

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](mailto: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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Air Drilling Specialist  
Oil & Gas Wells

**THORNTON AIR ROTARY, LLC**  
Office Phone: 620-879-2073

2186 US Highway 166  
Caney, KS 67333

Date Started	<b>9-17-24</b>
Date Completed	<b>9-19-24</b>

Operator	A.P.I #	County	State
<b>Red Bud Oil &amp; Gas Exploration LLC</b>		<b>Montgomery</b>	<b>Kansas</b>

Well No.	Lease	Section	Township	Range
<b>C3-24</b>	<b>R &amp; L Jones</b>	<b>24</b>	<b>31</b>	<b>14 E</b>

Type of Well	Driller	Cement	Surface	TD	Size of Hole
<b>Oil</b>	<b>Billy Thornton</b>	<b>4</b>	<b>20' 8" 8 5/8</b>	<b>1325</b>	<b>6 3/4</b>

0-2	DIRT	764-766	SHALE	1195-1197	COAL (WEIR)
2-73	LIME	766-777	LIME	1197-1204	SANDY SHALE
73-78	SHALE	777-781	BLACK SHALE	1204-1210	SANDY SHALE
78-90	LIME	781-790	SHALE	1210-1214	SAND / LIGHT ODOR
90-333	SHALE	790-794	SAND	1214-1325	SHALE
333-378	SAND / WET DAMP	794-823	SHALE	1325	TD
383	WENT TO WATER	823-827	SAND		
378-390	SANDY SHALE	827-840	SANDY SHALE		
390-415	SHALE	840-906	SHALE		
415-420	LIME	906-929	LIME (PAWNEE)		
420-423	SHALE	929-934	BLACK SHALE		
423-459	LIME	934-938	SHALE		
459-470	SHALE	938-941	SAND		
470-514	LIME	941-990	SHALE		
514-519	BLACK SHALE	990-1015	LIME (OSWEGO)		
519-532	LIME	1015-1024	BLK SHALE (SUMMIT)		
532-543	SAND	1024-1040	LIME		
543-602	SANDY SHALE	1040-1047	BLACK SHALE		
602-628	LIME	1047-1053	LIME		
628-659	SHALE	1053-1074	SHALE		
659-670	LIME	1074-1075	COAL		
670-683	BLACK SHALE/SHALE	1075-1086	SHALE		
683-700	BLACK SHALE	1086-1088	LIME		
700-713	SHALE	1088-1140	SHALE		
713-719	BLACK SHALE	1140-1141	COAL		
719-729	LIME	1141-1162	SHALE		
729-733	SHALE	11462-1165	BROWN SAND/LIGHT ODOR		
733-748	LMY SHALE	1165-1184	SHALE		
748-762	SHALE	1184-1188	BLACK SHALE		
762-764	LIME	1188-1195	SAND		



Customer	Redbud Oil & Gas Operating, LLC	Lease & Well #	Jones C #3-24	Date	10/4/2024
Service District	Eureka	County & State	Montgomery, KS	Legals S/T/R	
Job Type	Longstring	<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD	New Well?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No	Job #
					Ticket #
					EP15077

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
1212	Jake	<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
137 & 131	Colton (Thayer)	<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
	Monty (Helper)	<input type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	

**Comments**

TD - 1325', 6 3/4" Well bore. 4 1/2" 11.60# Casing set @ 1315' GL. Note: Wash down last 4 Jts of 4 1/2" Casing w/ 40 bbl fresh water.

