric Logs Run

DUAL INDUCTION
NEUTRON/DENSITY
MICROLOG
SONIC



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Arcadian Resources LLC

19-16-34 Scott, KS

313 E Kansas St
Glen Elder, KS 67446

Unruh #1

Job Ticket: 71814

DST#: 1

ATTN: Sean Deenihan

Test Start: 2024.06.27 @ 05:21:00

GENERAL INFORMATION:

Formation: **Altamont**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 07:31:10

Time Test Ended: 10:25:20

Test Type: Conventional Bottom Hole (Initial)

Tester: Martine Salinas

Unit No: 82

Interval: **4436.00 ft (KB) To 4520.00 ft (KB) (TVD)**

Reference Elevations: 3176.00 ft (KB)

Total Depth: 4520.00 ft (KB) (TVD)

3164.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 12.00 ft

Serial #: 8734 Outside

Press@RunDepth: 35.63 psig @ 4437.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2024.06.27 End Date: 2024.06.27

Last Calib.: 2024.06.27

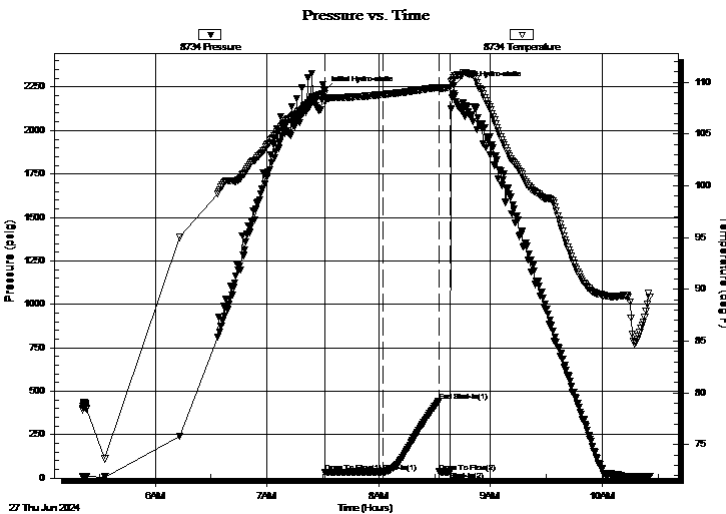
Start Time: 05:21:01 End Time: 10:25:20

Time On Btm: 2024.06.27 @ 07:31:00

Time Off Btm: 2024.06.27 @ 08:40:10

TEST COMMENT: 30-IF-1/4" blow dead @ 23 mins
30-ISI-No return
5-FF-No blow, Pull tool

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2228.96	108.93	Initial Hydro-static
1	33.20	108.12	Open To Flow (1)
31	35.63	108.83	Shut-In(1)
62	441.98	109.53	End Shut-In(1)
62	35.71	109.38	Open To Flow (2)
68	36.62	109.51	Shut-In(2)
70	2257.48	110.40	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	100% Mud	0.02

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Arcadian Resources LLC

19-16-34 Scott, KS

313 E Kansas St
Glen Elder, KS 67446

Unruh #1

Job Ticket: 71814

DST#: 1

ATTN: Sean Deenihan

Test Start: 2024.06.27 @ 05:21:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 60.00 sec/qt

Cushion Volume:

bbl

Water Loss: 9.39 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 6000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	100% Mud	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

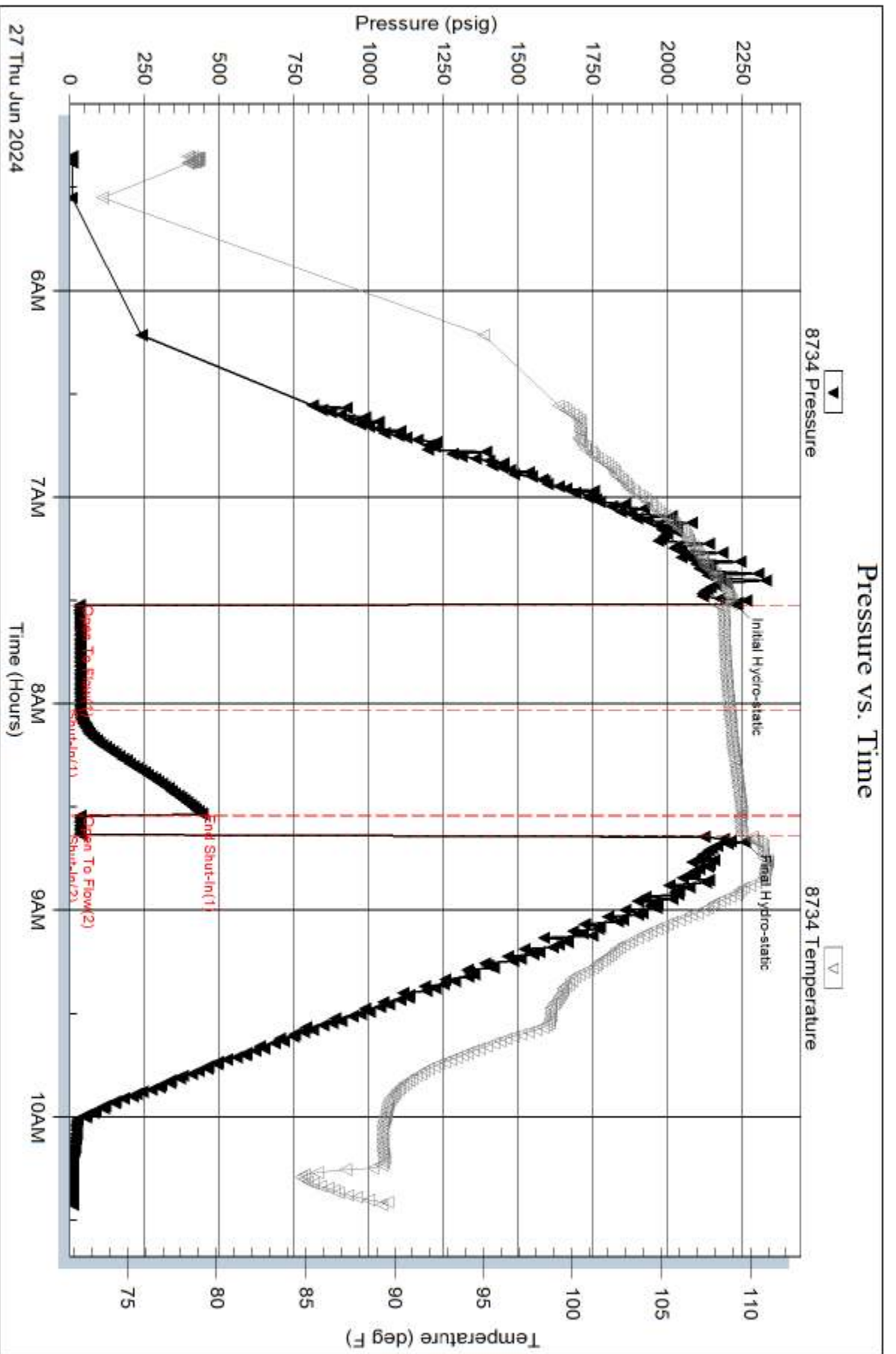
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



