

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)</i> <i>(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**

2409-547811 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	9/4/2024 11:49:28 AM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	BURGHART 7
STATION	C7
CASHIER	GNEW
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
6	EA	STD	CEMENT PORTLAND TYPE 1L 94LB MONARCH	N	Y	14.1210	EA	84.73

**Payment Method(s)**

Charge to Acct 92.78

CHAN 9.50%	SubTotal	84.73
	Sales Tax	8.05
	Deposit	
<b>Please Pay This Amount</b>		<b>92.78</b>

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: <b>SEK Energy, LLC</b>		Lease & Well #: <b>Burghart # 7</b>		Date: <b>9/10/2024</b>		
Service District: <b>Eureka</b>		County & State: <b>Wilson, Ks</b>		Legals S/T/R: <b>_____</b>		
Job Type: <b>Longstring</b>		<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD		New Well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> No		
Equipment #		Driver		Job Safety Analysis - A Discussion of Hazards & Safety Procedures		
1004		Kevin M		<input checked="" type="checkbox"/> Hard hat <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Warning Signs & Flagging		
1201		Alan M		<input checked="" type="checkbox"/> H2S Monitor <input checked="" type="checkbox"/> Eye Protection <input type="checkbox"/> Required Permits <input type="checkbox"/> Fall Protection		
1210		Monty M		<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		Russ		<input checked="" 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		
<b>Comments</b>						
Longstring: 5 1/2' casing set @ 1109'. TD = 1116' Cemented to surface w/ 160sx Thick Set Cement w/ 2# Pheno Seal/sx @ 13.8#/gal, yield 1.70 = 48.5bbl slurry.						
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	
CP062	H842 Thick Set Cement	sack	160.00		\$4,400.00	
CP125	Pheno Seal 2#/sx	lb	320.00		\$560.00	
CP095	Bentonite Gel ( Gel flush w/ 1sx of hulls )	lb	250.00		\$112.50	
CP165	Cottonseed Hulls	lb	45.00		\$45.00	
M020	Ton Mileage	tm	452.00		\$678.00	
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	5.00		\$300.00	
T010	Vacuum Truck - 80 bbl	hr	3.50		\$315.00	
AF080	Fresh Water	gal	3,300.00		\$66.00	
R061	Service Supervisor	day	1.00		\$275.00	
Customer Section: On the following scale how would you rate Hurricane Services Inc.?					Net:	\$9,051.50
Based on this job, how likely is it you would recommend HSI to a colleague? <input type="checkbox"/> <input type="checkbox"/>					Total Taxable	\$ -
					Tax Rate:	
					Sale Tax:	\$ -
					Total:	\$ 9,051.50
					HSI Representative: <i>Thank You Kevin McCoy</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.

Witnessed By Doug Lamb

**CUSTOMER AUTHORIZATION SIGNATURE**



# WoCo Drilling LLC

1135 30<sup>th</sup> Rd  
 Yates Center, Kansas 66783  
 Steve 620-330-6328      Nick 620-228-2320

Operator License # 33739		API # 15-205-28547	
Operator: SEK Energy LLC		Lease: Burghart	
Address: Box 55, Benedict, Ks, 66717-0055		Well # 7-34	
Phone: 620-698-2150		Spud Date: 9/04/2024    Completed: 9/9/2024	
Contractor License: 33900		Location: Sec: 34    TWP: 27s    R: 15e	
T.D. 1117	Bite Size: 7-7/8"	230' FNL	
Surface Pipe Size: 8-5/8"	Surface Depth: 21'	2225' FEL	
Kind of Well: Oil		County: Wilson	

## Drilling Log

Strata	From	To	Strata	From	To
Soil	0	6	Shale	698	702
Clay	6	12	Lime	702	708
Shale	12	81	Shale	708	711
Lime	81	101	Lime	711	713
Shale	101	143	Shale	713	733
Lime	143	153	Lime	733	740
Shale	153	168	Shale	740	746
Lime Brk Oil Free Oil	168	177	Lime	746	758
Lime	177	200	Shale	758	768
Shale	200	267	Lime	768	773
Lime	267	276	Shale	773	797
Shale	276	288	Lime	797	799
Lime	288	370	Sandy Shale Oil Oder	799	810
Shale	370	381	Shale	810	1009
Lime	381	390	Sandy Shale Oil Oder	1009	1017
Shale	390	406	Oil Sand	1017	1058
Lime	406	412	Sand Shale	1058	1064
Shale	412	420	Shale	1064	1117
Lime	420	481			
Shale	481	554	TD 1117'		
Lime	554	558	Ran 5-1/2" Casing		
Shale	558	579	1106'		
Lime	579	586			
Shale	586	588	Cemented Surface		
Lime	588	596	With 10 Sacks		
Shale	596	685			
Lime	685	689			
Shale	689	693			
Lime	693	698			



