KOLAR Document ID: 1812437

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 #	API No.:
Name:	Spot Description:
Address 1:	SecTwpS. R □East □ West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
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 #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	Quarter Sec TwpS. R
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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 III Approved by: Date:									

KOLAR Document ID: 1812437

### Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R [	East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery,  Digital electronic log
Drill Stem Tests (Attach Addit			Ye	es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name	)		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Y€  Y€	es No						
			Repo		RECORD [	Nev	w Used rmediate, producti	on. etc.		
Purpose of St		ze Hole Orilled	Siz	e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[	Depth	Typo	of Cement	# Sacks Use		EEZE RECORD	Typo a	nd Percent Additives	
Perforate Protect Ca Plug Back	Top	Bottom	туре	or cement	# Sacks Use	,u		туре а	ia reicent Additives	
Plug Off Z										
Did you perform     Does the volum     Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)		
Estimated Produc	otion	Oil Bb	le.	Flowing Gas	Pumping	Wate		ther <i>(Explain)</i> bls.	Gas-Oil Ratio	Gravity
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPO	OSITION OF GAS	S:		N	METHOD OF CO	MPLE.	TION:		PRODUCTIO	N INTERVAL:
Vented	Sold Use	d on Lease		Open Hole		Dually		nmingled	Тор	Bottom
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (Subi	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type	Bridge Plug Set At		Acid,		Cementing Squeeze Kind of Material Used)	Record
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	HG Oil Holdings, LLC
Well Name	GILBERT B 5
Doc ID	1812437

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	15	12.75	24	304	NA	275	NA
Production	7.875	5.5	14	3353	AC	75	Common
Liner	5.5	4.5	10.5	3230	Common	100	Common
Liner	4.875	4	9	3464	Pozimix	75	None

**COPELAND** 

**POST OFFICE BOX 438** HAYSVILLE, KS 67060 (316) 524-1225 (316) 524-1027 FAX

Page: 1 **Invoice** 

LEASE: GILBERT SWD B-5

Acid & Cement

BURRTON, KS . GREAT BEND, KS (620) 793-3366 (620) 463-5161 FAX (620) 793-3536 FAX (620) 463-2104

INVOICE NUMBER: C61173-IN

**BILL TO:** 

LITTLE CHIEF ENERGY **PO BOX 965** INDEPENDENCE, KS 67301-0965

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE	ORDER	SPECIAL IN	INSTRUCTIONS	
12/31/2024	61173 12/20/2024 GILBERT SWD				D B-5	NET 30		
QUANTITY	U/M	ITEM NO./D	ESCRIPTION		D/C	PRICE	EXTENSION	
12.00	MI	MILEAGE CEME	ENT PUMP TRUCK		0.00	6.00	72.00	
1.00	EA	PUMP CHARGE	LINER		0.00	1,150.00	1,150.00	
100.00	sĸ	COMMON CEM	ENT		0.00	18.25	1,825.00	
1.00	EA	4 1/2" SLIM HOI	LE FLOAT SHOE		0.00	285.00	285.00	
1.00	EACH	4 1/2" RUBBER	PLUG		0.00	65.00	65.00	
1.00	EA	BULK CHARGE	- MIN CHARGE		0.00	150.00	150.00	
1.00	М	BULK TRUCK -	TON MILES-MIN CH	HG	0.00	150.00	150.00	
REMIT TO: P.O. BO HAYSVII	X 438 LLE, KS 67060	FUEL SURCHAR MILEAGE PUM	COP  FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.			Net Invoice: CO Sales Tax:	3,697.00 277.20 <b>3,974.2</b>	
RECEIVED BY			NET 30 DAYS	<del></del>	-	Invoice Total:		

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas



FIELU ORDER

N<u>°</u> C

61173

BOX 438 - HAYSVILLE, KANSAS 67060

		310-324-1225		
IS AUTHORIZED BY	LITTLE CHIEF ENERGY		DATE	20-Dec 20 24
		(NAME OF CUSTO	MER)	
Address		City	State	KS
TO TREAT WELL AS FOLLOWS: Lease	GILBERT SWD	Well No. <u>B-5</u> _C	ustomer Order No.	
Sec. Twp.				
Range		County RENO	State	KS
Job Safety Analysis-  X Hard Hat H2S Monitor X Safety Shoes FR Clothing Hearing Protection	Hazards & Safety Procedures  X Gloves X Eye Protection Respiratory Protection Chemical/Acid PPE Fire Extinsuisher	Permits X Trip Hazard Fall Protection		

CODE	QUANTITY	DESCRIPTION		UNIT	AMOUNT
20 0002	12	Mileage P.T.		\$6.00	\$72.00
20.0005	1	PUMP CHARGE LINER		\$1,150.00	\$1,150.00
20.1001	100	Common Cement Sack		\$18.25	\$1,825.00
20.2013	1	4 1/2" Slim Hole Float Shoe		\$285.00	\$285.00
20.2019	1	4 1/2" RUBBER PLUG		\$65.00	\$65.00
				<del></del>	
				<del>                                     </del>	
<del></del>					
	-		<del></del>	<del>                                     </del>	
·····				<del>                                     </del>	
					<u> </u>
	100	Bulk Charge		A 41N 1	
<del></del>	28.2			MIN	\$150.00
		Bulk Truck Miles		MIN	\$150.00
<del>  </del>		Process License Fee on	Gallons	<del> </del>	
1 4/5 11 -4 (			TOTAL BILLING	Li	\$3,697.00