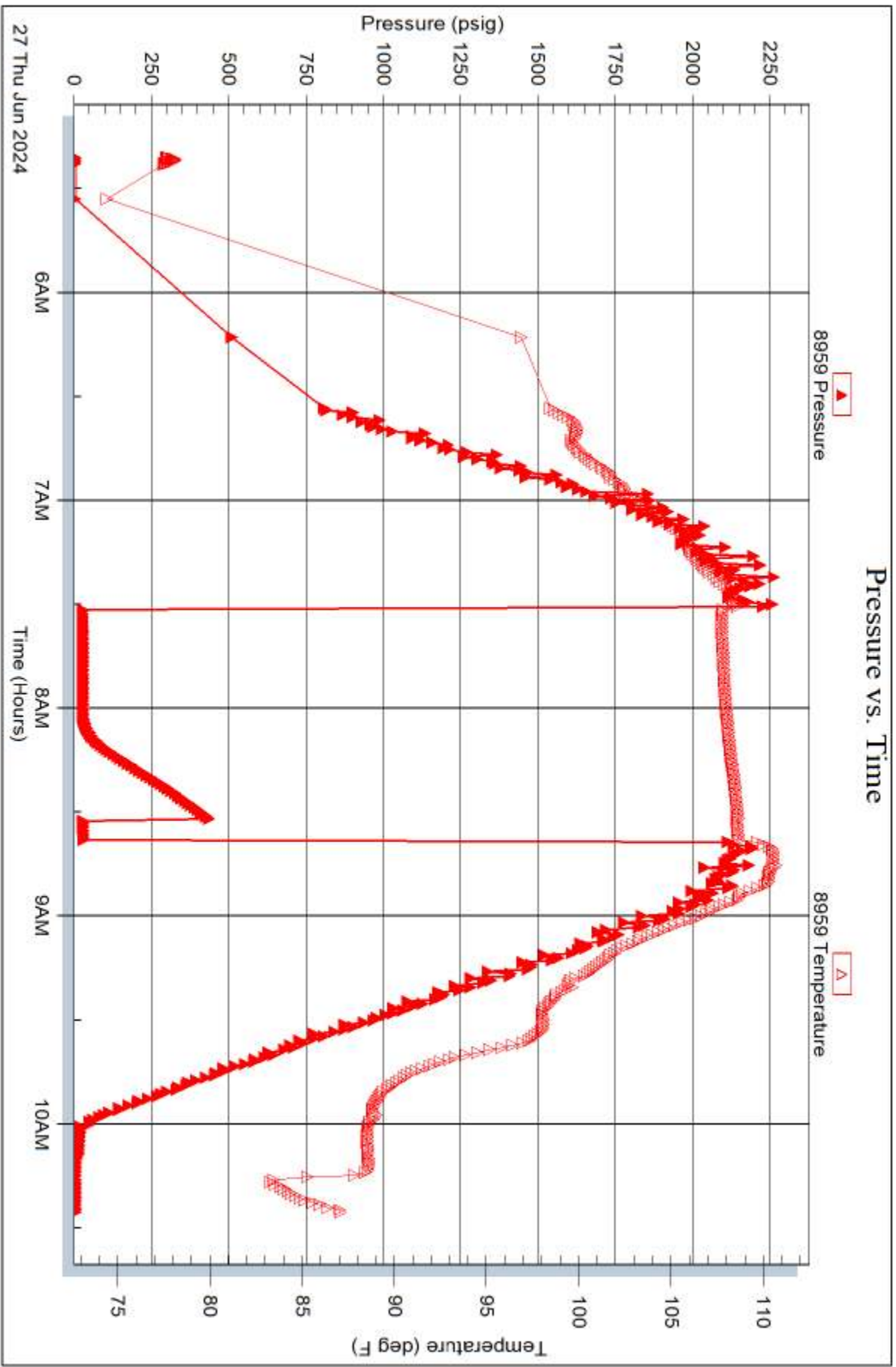
Serial #: 8959

Inside

Arcadian Resources LLC

Unruh #1

DST Test Number: 1





TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Arcadian Resources LLC

19-16-34 Scott, KS

313 E Kansas St
Glen Elder, KS 67446

Unruh #1

Job Ticket: 71815

DST#: 2

ATTN: Sean Deenihan

Test Start: 2024.06.27 @ 19:33:00

GENERAL INFORMATION:

Formation: **Pawnee**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 21:31:50

Time Test Ended: 00:30:30

Test Type: Conventional Bottom Hole (Reset)

Tester: Martine Salinas

Unit No: 82

Interval: 4528.00 ft (KB) To 4580.00 ft (KB) (TVD)

