

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 |
|---|---|------------------------------------|

| 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: | |
|----------------|-------|---------|------------|--|



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Sanguine Resources LLC

1-19-31 Scott,KS

2604 E 23RD Street
Hays,KS 67601

Carter #2

Job Ticket: 71817

DST#: 1

ATTN: Sean Deenihan

Test Start: 2024.07.05 @ 13:50:00

GENERAL INFORMATION:

Formation: **Krider**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 15:43:20

Time Test Ended: 21:42:39

Test Type: Conventional Bottom Hole (Initial)

Tester: Martine Salinas

Unit No: 82

Interval: 2741.00 ft (KB) To 2774.00 ft (KB) (TVD)

Reference Elevations: 2929.00 ft (KB)

Total Depth: 2774.00 ft (KB) (TVD)

2917.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 12.00 ft

Serial #: 8734 Outside

Press@RunDepth: 51.51 psig @ 2742.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2024.07.05 End Date: 2024.07.05

Last Calib.: 2024.07.05

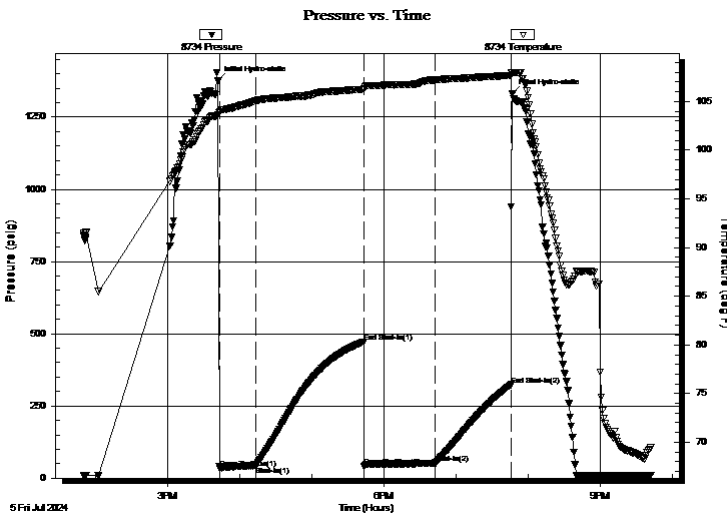
Start Time: 13:50:01 End Time: 21:42:40

Time On Btm: 2024.07.05 @ 15:42:00

Time Off Btm: 2024.07.05 @ 19:47:00

TEST COMMENT: 30-IF-B.O.B (11 inches) @ 22 mins (blow increased to 11 1/2"
90-ISI-No return
60-FF-Blow built to 4"
60-FSI- No return

PRESSURE SUMMARY



| Time (Min.) | Pressure (psig) | Temp (deg F) | Annotation |
|-------------|-----------------|--------------|----------------------|
| 0 | 1375.12 | 103.68 | Initial Hydro-static |
| 2 | 33.46 | 103.94 | Open To Flow (1) |
| 31 | 41.80 | 105.07 | Shut-In(1) |
| 121 | 471.97 | 106.24 | End Shut-In(1) |
| 122 | 40.98 | 106.26 | Open To Flow (2) |
| 181 | 51.51 | 107.22 | Shut-In(2) |
| 244 | 323.17 | 107.67 | End Shut-In(2) |
| 245 | 1331.08 | 107.92 | Final Hydro-static |

Recovery

| Length (ft) | Description | Volume (bbl) |
|-------------|------------------|--------------|
| 55.00 | HWCM 45%W, 55% M | 0.50 |
| | | |
| | | |
| | | |
| | | |

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Sanguine Resources LLC

1-19-31 Scott,KS

2604 E 23RD Street
Hays,KS 67601

Carter #2

Job Ticket: 71817

DST#: 1

ATTN: Sean Deenihan

Test Start: 2024.07.05 @ 13:50:00

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:

8500 ppm

Viscosity: 51.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 10.39 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 9000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

| Length ft | Description | Volume bbl |
|--------------|------------------|---------------|
| 55.00 | HWCM 45%W, 55% M | 0.498 |