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland	Representative	GREG CURTIS	
Station	GB		LARRY RESSLER
Remarks	<del></del>		Well Owner Operator or Agent

### **NET 30 DAYS**

CONDITIONS. As a part of the consideration hereof it is agreed that Coperand Acid is to service or treat at cwners risk, the hereinbefore mentioned well and is not to be held tiable for any damage that may acroue in connection with said service or treatment. Coperand Acid Service has made no representation, expressed or impored, and no representations have been relied on, as to what may be the results or effect of the servicing or freating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.



### TREATMENT REPORT

								ACIO STARE NO.	
Date 1	2/20/2024	District GR				Amt		Sand Size	Pounds of Sand
	LITTLE CHIE		F.(	. No. 611/3	Bkdown	Bb! /Gal.		<del>.</del>	
	e & No. GILBER			<del></del>	┥	Bbi./Gai			
			Field		┥				
County	_		State KS	<del></del>		Bbl./Gal			
			1000 113			Bol./Gai			
Casing:	5ιτ <b>ο Δ</b> 1/	7 6.14	. 10.5		Treated from	1	1. to	ft. N	lo.ft ()
Formation	- 4 1/	Z type a w		Set at 3250 f	from	'	t. (o		o.ft. O
		<del></del>		to	from		t. to	ft. N	o. ft. 0
Epimation				to	Actual Volume of Oil	/ Water to Load Ho	le:		Bul./Gal.
formation			Perf						
Uner: Si	zeType &	& Wt	Top atf	Bottom atf	t. Pump Trucks. No	Used: Std	318 Sp.	ī	w.m
			fram	_ ` ``	Auxiliary Equipment			327	
lubing.	Size & Wt.		Swung at		Personnet GREG Ri	OSS			
	Perforated f	rom	ft to	ft	Auxiliary Tools				
_					Plugging or Sealing M	laterials: Type		COMMON	
Open Hole	5ize	T.D	fi.	P.B tofi				Gals	
									10
Company F	tepresentative		LARRY RE	SSLER	Treater		GREG C	LIDTIC	
TIME	PRES	SURES	Teast Stude D				O.KEO C	01113	
a.m./p.m.	Tubing	Casing	7 otal Fluid Pumpeo	<u>'</u>					
3:15				ON LOCATION					
				BREAK CIRCULA	TION WITH W	ATER TOO	( 5 DDI C	<del></del>	<del></del>
						A121, 1001	( ) DDE3		
				MIX 100 SKS CO	MMON				
1			<del></del>		TOTAL COLUMN	<del></del>			
			<del> </del>	RINSE PUMP AN	ID LINE OUT				
			<del>                                     </del>	TOTAL POWER AN	ID LINE OUT.				
<del>- 1</del>			<del> </del>	DICOLACE MITTE	F2 C P2 C C C				
+			<del> </del>	DISPLACE WITH	25'9 RRF2 H50	O, PLUG LAI	NDED. CEM	ENT DIDN'	T CIRCULATE
			<del></del>						
			<del></del>	TIE ON TO BACK	SIDE, PSI TO 1	.000#			
	<del></del>				·				
:30				JOB COMPLETE					
- <del></del>  -				<u> </u>				<del></del>	
	_			THANK YOU!!!			<del> </del>		
									- <del></del>
					·		· · · · · · · · · · · · · · · · · · ·		
						<del></del>			
				<del></del>			<del>-</del>	<del></del>	

COPELAND | POST OFFICE BOX 4300 HAYSVILLE, KS 67060

Acid & Cement

POST OFFICE BOX 438 (316) 524-1225 (316) 524-1027 FAX

Page: 1 Invoice

BURRTON, KS . GREAT BEND, KS (620) 463-5161

(620) 793-3366 

INVOICE NUMBER: C70933-IN

BILL TO:

LITTLE CHIEF ENERGY **PO BOX 965** INDEPENDENCE, KS 67301-0965 **LEASE: GILBERT B SWD #5** 

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE O	RDER	SPECIAL INSTRUCTIONS	
12/31/2024	70933		12/26/2024	GILBERT B SV	VD #5	NET 30	
QUANTITY	U/M	ITEM NO./DE	SCRIPTION		D/C	PRICE	EXTENSION
32.00	МІ	MILEAGE PUMP	TRUCK		0.00	6.00	192.00
1.00	EA	PUMP CHARGE	- ACID		0.00	650.00	650.00
750.00	GAL	20% NE/FE ACID	)		30.00	3.74	1,963.50
3.00	GAL	CORROSION IN	HIBITOR		30.00	50.00	105.00
1.00	LOT	TAXABLE PORTI	ION OF ACID/ADD		0.00	886.50	886.50
						:	
REMIT TO:			COP			Net Invoice:	3,797.00
P.O. BOX HAYSVILL	438 E, KS 67060		E IS NOT TAXABLE AND AND OR DELIVERY CHA		REN		129.64 3,926.64
RECEIVED BY		NET 30 DAYS					