Reference Elevations: 3176.00 ft (KB)

Total Depth: 4580.00 ft (KB) (TVD)

3164.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 12.00 ft

Serial #: 8734 Outside

Press@RunDepth: 31.38 psig @ 4529.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2024.06.27

End Date:

2024.06.28

Last Calib.:

2024.06.28

Start Time: 19:33:01

End Time:

00:30:30

Time On Btm:

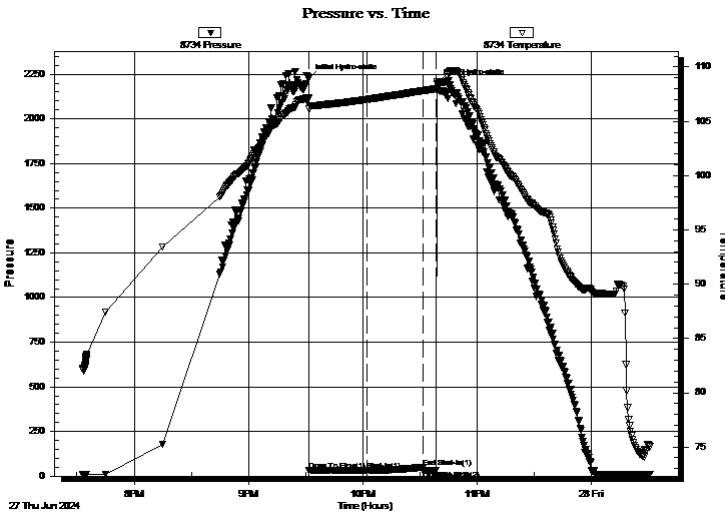
2024.06.27 @ 21:31:40

Time Off Btm:

2024.06.27 @ 22:39:00

TEST COMMENT: 30-IF-Weak surface blow dead @ 12 mins
30-ISI-No return
5-FF-No blow, Pull tools

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2225.31	107.14	Initial Hydro-static
1	30.47	106.14	Open To Flow (1)
31	31.38	107.01	Shut-In(1)
60	50.35	107.81	End Shut-In(1)
60	30.43	107.81	Open To Flow (2)
67	31.22	108.00	Shut-In(2)
68	2195.81	108.67	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
2.00	100% Mud	0.01

* Recovery from multiple tests

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Arcadian Resources LLC

19-16-34 Scott, KS

313 E Kansas St
Glen Elder, KS 67446

Unruh #1

Job Ticket: 71815

DST#: 2

ATTN: Sean Deenihan

Test Start: 2024.06.27 @ 19:33:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 50.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 10.19 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 8000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
2.00	100% Mud	0.010

Total Length: 2.00 ft Total Volume: 0.010 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

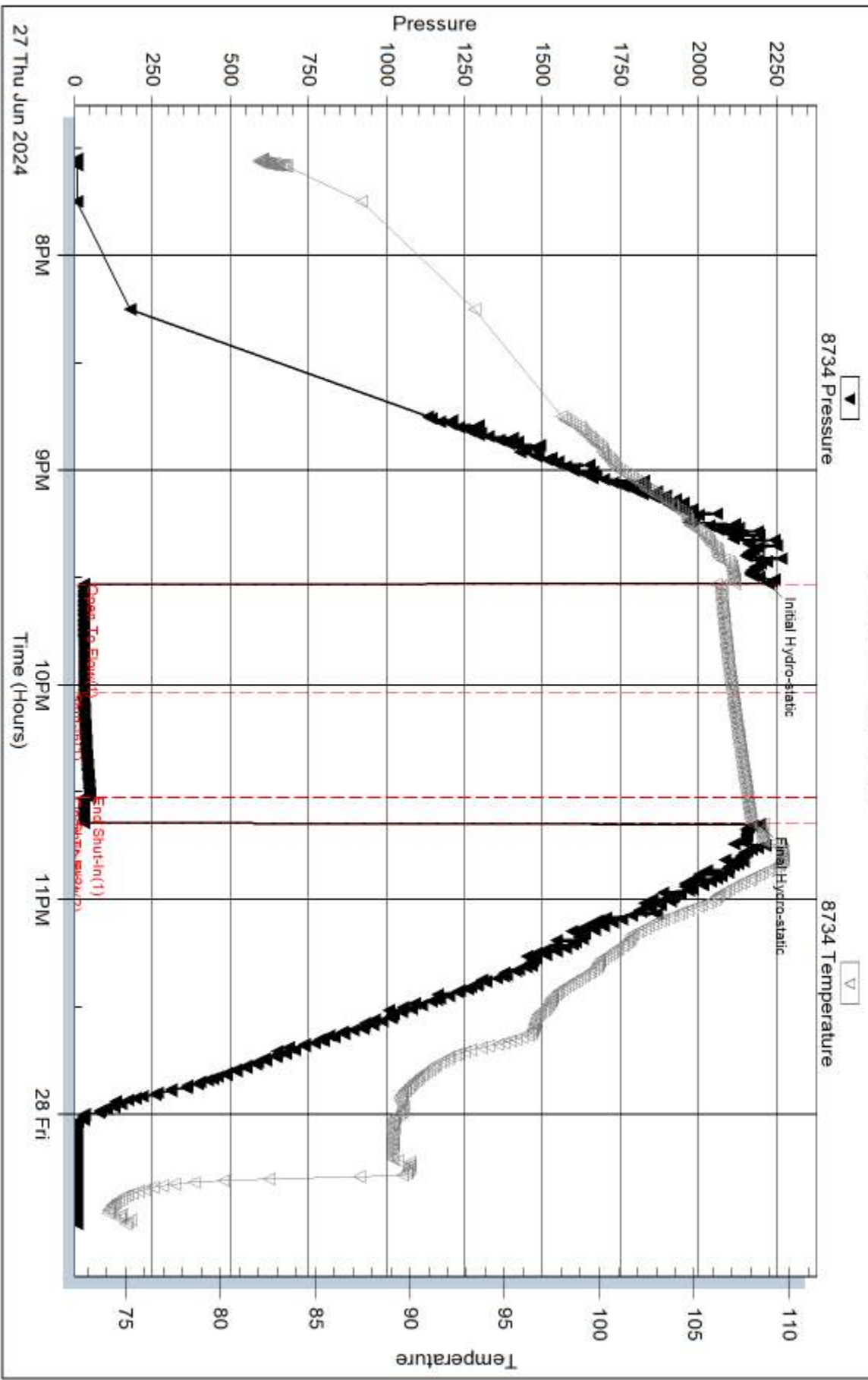
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time