**STIMULATION TREATMENT REPORT**

Customer: <b>SEK ENERGY LLC</b>	Well: <b>BURGHART 7-34</b>	Ticket: <b>EP15709</b>
City, State:	County: <b>WILSON</b>	Date: <b>11/27/2024</b>
Field Rep: <b>DOUG LAMB</b>	S-T-R: <b>S34-T27S-R15E</b>	Service: <b>ABO-FRAC</b>

Downhole Information	
Formation:	<b>BARTLSVILLE</b>
Casing:	<b>5 1/2 in</b>
Tubing:	<b>2 3/8 in</b>
Treatment Via:	<b>TUBING</b>
Perforations	
Top Perf:	<b>1018 ft</b>
Bottom Perf:	<b>1024 ft</b>
Shots Per Foot:	<b>3 spf</b>
Total Shots:	<b>19 shots</b>

Capacity			
Casing / Tubing:	<b>0.00387 bbls/ft</b>		
Displacement:	<b>4.0 bbls</b>		
Pressure Test			
Iron Test:	<b>3,500 psi</b>		
Max Pressure:	<b>3,000 psi</b>		
Proppant (#)			
20/40	-	12/20	<b>2,000</b>
16/30	<b>500</b>	8/12	-
Diversions			
Salt	-	Balls	<b>37</b>

Treatment Fluid		
Product	GPT	Gal
Water		
Friction Reducer		<b>8.0</b>
KCl		<b>5.0</b>
Biocide		<b>2.0</b>
Surfactant		<b>0.5</b>
Breaker		<b>0.5</b>
Acid		<b>250.0</b>

Time	Rate	PSI	PPG	Stage Pounds	Stage BBLs	Total BBLs	Remarks
							SPOT 50 GAL. 15% NEFE HCL ACID @ 1025' THRU TUBING
							SET PACKER @ 938'
	0.5	1,500					BREAKDOWN PERFS
	3.5	950					ACIDIZE W/ 200 GAL. 15% NEFE HCL ACID
	3.5	875					PLUS 25 BALLSEALERS STAGED THRU OUT ACID
	3.5	1,500					PUMP TILL ALL ACID & BALLS INTO PERFS
	3.5	650					RELEASE BALLS TO CASING T.D. AND OVERFLUSH CASING CLEAR
		100-0					ISIP 100-VACUUM
						17.0	TOTAL BBLs ACID BALL-OFF
							*LOWER PACKER THRU PERFS TO ENSURE BALLS KNOCKED CLEAR*
	11.5	1,100				20.0	BEGIN FRAC PAD
	11.5	1,050	.25-.75	500.0			START 16/30 SAND
	11.5	1,100	0.75	250.0			START 12/20 SAND
	11.5	1,500	0.75	250.0			START 12/20 SAND
	11.5	1,800	1.00	250.0			START 12/20 SAND + DROP 4 BALLSEALERS
	11.5	2,000	1.00	250.0			START 12/20 SAND + DROP 5 BALLSEALERS
	11.5	2,000	1.00	250.0			START 12/20 SAND + DROP 3 BALLSEALERS
	11.5	2,600	1.00	250.0			START 12/20 SAND
	11.5	2,600	1.50	500.0			START 12/20 SAND
	11.5	2,600				10.0	FLUSH TUBING/CASING
							RELEASE BALLS TO CASING T.D.
	11.5	1,425				5.0	OVERFLUSH CASING
		450-0					INSTANT SHUT IN PRESSURE 450 PSI- VACUUM
						115.0	TOTAL BBLs FRAC

CREW		UNIT		SUMMARY		
Treater / Foreman:	<b>BRETT/ JAKE</b>	929/ 948		Average Rate (bpm)	Max Rate (bpm)	Total Proppant (#)
Pump Operator:	<b>RYAN/LANDON</b>	816/ 831		8.8	11.5	2500
Sand:	<b>JOSH/ J.J. B</b>	821/ 111		Average PSI	Max Pressure (psi)	Total Load (bbls)
Water:	<b>COLTON</b>	524T129		1578	2600	115
Acid:	<b>ETHAN</b>	188T132				

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 15-205-28547-00-00  
BURGHART 7-34  
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 09/04/2024 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