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 # 36112
Name: Simminger, Robert John Jr
Address 1: 4037 RD 25
Address 2:
City: LUDELL State: KS Zip: 67744 + 4413
Contact Person: Robert J. Simminger Jr
Phone: (785) 626-4218
CONTRACTOR: License # 35909
Name: Northwestern Well Service LLC
Wellsite Geologist: Roger Moses
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: The Bill Bowman Oil Company
Well Name: Simminger SW 5
Original Comp. Date: 10/09/2015 Original Total Depth: 4384
☐ 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 #:

09/27/2024		10/18/2024
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-153-21155-00-02
Spot Description: NW SW SE SW
NW SW SE SW Sec. 18 Twp. 1 S. R. 32 ☐ East ☑ West
376 Feet from ☐ North / ☑ South Line of Section
3915 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: Rawlins
Lease Name: SIMMINGER SW Well #: 5
Field Name:
Producing Formation: L/KC
Elevation: Ground: 3002 Kelly Bushing: 3007
Total Vertical Depth: 4384 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 323 Feet
Multiple Stage Cementing Collar Used? ☑ Yes ☐ No
If yes, show depth set: 2766 Feet
If Alternate II completion, cement circulated from: 2766
feet depth to: 0 w/ 320 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:** Kelsey Cox **Date:** 12/27/2024

Page Two

Operator Name: Simminger, Robert John Jr Lease Name: SIMMINGER SW Well #: 5

Sec. 18 Twp. 1 S. R. 32 ☐ East ☑ West County: Rawlins

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 ☐ Yes ☑ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☑ No

Cores Taken ☐ Yes ☑ No

Electric Log Run ☐ Yes ☑ No

Geologist Report / Mud Logs ☐ Yes ☑ No

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
Anhydrite	2823	+184
Topeka	3812	-805
Lansing	3968	-961
B/KC	4232	-1225
TD	4384	-1377

CASING RECORD ☑ New ☐ 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
Surface	12.25	8.625	23	323	Common	200	3%cc/2%gel
Production	7.875	5.5	15.5	4381	Standard EA-2	175	10% salt

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
____ Perforate ____ Protect Casing ____ Plug Back TD ____ 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: 09/05/2024

Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☑ Other *(Explain)* disposing fluid

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION: ☐ Open Hole ☑ Perf. ☐ Dually Comp. *(Submit ACO-5)* ☐ Commingled *(Submit ACO-4)*

PRODUCTION INTERVAL:

Top	Bottom
3913	4203

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record *(Amount and Kind of Material Used)*
4	3913	3930			
4	4017	4020			
4	4038	4040			
4	4052	4055			
4	4200	4203	CIBP Cast Iron Bridge Plug	4268	

TUBING RECORD:	Size:	Set At:	Packer At:
	2.875	3894	3898

Mail to: KCC - Conservation Division, 266 N. Main, Suite 220, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Simminger, Robert John Jr
Well Name	SIMMINGER SW 5
Doc ID	1808387

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	323	Common	200	3%cc/2%gel
Production	7.875	5.5	15.5	4381	Standard EA-2	175	10% salt