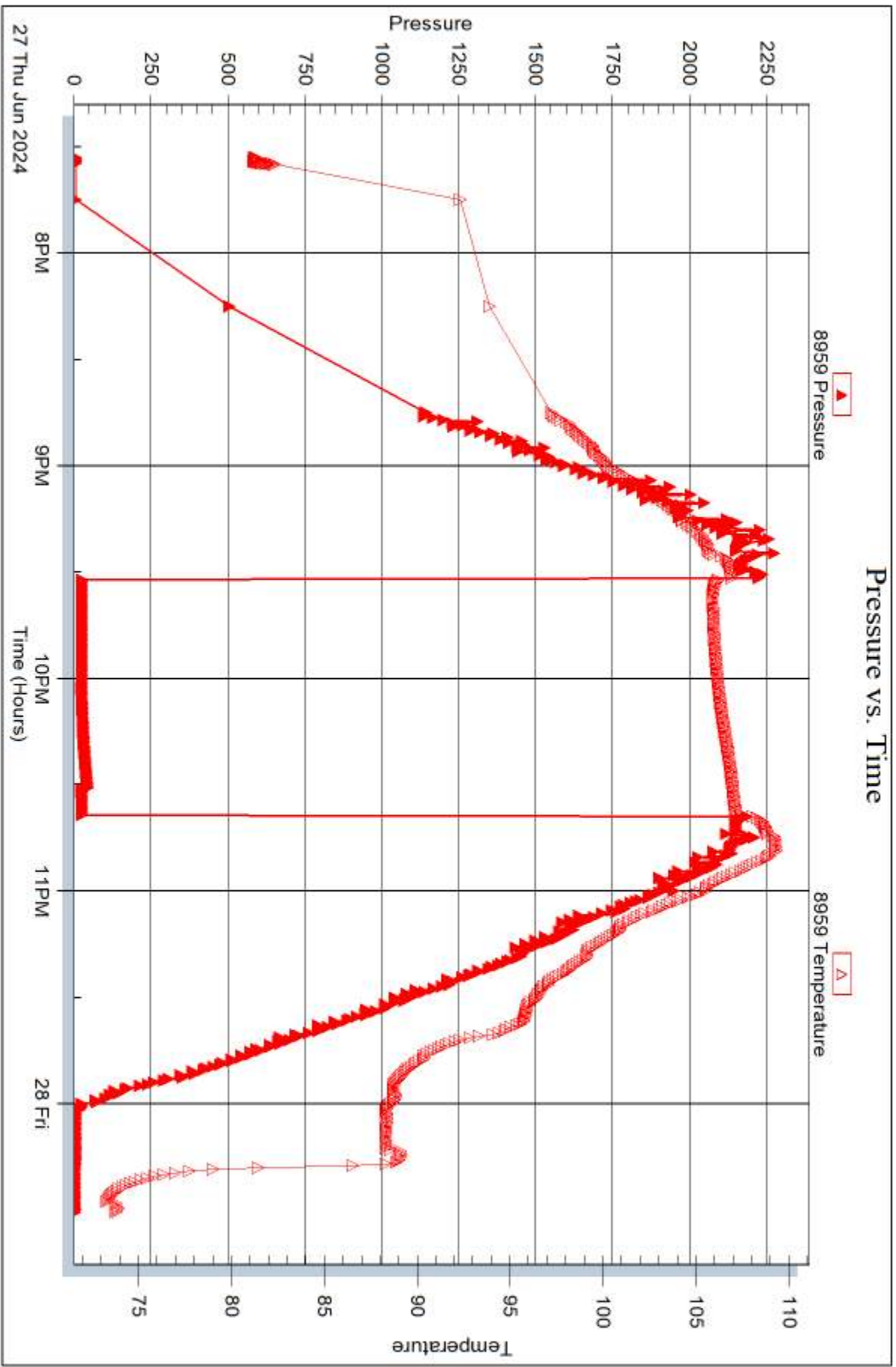
Serial #: 8959

Inside

Arcadian Resources LLC

Unruh #1

DST Test Number: 2



Triobite Testing, Inc

Ref. No: 71815

Printed: 2024.06.29 @ 07:15:02



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Arcadian Resources LLC

19-16-34 Scott, KS

313 E Kansas St
Glen Elder, KS 67446

Unruh #1

Job Ticket: 71816

DST#: 3

ATTN: Sean Deenihan

Test Start: 2024.06.28 @ 20:17:00

GENERAL INFORMATION:

Formation: **" Altamont B- Myric"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 21:59:10

Time Test Ended: 01:44:30

Test Type: Conventional Bottom Hole (Reset)

Tester: Martine Salinas

Unit No: 82

Interval: 4514.00 ft (KB) To 4599.00 ft (KB) (TVD)

Reference Elevations: 3176.00 ft (KB)

Total Depth: 4868.00 ft (KB) (TVD)

3164.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 12.00 ft

Serial #: 8734 Outside

Press@RunDepth: 72.65 psig @ 4584.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2024.06.28

End Date:

2024.06.29

Last Calib.:

2024.06.29

Start Time: 20:17:01

End Time:

01:44:30

Time On Btm:

