### KOLAR Document ID: 1797978

Confiden	tiality Requested	:
Yes	No	

OPERATOR: License # \_\_\_\_

**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

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.xxxx) (e.gxxx.xxxx)
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 ☐ GSW	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD         Permit #:	Location of fluid disposal if hauled offsite:
EOR         Permit #:           GSW         Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:

County:

Spud Date or **Recompletion Date** 

Date Reached TD

Completion Date or **Recompletion Date** 

> **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 I II Approved by: \_ Date: \_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp.\_\_\_\_ S. R. \_\_\_\_ East West

\_\_\_\_ 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

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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.

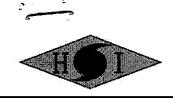
Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken (Attach Additional Sh	acate)	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	Siz	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	Type of Cement # Sacks		d	Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone									
<ol> <li>Did you perform a hydra</li> <li>Does the volume of the</li> <li>Was the hydraulic fracture</li> </ol>	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	oducing Method:       Flowing     Pumping     Gas Lift     Other (Explain)					
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water Bbls. Gas-Oil Ratio G				
DISPOSITIO	N OF GAS:		METHOD OF			TION:		PRODUCTION INTERVAL: Top Bottom	
Vented Sold (If vented, Subn	Used on Lease		Open Hole Perf.		Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)		•	юр	
Shots Per         Perforation         Perforation         Bridge Plug         Bridge Plug         Acid, Fracture, Shot, Cementing Squeez           Foot         Top         Bottom         Type         Set At         (Amount and Kind of Material Use)									
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Owens Oil Company, LLC
Well Name	DEHLINGER A 12 A
Doc ID	1797978

# Casing

	Size Hole Drilled	Size Casing Set		Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	25	125	Portland	100	na
Production	7.875	5.5	15.5	2174	Poz-Mix	150	na
Liner	5.5	3.5	7.583	1740	Poz-Mix	220	na



### CEMENT TREATMENT REPORT

CEMENT TRE	ATMENT	REPO	RT							
Customer:	Owens Oi	l Comp	oany, LLC	Well: Dellinger A #12A Tic			Ticket:	t: EP11387		
City, State:	Yates Cer	nter, KS	8	County: GW, Ks Date:				11/13/2023		
Field Rep:	Bryson			S-T-R:	3 1/2 liner					
Downhole I						1				
Hole Size:				Calculated SIL	culated Slurry - Tail					
Hole Depth:	fi fi			Blend:	60/40 Pozmix A		• Blend:			
Casing Size:	5 1/2 ir			Weight:	14.8 ppg		Weight:	ppg		
Casing Depth:				Water / Sx:	5.6 gal / sx 1.24 ft <sup>3</sup> / sx		Water / Sx: Yield:	gal / sx ft <sup>3</sup> / sx		
Tubing / Liner:	3 1/2 ir			Yield: Annular Bbls / Ft.:	1.24 π / SX bbs / ft.		Annular Bbls / Ft.:	bbs / ft.		
Depth:	1740 ft			Depth:	ft		Depth:	ft		
Tool / Packer:				Annular Volume:	bbis		Annular Volume:	0 bbls ⇒		
Tool Depth:	fi			Excess:	DUIS		Excess:			
Displacement:		bls		Total Slurry:	49.0 bbls		Total Slurry:	0.0 bbls		
	•	TAGE	TOTAL	Total Sacks:	220 sx		Total Sacks:			
TIME RATE		BBLs	BBLs	REMARKS						
		-	-	Safety Meeting:						
			-	PBTD inside 5 1/2" casing	j = 1742'					
			_	3 1/2" OD liner set @ 1740						
			-	1		resh water w	/ good fluid returns to surf	ace		
				Mixed 175sx 60/40 Pozmi:	x cement w/ 2% CaCi, 2	% gel, 1# phe	no seal/sx @ 14.8#/gal, yie	ld 1.24 = 49bbl slurry		
			-	Shut down, wash out pun	np & lines, Stuff 3 1/2" n	ubber plug				
			-	Displace plug to seat w/ 1	6.2bbl fresh water, fina	pumping pre	essure 500psi, bump plug t	to 1000psi		
				Release pressure, float he				-		
			-	Good cement returns to s	urface on annulus of 3	1/2 & on 5 1/2	2			
			-	Rig up to annulus of 3 1/2	liner, Shut in annulus	of 5 1/2				
			-	Squeeze 45sx cement dov	wn annulus of 3 1/2 line	r to squeeze (	cement out hole in 5 1/2			
				Final squeeze pressure 4	00psi, shut annulus of 3	1/2 in @ 100	psi			
				Job Complete, Rig down						
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				· .						
	CREW			UNIT SUMMARY				Y		
Cementer:	<ul> <li>Kevin M</li> </ul>			1004		jə Rate	Average Pressure	Total Fluid		
Pump Operator:	Broker V			1203	0.0	bpm	psi	- bbis		
Bulk #1;						-				
Bulk #2:	Alan M			111						