

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
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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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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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:	
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CLEAVER FARM & HOME



Cleaver Farm & Home
 2103 South Santa Fe Ave
 Chanute KS 66720
 620-431-6070

CUSTOMER COPY



INVOICE

2409-550010 PAGE 1 OF 1

SOLD TO
SEK Energy 149 Benedict Rd. PO Box 55 Benedict KS 66714

JOB ADDRESS
SEK Energy 149 Benedict Rd. PO Box 55 Benedict KS 66714 620-698-2150

ACCOUNT	JOB
S1283	0
SOLD ON	9/9/2024 9:43:49 AM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	BOGARD 9
STATION	C6
CASHIER	KSIG
SALESPERSON	
ORDER ENTRY	

Account due 10th of month following purchase. 1 1/2% interest per month added.

Quantity	UM	Item	Description	D	T	Price	Per	Amount
7	EA	STD	CEMENT PORTLAND TYPE 1L 94LB MONARCH	N	Y	14.1210	EA	98.85

Payment Method(s)

Charge to Acct 108.24

CHAN 9.50%	SubTotal	98.85
	Sales Tax	9.39
	Deposit	
Please Pay This Amount		108.24

RETURN POLICY - within 30 days only - merchandise must be in saleable condition and accompanied by invoice.

No refunds on Special Order non-stock items

Signature



Customer: SEK Energy, LLC		Lease & Well #: Burghart #9		Date: 10/2/2024																																					
Service District: Eureka		County & State: Wilson, KS		Job #: _____																																					
Job Type: Longstring		Legals S/T/R New Well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> No		Ticket #: EP15045																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Equipment #</th> <th>Driver</th> <th colspan="4">Job Safety Analysis - A Discussion of Hazards & Safety Procedures</th> </tr> <tr> <td>1006</td> <td>David</td> <td><input checked="" type="checkbox"/> Hard hat</td> <td><input checked="" type="checkbox"/> Gloves</td> <td><input type="checkbox"/> Lockout/Tagout</td> <td><input type="checkbox"/> Warning Signs & Flagging</td> </tr> <tr> <td>1203</td> <td>Broker</td> <td><input checked="" type="checkbox"/> H2S Monitor</td> <td><input checked="" type="checkbox"/> Eye Protection</td> <td><input type="checkbox"/> Required Permits</td> <td><input type="checkbox"/> Fall Protection</td> </tr> <tr> <td>1214</td> <td>Trey / Kevin</td> <td><input checked="" type="checkbox"/> Safety Footwear</td> <td><input type="checkbox"/> Respiratory Protection</td> <td><input checked="" type="checkbox"/> Slip/Trip/Fall Hazards</td> <td><input checked="" type="checkbox"/> Specific Job Sequence/Expectations</td> </tr> <tr> <td>126</td> <td>Jake</td> <td><input type="checkbox"/> FRC/Protective Clothing</td> <td><input type="checkbox"/> Additional Chemical/Acid PPE</td> <td><input checked="" type="checkbox"/> Overhead Hazards</td> <td><input checked="" type="checkbox"/> Muster Point/Medical Locations</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Hearing Protection</td> <td><input checked="" type="checkbox"/> Fire Extinguisher</td> <td><input type="checkbox"/> Additional concerns or issues noted below</td> <td></td> </tr> </table>		Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures				1006	David	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging	1203	Broker	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection	1214	Trey / Kevin	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input checked="" type="checkbox"/> Specific Job Sequence/Expectations	126	Jake	<input type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations			<input type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below		<p style="text-align: center;">Comments</p> <p>TD - 1115', 7 7/8" Well bore. 5 1/2" 17# Casing set @ 1095.</p>			
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Product/ Service Code	Description	Unit of Measure	Quantity		Net Amount																																				
D012	Depth Charge: 1001'-2000'	job	1.00		\$1,500.00																																				
M010	Heavy Equipment Mileage	mi	50.00		\$200.00																																				
M015	Light Equipment Mileage	mi	50.00		\$100.00																																				
M020	Ton Mileage	tm	452.00		\$678.00																																				
CP063	H842 Thickset	sack	160.00		\$4,400.00																																				
CP125	Pheno Seal	lb	320.00		\$560.00																																				
CP095	Bentonite Gel	lb	250.00		\$112.50																																				
CP165	Cottonseed Hulls	lb	45.00		\$45.00																																				
T010	Vacuum Truck - 80 bbl	hr	3.50		\$315.00																																				
AF080	Fresh Water	gal	3,300.00		\$66.00																																				
FE145	5 1/2" Float Shoe - AFU Flapper Type	ea	1.00		\$375.00																																				
FE195	5 1/2" Rubber Plug	ea	1.00		\$125.00																																				
FE125	5 1/2" Centralizer	ea	4.00		\$240.00																																				
R061	Service Supervisor	day	1.00		\$275.00																																				
Customer Section: On the following scale how would you rate Hurricane Services Inc.?					Net:	\$8,991.50																																			
Based on this job, how likely is it you would recommend HSI to a colleague?					Total Taxable	\$ -																																			
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10					Tax Rate:																																				
					Sale Tax:	\$ -																																			
					Total:	\$ 8,991.50																																			
					HSI Representative: <i>David Gardner</i>																																				