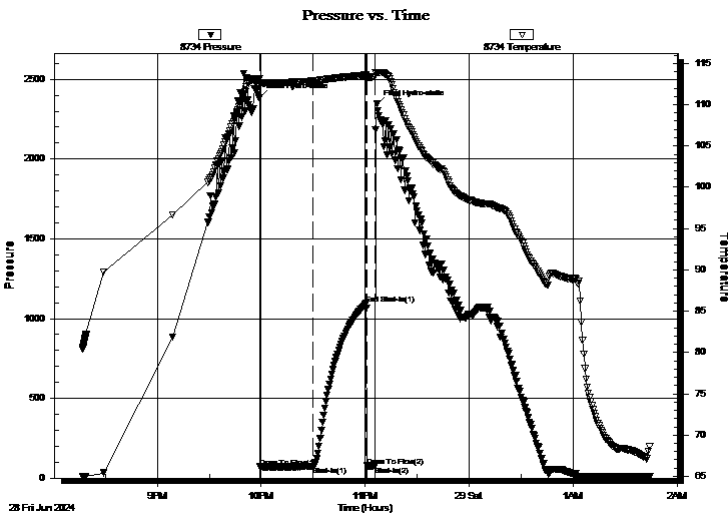
2024.06.28 @ 21:59:00

Time Off Btm:

2024.06.28 @ 23:06:40

TEST COMMENT: 30-IF-1/4" blow dead @ 27 mins
30-ISI-No return
5-FF-No blow, Pull tools

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2385.88	113.16	Initial Hydro-static
1	70.69	112.21	Open To Flow (1)
31	72.65	112.85	Shut-In(1)
62	1093.43	113.58	End Shut-In(1)
62	76.37	113.21	Open To Flow (2)
67	76.94	113.36	Shut-In(2)
68	2343.42	113.90	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	100% Mud	0.02

* Recovery from multiple tests

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Arcadian Resources LLC

19-16-34 Scott, KS

313 E Kansas St
Glen Elder, KS 67446

Unruh #1

Job Ticket: 71816

DST#: 3

ATTN: Sean Deenihan

Test Start: 2024.06.28 @ 20:17:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 61.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.19 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 6000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	100% Mud	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

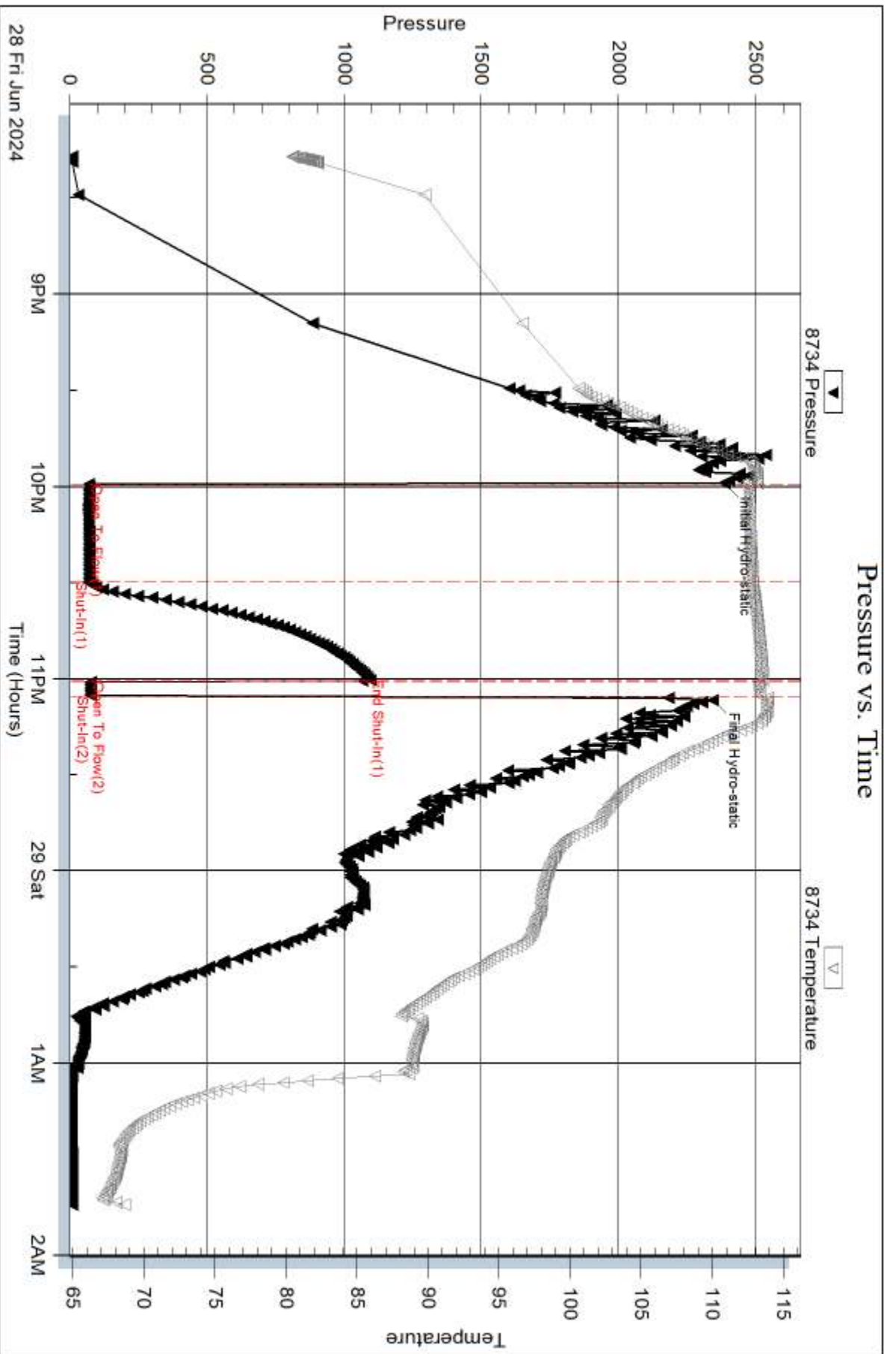
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



