Confidentiality Requested:
☑ Yes ☐ No

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
January 2018
Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 5003
Name: McCoy Petroleum Corporation
Address 1: 9342 E CENTRAL
Address 2:
City: WICHITA State: KS Zip: 67206 + 2573
Contact Person: Chuck Neuschafer
Phone: (316) 636-2737
CONTRACTOR: License # 35730
Name: Bearcat Well Service Inc
Wellsite Geologist: n/a
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: McCoy Petroleum Corporation
Well Name: Seele 'A' 1-2
Original Comp. Date: 2/19/2003 Original Total Depth: 4785
☐ 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 #:

8/2/2024		8/6/2024
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-109-20698-00-01
Spot Description:
__ - __ - NE - SE Sec. 2 Twp. 11 S. R. 34 ☐ East ☑ West
1980 Feet from ☐ North / ☑ South Line of Section
660 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
GPS Location: Lat: ____ *(e.g. xx.xxxxx)*, Long: ____ *(e.g. -xxx.xxxxx)*
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Logan
Lease Name: SEELE A Well #: 1-2
Field Name:
Producing Formation: Toronto
Elevation: Ground: 3203 Kelly Bushing: 3208
Total Vertical Depth: 4785 Plug Back Total Depth: 4739
Amount of Surface Pipe Set and Cemented at: 260 Feet
Multiple Stage Cementing Collar Used? ☑ Yes ☐ No
If yes, show depth set: 2712 Feet
If Alternate II completion, cement circulated from: 2712
feet depth to: 0 w/ 415 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: 10/07/2024
☐ **Confidential Release Date:** 10/07/2026
☐ **Wireline Log Received** ☐ **Drill Stem Tests Received**
☐ **Geologist Report / Mud Logs Received**
☐ **UIC Distribution**
ALT ☐ **I** ☑ **II** ☐ **III** **Approved by:** Kelsey Cox **Date:** 10/08/2024