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

Doug Lamb

CUSTOMER AUTHORIZATION SIGNATURE

WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 33739		API # 15-205-28557	
Operator: SEK Energy LLC		Lease: Burghart	
Address: Box 55, Benedick, Ks 66714		Well # 9-34	
Phone: 620-698-2150		Spud Date: 9/26/2024 Completed: 10/01/2024	
Contractor License: 33900		Location: Sec: 34 TWP: 27s R: 15e	
T.D. 1117'	Bite Size: 7-7/8"	605' FNL	
Surface Pipe Size: 8-5/8"	Surface Depth: 21'	1658' FEL	
Kind of Well: Oil		County: Wilson	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	5	Lime	684	687
Clay	5	15	Shale	687	692
Shale	15	74	Lime	692	711
Lime	74	99	Shale	711	747
Shale	99	151	Lime	747	758
Lime	151	173	Shale	758	766
Lime Break Oil & Gas	173	190	Lime	766	772
Lime	190	196	Shale	772	794
Shale	196	271	Lime Cap	794	795
Lime	271	280	Sandy Shale Oil Oder	795	808
Shale	280	295	Shale	808	822
Lime	295	346	Lime	822	825
Shale	346	350	Shale	8/25	971
Lime	350	370	Lime	971	973
Shale	370	376	Blk Shale	973	978
Lime	376	382	Lime	978	1002
Shale	382	406	Shale	1002	1010
Lime	406	412	Brk Sand Oil Oder	1010	1016
Shale	412	424	Oil Sand	1016	1041
Lime	424	434	Sand	1041	1053
Shale	434	439	Shale	1053	1117
Lime	439	483			
Shale	483	553	TD 1117		
Lime	553	557	Ran 5-1/2" Casing To		
Shale	557	584	1109'		
Lime	584	594			
Shale	594	599	Cemented Surface		
Lime	599	622	10 Sacks		
Shale	622	684			



PO Box 542
Winfield, KS 67156
620-222-1235

Invoice/Bill of Lading

EMERGENCY 24 HOUR RESPONSE
1-800-535-5053

Date	Invoice#
3/26/2024	43039



Bill To
S.E.K. Energy PO Box 55 Benedict, KS 66714

1614 48715 218 5,312.51 4/22/24

Lease/Well Name: **Burghart 8-34**

Terms	Due Date	P.O. #	Origin	Ship Date	Truck #	Driver	County
Net 30	4/25/2024		Winfield, KS	3/18/2024	714	Chad	Wilson

No. of Packages	HM	Item Code	Description	Quantity	Unit Price	Amount	
1 cargo tank	X	HCl	15% NE-FE Acid (VOLUME DISCOUNT)	250	1.90	475.00	
		PerfBalls	Perf Balls	60	3.00	180.00	
		BallGunGrp	Ball Injector Charge, Group		100.00	100.00	
		SN-2040	Frac Sand - 20/40	3,100	0.38	1,178.00	
		SN-1220	Frac Sand - 12/20	400	0.47	188.00	
		MFRA-53	Friction Reducer with Breaker	10	40.50	405.00	
		FracPumpTr...	Group Frac Pump Charge, Under 3000#		850.00	850.00	
		Miles	Miles One Way	50	4.00	200.00	
		GroupTrkSa...	Group Sand Truck & Blender Trailer		375.00	375.00	
		Miles	Miles One Way	50	4.00	200.00	
		X	MB-178	Biocide	3	21.17	63.51
		X	MKLA-2W	KCL - 3%	8	23.50	188.00
			FlushTrkTr	Hourly Transport Flush Truck Charge	4.5	130.00	585.00
			MilesSand	Miles One Way, Light Truck	50	3.00	150.00
			Recorder	Chart Recorder, Group		175.00	175.00
				NEW WELL.			

		Subtotal	\$5,312.51
Thank you for your business!		Sales Tax (7.5%)	\$0.00
LIMITATION OF LIABILITY Seller shall not be liable for, and buyer assumes responsibility for all personal injuries and property damages resulting from the handling, possession or use of the goods after delivery to buyer. In no event shall seller's liability exceed the purchase price of the products or services that are the subject of any claims made by buyer. In no event shall buyer be entitled to incidental or consequential damages. Buyer further agrees to indemnify and hold seller harmless from all claims, losses or damages attributable to pollution or contamination and cost of control or removal thereof, alleged to have been caused by materials sold to buyer hereunder.		Total	\$5,312.51

1 1/2% Interest per month charged on all past due accounts

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Andrew J. French, Chairperson
Dwight D. Keen, Commissioner
Annie Kuether, Commissioner

Laura Kelly, Governor

February 07, 2025

Douglas Lamb
SEK Energy, LLC
149 BENEDICT RD
PO BOX 55
BENEDICT, KS 66714-0055

Re: ACO-1
API 15-205-28557-00-00
BURGHART 9-34
NE/4 Sec.34-27S-15E
Wilson County, Kansas

Dear Douglas Lamb:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 09/26/2024 and the ACO-1 was received on February 07, 2025 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department