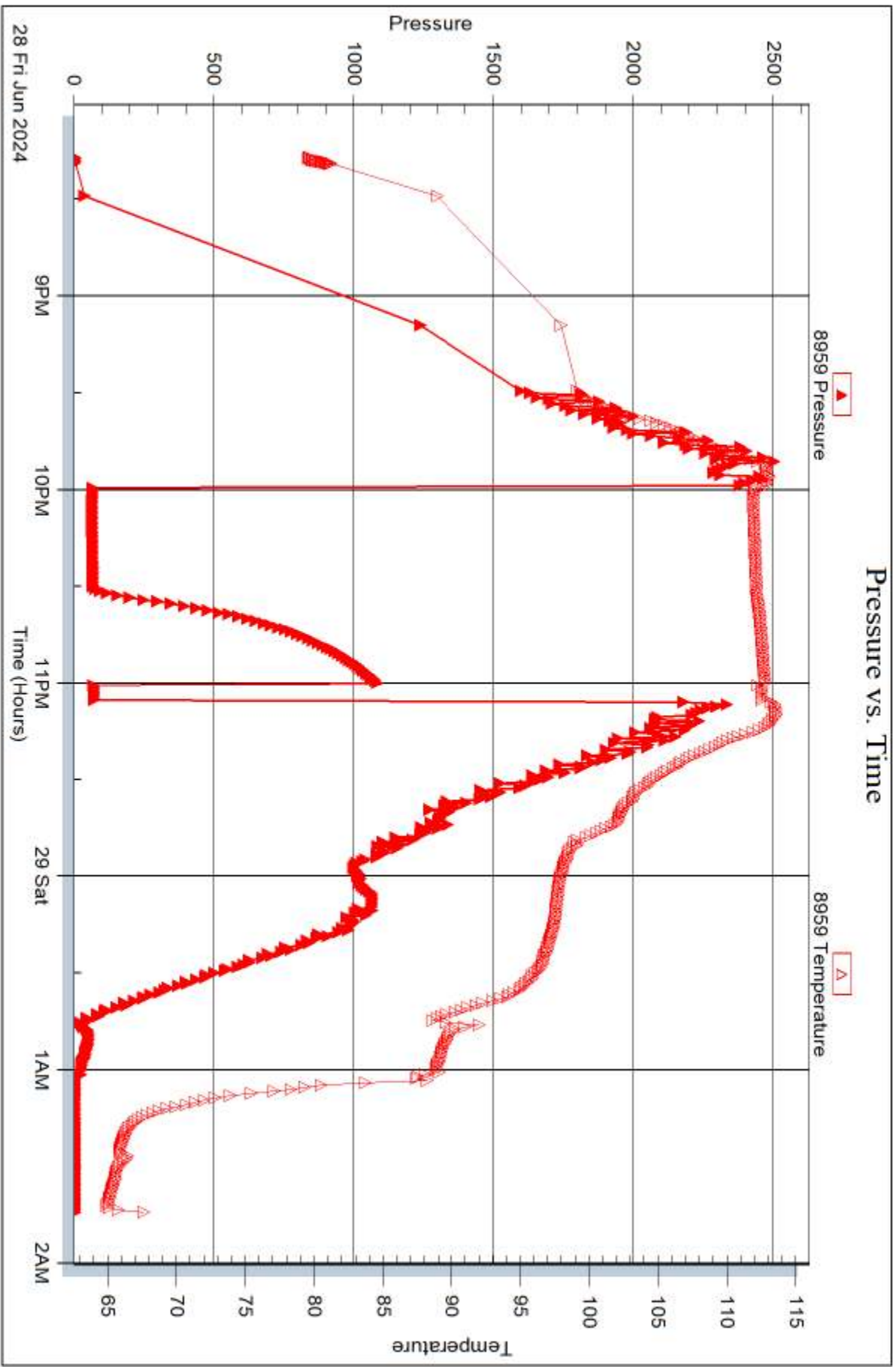
Serial #: 8959

Inside

Arcadian Resources LLC

Unruh #1

DST Test Number: 3



Trilobite Testing, Inc

Ref. No: 71816

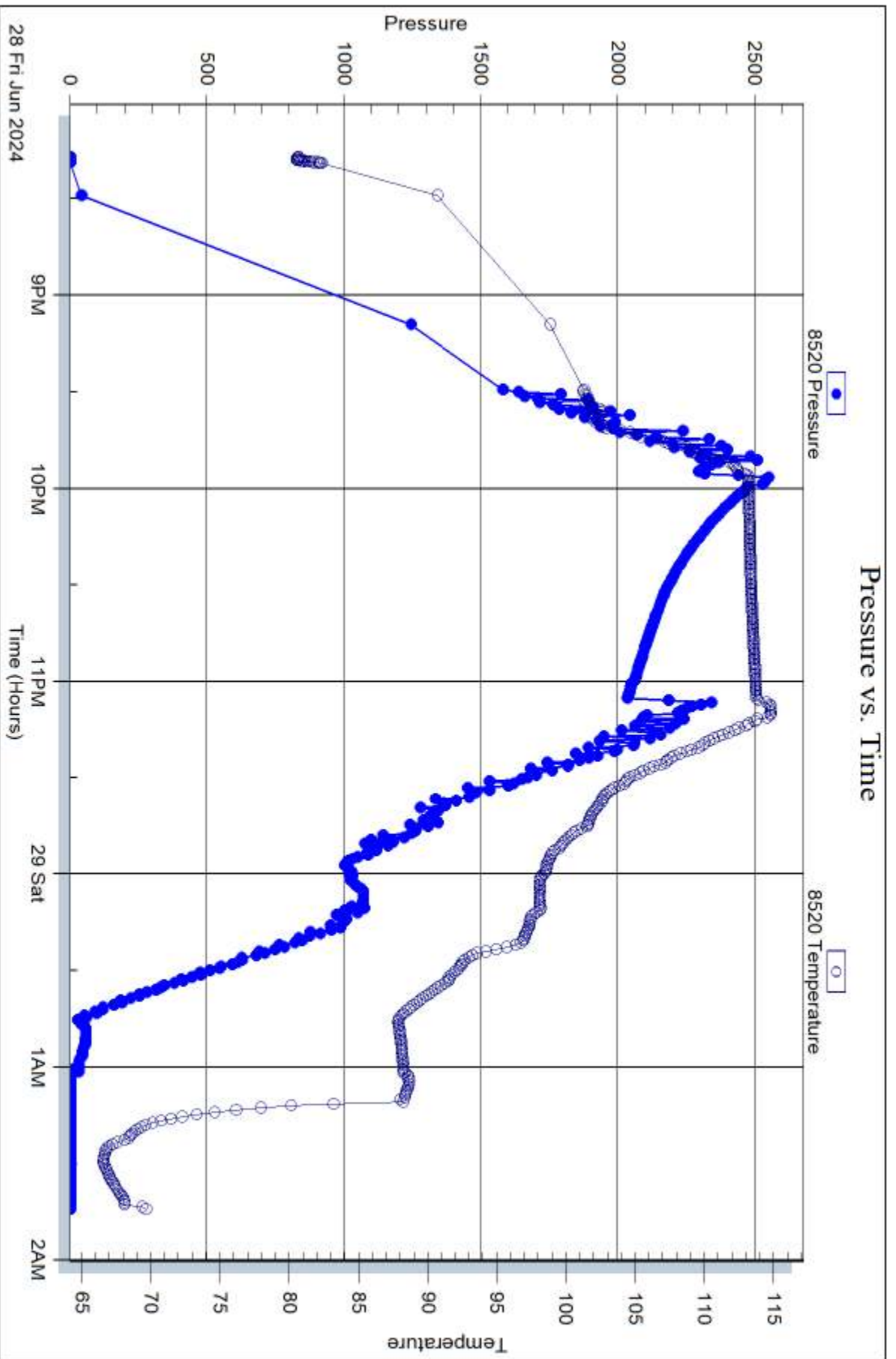
Printed: 2024.06.29 @ 07:16:10

Serial #: 8520

Below (Straddles) Resources LLC

Unruh #1

DST Test Number: 3



Trilobite Testing, Inc

Ref. No: 71816

Printed: 2024.06.29 @ 07:16:10



416 Main Street
 P.O. Box 225
 Victoria, KS 67671
 Office (785) 639-3949
 24 Hour Service Line (785) 639-7269

Invoice

Date	Invoice #
6/21/2024	1259

Please Pay from this Invoice.
 Remit Payment to:
 416 Main Street PO BOX 225
 Victoria, KS 67671
 Billing Questions-Call Tianna at
 (785) 639-3949
 Email: franksoilfield@yahoo.com

KCC License Number
 35469

Bill To
Arcadian Resources 313 E. Kansas St Glen Elder, KS 67446

County/State	Lease/Well#	Terms	Job Type
Scott County, KS	Unruh #1	Net 30	Surface

Description	Quantity	Rate	Amount
Pump Charge	1	1,150.00	1,150.00
Mileage	86	6.50	559.00
9.07 tons at 86 miles	780.02	1.50	1,170.03
Surface Blend	185	25.50	4,717.50T
Discount		-379.82	-379.82

Thank you!

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.

Subtotal	\$7,216.71
Sales Tax (8.5%)	\$380.94
Balance Due	\$7,597.65

We appreciate your business and look forward to serving you again!

FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 1259
 LOCATION Howe
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-21-24	35252	Unruh	19	16	34	Scott

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Aradian Resources LLC	103	Tom W		
	221	Connor D		

CITY	STATE	ZIP CODE

