

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	Mull Drilling Company, Inc.
Well Name	WEEDEN 1-28
Doc ID	1669078

All Electric Logs Run

SONIC
MICRO
DIL
CNDL



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Mull Drilling Company Inc.

28-21S12E Lyons Co

1700 N Waterfront Pkwy Bldg 1200
Wichita, Ks. 67206

Weeden 1-28

Job Ticket: 68409

DST#: 1

ATTN: Rusty Mourning

Test Start: 2022.06.17 @ 00:15:38

GENERAL INFORMATION:

Formation: **Cherokee Sand**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 03:02:28

Time Test Ended: 09:25:48

Test Type: Conventional Bottom Hole (Initial)

Tester: Eric Burgess

Unit No: 80

Interval: 1918.00 ft (KB) To 2050.00 ft (KB) (TVD)

Reference Elevations: 1240.00 ft (KB)

Total Depth: 2050.00 ft (KB) (TVD)

1232.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

Serial #: 8369 Outside

Press@RunDepth: 425.31 psig @ 1922.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2022.06.17 End Date: 2022.06.17

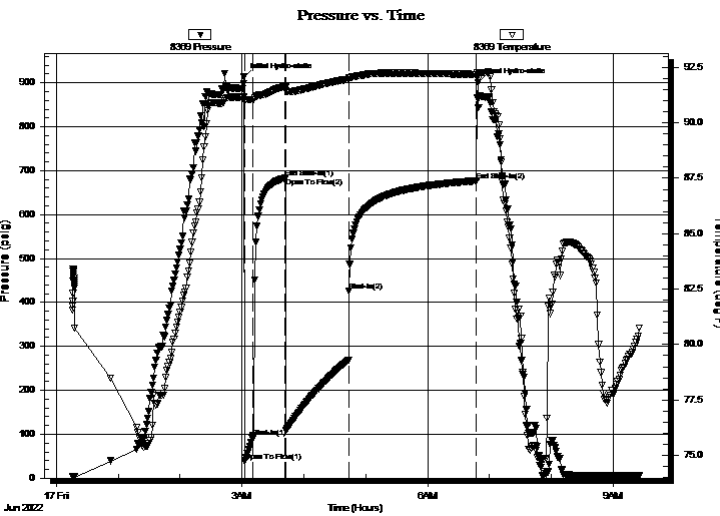
Last Calib.: 2022.06.17

Start Time: 00:15:39 End Time: 09:25:48

Time On Btm: 2022.06.17 @ 03:01:38

Time Off Btm: 2022.06.17 @ 06:49:08

TEST COMMENT: IF:Strong Building Blow built 17.78" (7)
IS:No Blow Back (30)
FF:Strong Building Blow built 53.78" (60)
FS:No Blow Back(120)



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	912.69	91.16	Initial Hydro-static
1	38.13	90.95	Open To Flow (1)
9	93.80	91.05	Shut-In(1)
41	683.16	91.62	End Shut-In(1)
41	683.33	91.62	Open To Flow (2)
103	425.31	92.02	Shut-In(2)
226	676.55	92.19	End Shut-In(2)
228	900.39	92.08	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
455.00	W 100%W	2.39
63.00	M 100%M	0.35

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Mull Drilling Company Inc.

28-21S12E Lyons Co

1700 N Waterfront Pkw y Bldg 1200
Witchita, Ks. 67206

Weeden 1-28

Job Ticket: 68409

DST#: 1

ATTN: Rusty Mourning

Test Start: 2022.06.17 @ 00:15:38

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: lb/gal

Cushion Length:

ft

Water Salinity:

24000 ppm

Viscosity: sec/qt

Cushion Volume:

bbbl

Water Loss: in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
455.00	W 100%W	2.394
63.00	M 100%M	0.345