Total Length: 55.00 ft Total Volume: 0.498 bbl

Num Fluid Samples: 0

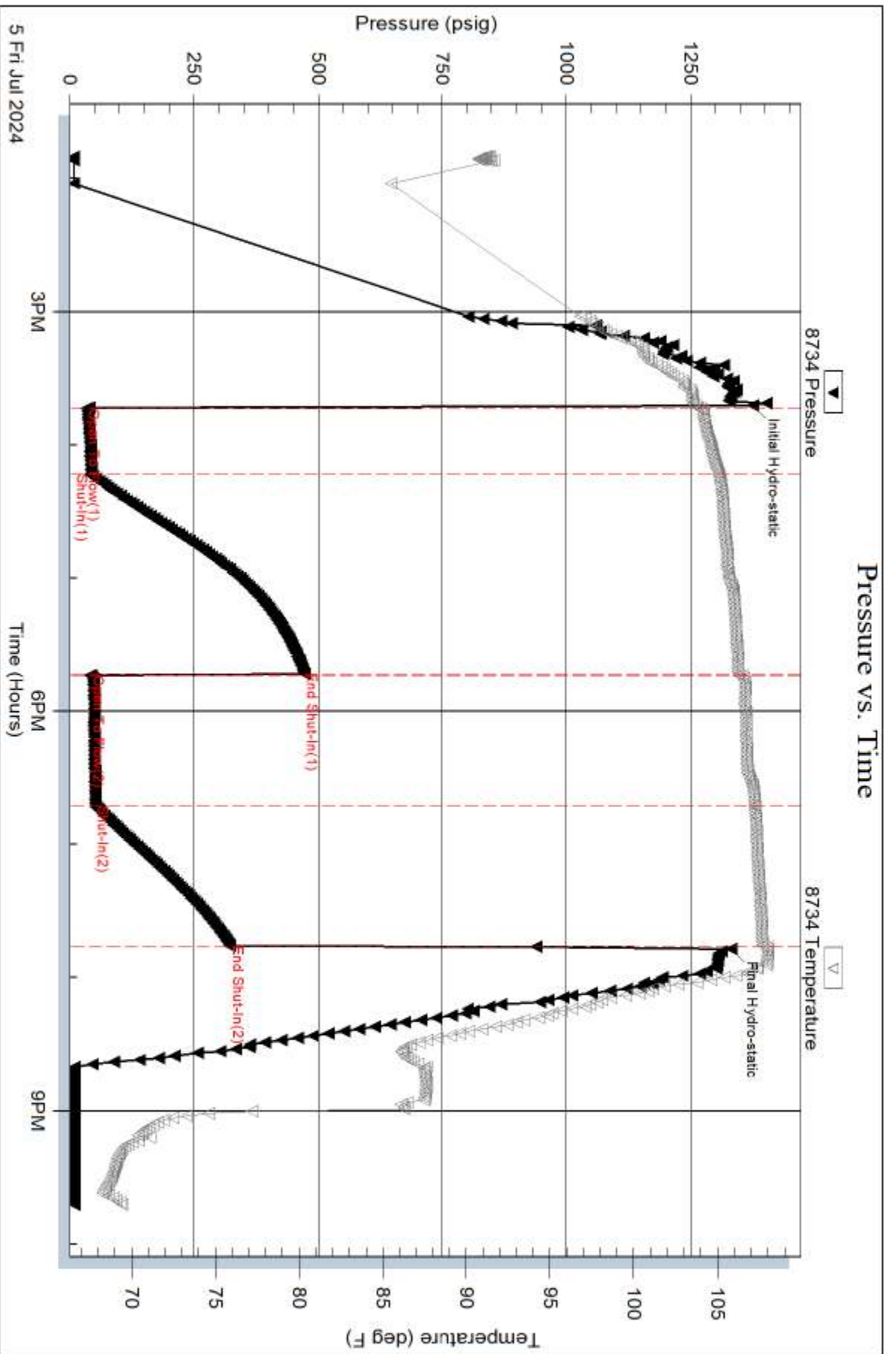
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: RW= .800 @ 67.0 degs = 8500 PPM