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 255 CASING SIZE & WEIGHT 8 3/8" 24#
 CASING DEPTH 255 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & set up on Double D. Circulate mud.
 M.V. 15534 342 - displace 14.2 Bbls & shut in 10:30 pm.
 cement did circulate

Thanks Tom & Connor

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL002	1	PUMP CHARGE <u>Surface</u>	\$1150 ⁰⁰	\$1150 ⁰⁰
MO01	86	MILEAGE	\$6.50	\$559 ⁰⁰
MO02	9.07 tons	Ton Mileage Delivery	\$1170 ⁰³	\$1170 ⁰³
CB004	15534	Class A 3900 290 gal	\$25 ⁵⁰	\$4,717 ⁵⁰
			subtotal	\$7,596 ⁵³
			less 5% disc.	\$379 ⁸²
			subtotal	\$7,216 ⁷¹
			SALES TAX	380.94
			ESTIMATED TOTAL	7597.65

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment 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.



416 Main Street
 P.O. Box 225
 Victoria, KS 67671
 Office (785) 639-3949
 24 Hour Service Line (785) 639-7269

Invoice

Date	Invoice #
6/29/2024	1265

Please Pay from this Invoice.
 Remit Payment to:
 416 Main Street PO BOX 225
 Victoria, KS 67671
 Billing Questions-Call Tianna at
 (785) 639-3949
 Email: franksoilfield@yahoo.com

KCC License Number
 35469

Bill To
Arcadian Resources 313 E. Kansas St Glen Elder, KS 67446

County/State	Lease/Well#	Terms	Job Type
Scott County, KS	Unruh	Net 30	PTA

Description	Quantity	Rate	Amount
Pump Charge	1	1,500.00	1,500.00
Mileage	87	6.50	565.50
12.91 tons at 87 miles	1,123.17	1.50	1,684.76
60/40 4% gel 1/4# floreal	290	17.35	5,031.50T
Discount		-439.08	-439.08

Thank you!

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.

We appreciate your business and look forward to serving you again!