Total Length: 518.00 ft Total Volume: 2.739 bbl

Num Fluid Samples: 0

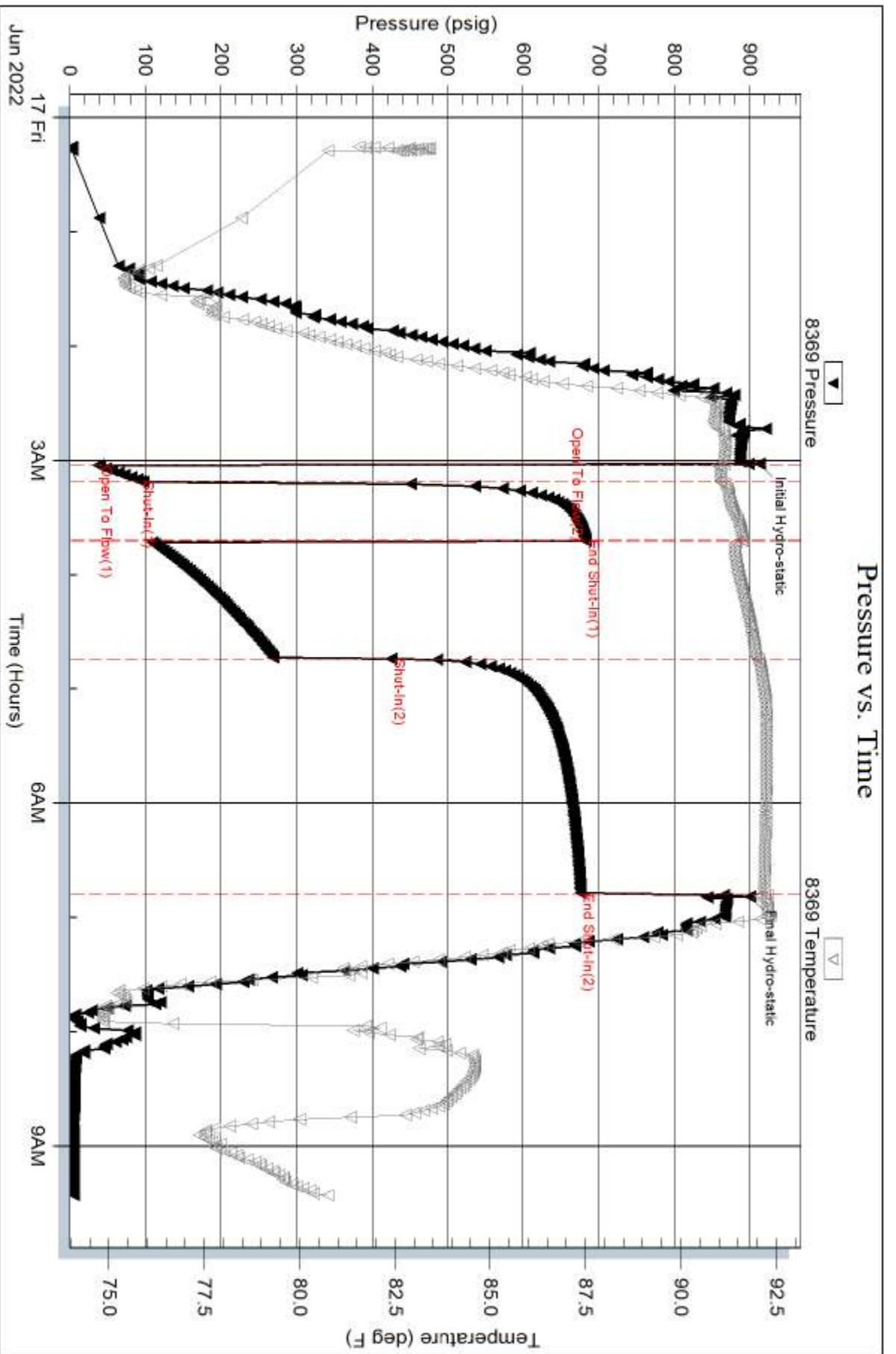
Num Gas Bombs: 0

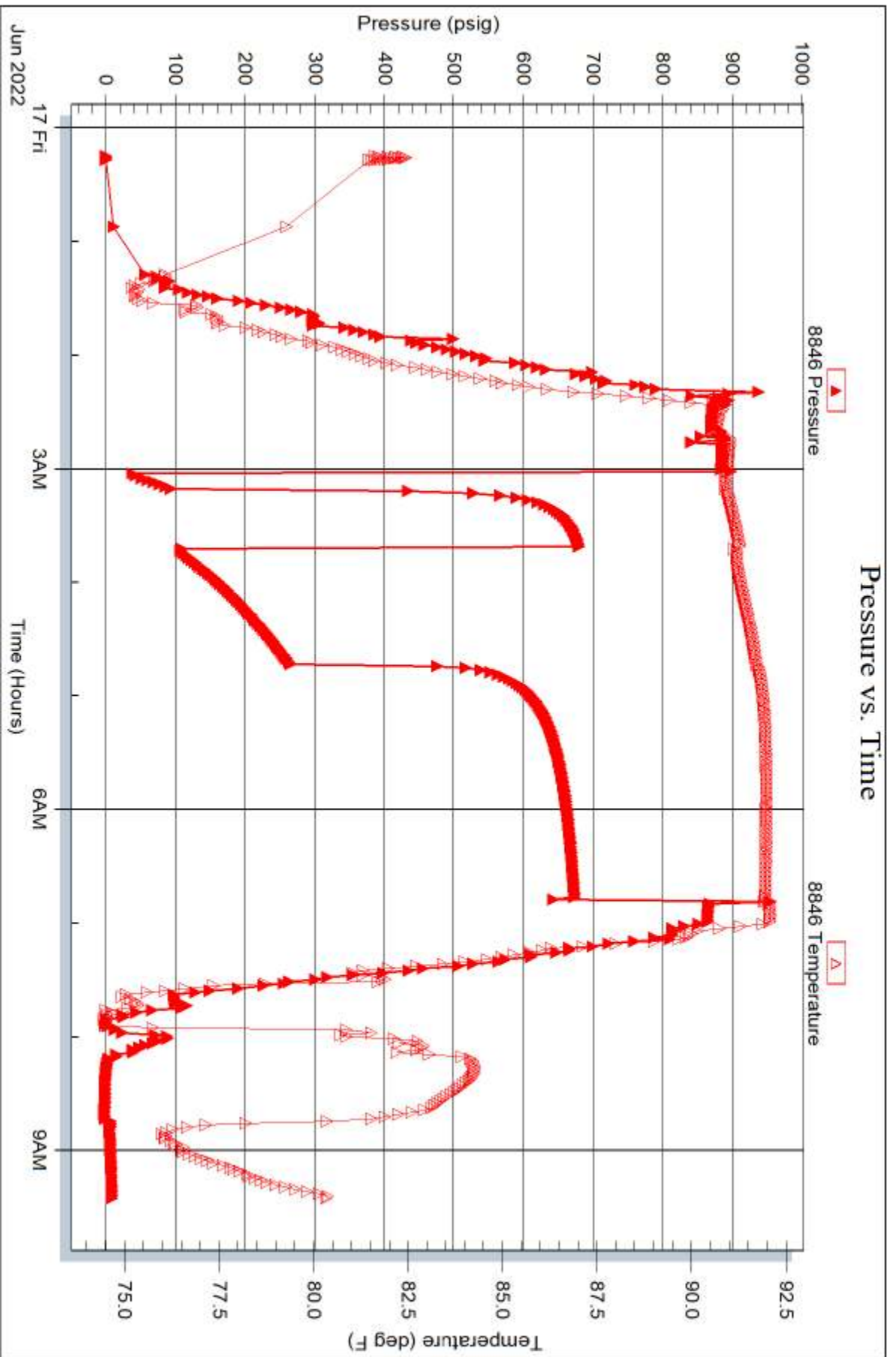
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **6470**
 Foreman David Gardner
 Camp Eureka

API# 15-111-20558

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
10-14-22	1397	Wooden #1-28	28	21 S.	12 E.	Lyon	KS
Customer			Safety Meeting	Unit #	Driver	Unit #	Driver
Mull Drilling Company, Inc			DG JH BW	105	Tyson		
Mailing Address				113	Prater		
1700 N. Waterfront Pkwy Bldg 1200							
City	State	Zip Code					
Wichita	KS	67206					

Job Type Surface Hole Depth 51' K.R. Slurry Vol. 12 Bbl Tubing _____
 Casing Depth 40.05' B.L. Hole Size 12 1/4" Slurry Wt. 15" Drill Pipe _____
 Casing Size & Wt. 8 5/8" Cement Left in Casing 15' +/- Water Gal/SK _____ Other _____
 Displacement 2 1/4 Bbl Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting: Rig up to 8 5/8" casing. Break circulation w/ 5 Bbl fresh water. Mixed 50 sac Class A Cement w/ 3% Lactz, 2% Gall @ 15" Gal, yield 1.35 = 12 Bbl slurry. Displace w/ 2 1/4 Bbl fresh water. Shut down. Class casing in. Acid cement returns to surface = 3 Bbl slurry to pit. Job complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C161	1	Pump Charge	950.00	950.00
C167	35	Mileage	5.00	175.00
C260	50 SKS	Class A Cement	18.55	927.50
C205	140#	Lactz 3%	.75	105.00
C206	45#	Gall 2%	.30	28.50
C105A	2.35 Tons	Tra Mileage - 35 miles	m/c	390.00
<u>Thank You</u>			Sub Total	2,576.00
			Less 5%	132.78
			Sales Tax	79.57

Authorization by Timmy Eulick Title C.A.G. Duty - Tool Pusher Total 2,522.79

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

LITHOLOGY STRIP LOG

WellSight Systems

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

Well Name: Weeden #1-28
 Well Id:
 Location: Lyon County, Kansas
 License Number:
 Spud Date:
 Surface Coordinates:
 Region:
 Drilling Completed:

Bottom Hole Coordinates:
 Ground Elevation (ft):
 Logged Interval (ft): To: K.B. Elevation (ft): 1238
 Formation:
 Type of Drilling Fluid: Total Depth (ft):

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

OPERATOR

Company:
 Address:

GEOLOGIST

Name: Rusty Mourning
 Company:
 Address:

Cores

DSTs

Comments

ROCK TYPES

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