FIELD ORDER

Nº C

70933

BOX 438 - HAYSVILLE, KANSAS 67060 316-524-1225

				DATE	26-Dec 20 2
S AUTHORIZI	ED BY	CON LIANC CLIOS E	v-67		
ddress			- (NAME OF CUS	TOMER)	<del></del>
	· <del>-</del>		City	State	KS
O TREAT WE	LL				
\$ FOLLOWS	Lease G	ILBERT B SWD	Well No. #5	_Customer Order No.	
ec Twp				_ castomer order ind.	
ange					
			County RENO	State	KS
Job Safety	Analysis-Ha	azards & Safety Procedures			
X H2S Monito			rmits p Hazard		
X Safety Short		Respiratory Protection Fa	ll Protection		
FR Clothing Hearing Pro	) otection	X Chemical/Acid PPE Fire Extinsuisher			
_ •					
CODE	QUANTITY	DESCRIP	TION	UNIT	AMOUNT
30.0002	32	Mileage Pump Truck		COST	
30.0003	1	Pump Charge-Acid		\$6.00 \$650.00	\$192.0
30.1029	750	20% NEFE Acid per Gal.		\$3.74	\$650.0
30.107	3	Inhibitor per Gal.		\$50.00	\$2,805.0
					\$150.00
				<del></del>	<del></del>
			<del></del>		·
				<del>-</del> -+	
				<del></del>	
			<del></del>		<del></del>
					-
Cortify that th	so obovo mot		TOTAL BIL	LING	\$3,797.00
nanner under	the direction	erial has been accepted and used; the	at the above service wa	as performed in a good	d and workmanlike
	the direction	, supervision and control of the owne	r, operator or his agent,	whose signature app	ears below
Copeland Rep	resentative	TIM DETTER	<del></del> .		
Station <u>GB</u>			IARRY	RESSLER	
			<u> </u>	Well Owner, Operator of	r Agent
Remarks					<b>→</b>

CONDITIONS. As a part of the consideration hereof it is agreed that Copeland Acid is to service or treat at owners risk, the here-inbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or freeting said well. The consideration of said service of Irealment is payable. There will be no discount allowed subsequent to such date, 8% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.



## TREATMENT REPORT

		<del></del>						Acid Stage No.	
Dare '	12/26/2024	D				Amt.	Type Fiord	Sand Size	Pounds of Sand
Compan	y HG OIL	District GB		D. No. 70933	Bkdown				
	ne & No GILBE	RT B-5 SWD			┥	9bi /Gai.			
Location Field					<del> </del>	Bbl./Gal.			
County RENO State KS									
					f	8bl./Gal		· · · · · · · · · · · · · · · · · · ·	
Casing:	Size 4 1/	2 Type & Wi	,	Set atft.	Treated from		ft. to	ft No.	ft. <u>0</u>
Formation	n:		Perf.	to	from from		fi 10		ft0
Formation							ft to	ft. No	ft. 0
Formation: Perf to Perf to					Actual Volume of Oil / Water to Load Hole: Bbi./Gai				
	ize Type i	2 WI	Ton at &						·
	Cemented: Yes	▼ Perforated	from	ft to	Pump Trucks. N	io Used: Std.	328 Sp.	Tw	in
					Auxiliary Equipment Personnel <b>TIM</b> DE				<del></del>
	Perforated f	r Orn	ft. to		Auxiliary Tools				<del>-</del> -
					_		<del></del>		<del></del>
Open Hole	Size	T.D	ft. (	P.B. to ft.	Plugging or Sealing !	Materials: Type _			
								Gals	tb.
Company	Representative		LARR	Υ	Treater		7114.00	Tree	
TIME	IE PRESSURES						TIM DI	EIIER	
a.m./p.m.	Tubing	Casing	- Total Fluid Pumped	1					
				ON LOCATION W	/ 750 GALS	20% NF-FF	& 50 BBIS A	120	
							<u>~ 20 DDL3 1</u>	120	
				HOOK UP TO 2 7	/8		<del></del>		<u> </u>
								<del></del>	
				START ACID				<del></del>	<del>-</del>
]									<del></del>
	200		11	CIRCULATED AT 1	1 BBLS 200	#			
			20	LOST CIRCULATIO	N WHEN A	CID WAS TO	BOTTOM		
							2011011		· · · · · · · · · · · · · · · · · · ·
			23	SHUT BACKSIDE	<del> </del>		<del></del> -		<del></del>
	50		23.5	TREAT 3.30 BPM	50#				<del></del> -
	100		41	6 BPM 100#					<del></del>
									<del></del>
3	350		48	5 1/2 BPM 350#					
\	/AC		68	TOTAL LOAD 68 B	BLS INS VAC		<del></del>		
				JOB COMPLETE			<del>-</del>		
								<del></del>	