Subtotal	\$8,342.68
Sales Tax (8.5%)	\$406.29
Balance Due	\$8,748.97

FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 1265

LOCATION Hesse

FOREMAN Jack Todt

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-29-24	35252	Unruh	19	16	34	Scott

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Arundson Resources LLC	103	Jack T		
	201	Chris K		

CITY	STATE	ZIP CODE

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

REMARKS: Safety meeting + set up on Double D. Plug as ordered.

- 1) 2490' - 50 sy
- 2) 1590' - 80 sy
- 3) 910' - 90 sy
- 4) 300' - 40 sy 60' - 20 sy
- 5) RH - 30 sy MH - 20 sy

Thanks For Jack & Chris

290 sy

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL005	1	PUMP CHARGE PTA	\$1500.00	\$1500.00
mod1	87	MILEAGE	\$6.50	\$565.50
mod2	12.91 tons	Ton Mileage Delivery	\$1,184.75	\$1,184.75
CBa10	290 sy	60/40 4% agl 1/4" Hesse	\$17.35	\$5,031.50
			sub total	\$8,781.75
			less 5% disc.	\$429.08
			sub total	\$8,342.67
			SALES TAX	406.29
			ESTIMATED TOTAL	8748.97

AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment 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.

Sean Deenihan

Petroleum Geologist

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

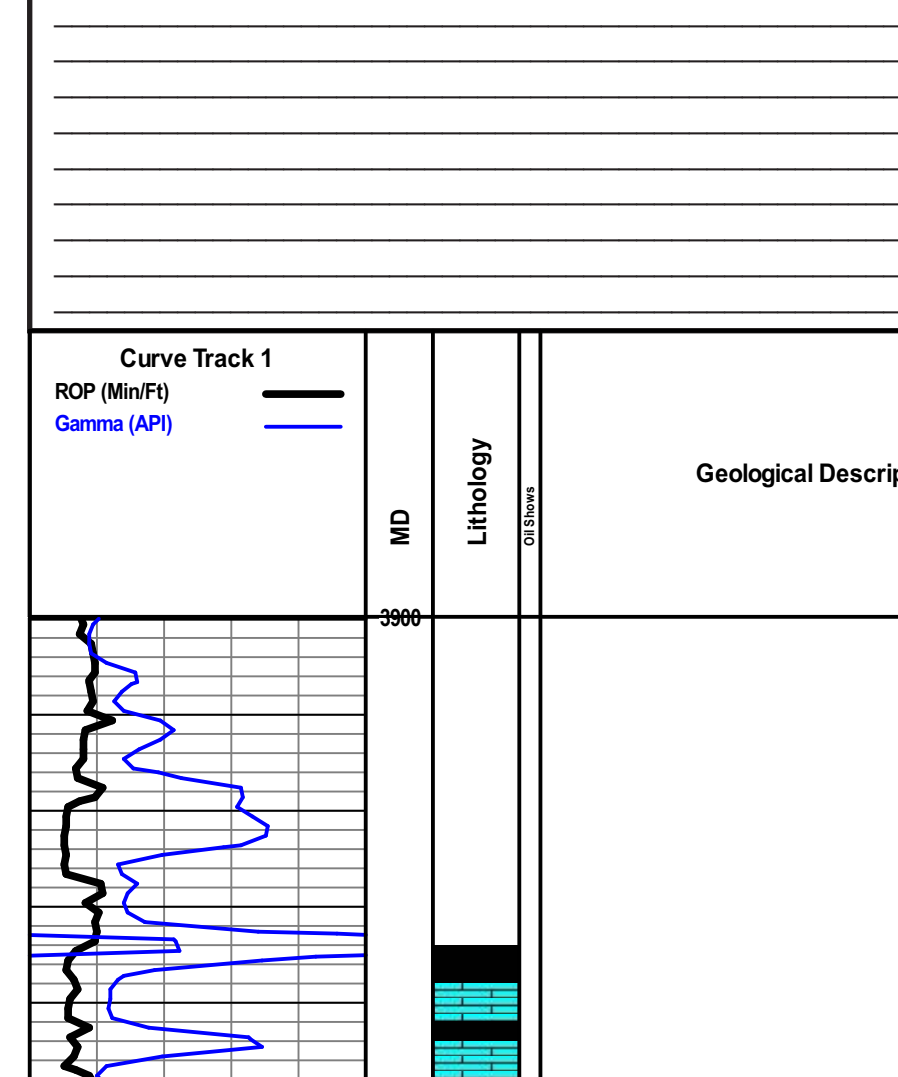
COMPANY **Arcadian Resources, LLC**
 LEASE **Unruh #1**
 FIELD **Wildcat**
 LOCATION **109° ESE & 2145' FEL**
 SEC **19 TWSP 16S RGE 34W**
 COUNTY **Trego STATE Kansas**
 CONTRACTOR **Double D Drilling**
 SPUD **6/18/24 COMP 6/28/24**
 RTD **4869' LTD 4867'**
 MUD UP **3400' TYPE MUD Chemical**

ELEVATIONS
 KB **3170'**
 DF _____
 GL **3163'**
 Measurements Are All From Kelly Bushing

SAMPLES SAVED FROM **3400'** TO **RTD**
 DRILLING TIME KEPT FROM **3400'** TO **RTD**
 SAMPLES EXAMINED FROM **3400'** TO **RTD**
 GEOLOGICAL SUPERVISION FROM **3400'**

CONDUCTOR _____
 SURFACE **8-5/8" at 250'**
 PRODUCTION _____
ELECTRICAL SURVEYS
 ELLI
CND/DIL. MIC/SON

Formation	Sample Tops	E-log Tops	Struct. Fes.
Heebner Sh.		3998 (-828)	
L ansing		4040 (-870)	
BK C		4438 (-1268)	
Marrion		4476 (-1306)	
Myrick Station		4575 (-1405)	
Cherokee Sh.		4620 (-1450)	



REMARKS The Unruh #1 was plugged and abandoned based on all the data.

Respectfully Submitted,