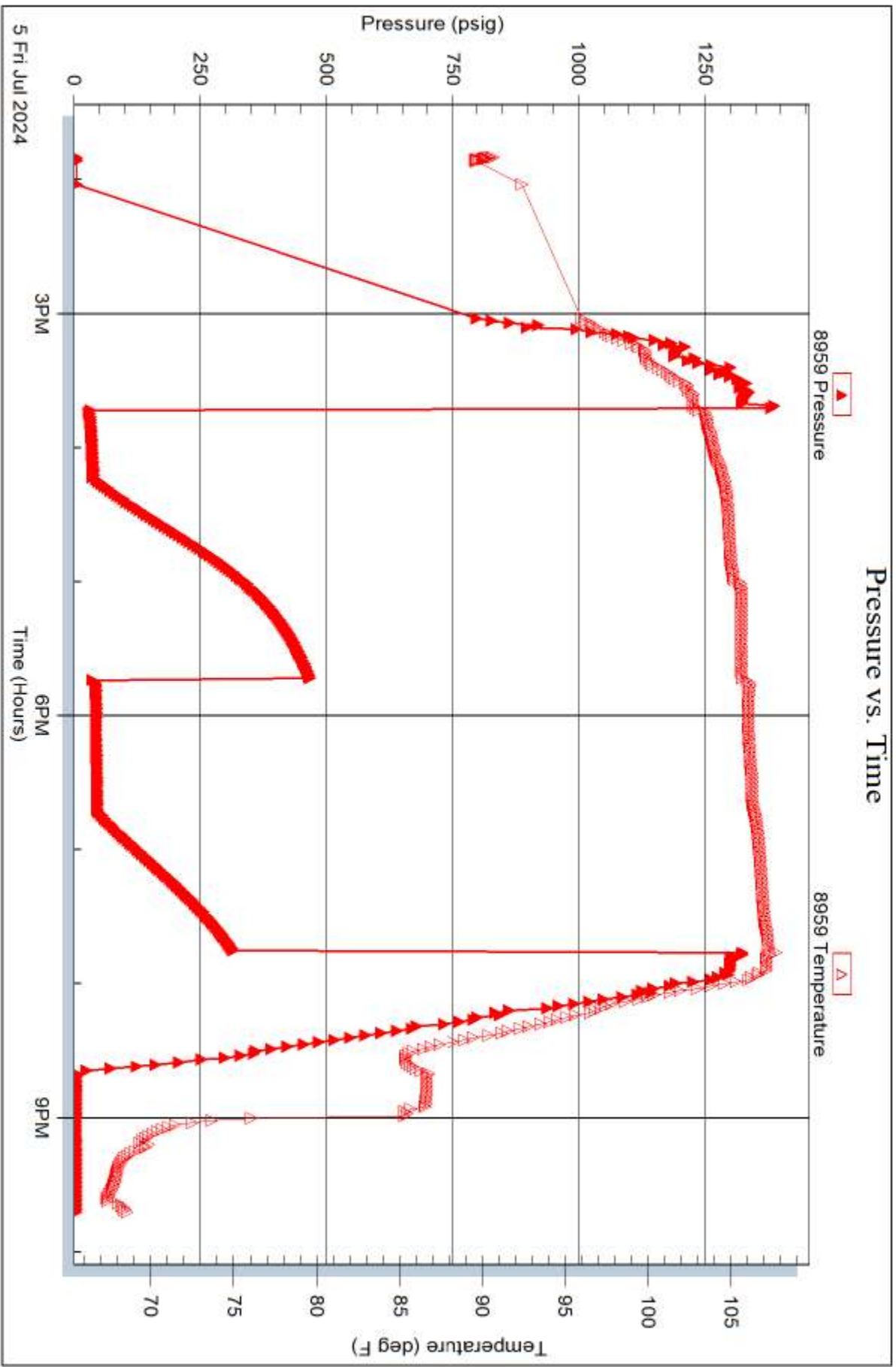
Serial #: 8959

Inside

Sanguine Resources LLC

Cartel #2

DST Test Number: 1



Triobite Testing, Inc

Ref. No: 71817

Printed: 2024.07.06 @ 08:14:05

FRANKS Oilfield Service

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

TICKET NUMBER 1270
 LOCATION Hoxie
 FOREMAN Tam Williams

FIELD TICKET & TREATMENT REPORT CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|------------------------------------|------------|--------------------|----------|----------|-------|--------|
| 7-6-24 | 36107 | Carter 2 | 1 | 19 | 31 | Scott |
| CUSTOMER Sanguine Resources LLC | | | | | | |
| MAILING ADDRESS | | | | | | |
| CITY | | STATE | ZIP CODE | | | |

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|---------|-----------|---------|--------|
| 103 | Tam W | | |
| 2-301 | Preston D | | |
| 203 | Carner D | | |

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

REMARKS: safety meeting. Ran float equipment + set upon track D.
Hooked up our head + circulated mud 1hr. Mix 500gal mud slash - Followed
by 20 bbls KCL water. Mix 175sf heavy. Followed by
plug RH + MH w/ 50sf. Pump 320yr lite down hole.
Wash up + displace. Followed by 175sf heavy. Wash up
Displace plug. Release pressure. Rack up

Charles Tarr + CW

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|----------------------|----------------------|
| PL004 | 1 | PUMP CHARGE <u>Long string</u> | \$2500 ⁰⁰ | \$2500 ⁰⁰ |
| MO01 | 81 | MILEAGE | \$6.50 | \$526.50 |
| MO02 | 27.19 tons | TMD | \$3303.58 | \$3303.58 |
| LB030 | 175 sf | Class A Gravel 2 bag / 100sf / 5sf | \$15.50 | \$5,112.50 |
| LB021 | 370 sf | 60/40 gravel 1/4" 5sf | \$17.95 | \$6,641.50 |
| FE048 | 1 | 4 1/2" Natch down plug Assembly | \$1400 ⁰⁰ | \$1400 ⁰⁰ |
| FE048 | 10 | 4 1/2" Turbolized | \$90 ⁰⁰ | \$900 ⁰⁰ |
| FE021 | 3 | 4 1/2" Basket | \$300 ⁰⁰ | \$900 ⁰⁰ |
| CP014 | 7 gal | KCL | \$30 ⁰⁰ | \$210 ⁰⁰ |
| CP013 | 500 gal | Mud Slash | \$1 ⁰⁰ | \$500 ⁰⁰ |
| FE101 | 3 | 4 1/2" stop ring | \$35 ⁰⁰ | \$105 ⁰⁰ |
| FC030 | 1 | 4 1/2" AFLA quarter sec | \$550 ⁰⁰ | \$550 ⁰⁰ |
| | | | sub total | \$21,907.83 |
| | | | less 5% disc. | \$1,095.39 |
| | | | sub total | \$20,812.44 |
| | | | SALES TAX | 1257.90 |
| | | | ESTIMATED TOTAL | 22070.35 |

AUTHORIZATION [Signature] TITLE _____ DATE _____

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.