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	55.00	\$220.00
M015	Light Equipment Mileage	mi	55.00	\$110.00
M020	Ton Mileage	tm	452.24	\$678.36
CP063	H842 Thickset	sack	150.00	\$4,125.00
CP125	Pheno Seal	lb	300.00	\$525.00
CP095	Bentonite Gel	lb	500.00	\$225.00
CP165	Cottonseed Hulls	lb	80.00	\$80.00
FE115	4 1/2" Rubber Plug	ea	1.00	\$75.00
T030	Transport - 130 bbl	hr	4.00	\$540.00
AF080	Fresh Water	gal	5,500.00	\$110.00
C040	Casing Swivel	job	1.00	\$150.00
R061	Service Supervisor	day	1.00	\$275.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?		Net:	\$8,613.36
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 type="checkbox"/> 10		Tax Rate:	
##### 1 2 3 4 5 6 7 8 9 10 #####		State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.	Sale Tax:
		Total:	\$ 8,613.36
		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.

Mugger

**CUSTOMER AUTHORIZATION SIGNATURE**





**HURRICANE SERVICES INC**

Remit To: Hurricane Services, Inc.  
250 N. Water, Suite 200  
Wichita, KS 67202  
316-303-9515

Customer:  
REDBUD OIL & GAS OPERATING LLC  
3541 CR 5400  
INDEPENDENCE, KS 67301

Invoice Date: 10/16/2024  
Invoice #: 0379803  
Lease Name: Jones C  
Well #: 3-24 (New)  
County: Montgomery, Ks  
Job Number: EP15203  
District: East

Date/Description	HRS/QTY	Rate	Total
Frac	0.000	0.000	0.00
Heavy Eq Mileage	40.000	2.600	104.00
Light Eq Mileage	10.000	1.300	13.00
Ton Mileage	450.000	0.975	438.75
Combo Unit	1.000	1,950.000	1,950.00
Sand Truck	1.000	325.000	325.00
Data Acquisition Unit	1.000	650.000	650.00
Acid Spot	1.000	390.000	390.00
Transport - 130 bbl	14.000	135.000	1,890.00
20/40 Frac Sand	1,500.000	0.208	312.00
12/20 Frac Sand	13,500.000	0.208	2,808.00
Fresh Water	16,394.000	0.013	213.12
Hurrigel 907	103.000	26.000	2,678.00
KCL-CS701	17.000	19.500	331.50
Biocide	5.000	26.000	130.00
Liquid Enzyme Breaker	3.000	65.000	195.00
15% HCL	100.000	1.560	156.00
Inhibitor	1.000	32.500	32.50
SP 955 Iron control	1.000	19.500	19.50
Clay Stabilizer-CS-702	1.000	26.000	26.00
MicroSurf 1	1.000	26.000	26.00

Location: Jones r L9  
 AFE# / Project: AFE 24103  
 Subfeature: Description: 9309  
 Foreman: \_\_\_\_\_  
 SUPT: M.S.J

**Total** 12,688.37

**TERMS:** Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

**SALES TAX:** Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

**WE APPRECIATE YOUR BUSINESS!**



Customer	Red Bud Operating	Lease & Well #	Jones C3-24	Date	10/16/2024
Service District	Thayer, KS	County & State	MG Co. KS	Legals S/T/R	Job #
Job Type	Frac	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	Ticket #
				Legals S/T/R	Job #
				New Well?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No
					EP15203

Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			
948/850	Jake M.	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
524/801	Ryan H.	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input checked="" type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
821	Landon W.	<input checked="" type="checkbox"/> Safety Footwear	<input checked="" type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations
815	Richard M.	<input checked="" type="checkbox"/> FRC/Protective Clothing	<input checked="" type="checkbox"/> Additional Chemical/Acid PPE	<input type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations
136/129	Rylla H.	<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	
137/131	Colton B./Clay S.	<b>Comments</b>			
188/132	Ethan T.				

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
m010	Heavy Equipment Mileage	mi	40.00	\$104.00
m015	Light Equipment Mileage	mi	10.00	\$13.00
m020	Ton Mileage	tm	450.00	\$438.75
r010	Combo Unit	ea	1.00	\$1,950.00
r020	Sand Truck	day	1.00	\$325.00
r050	Data Acquisition Unit	ea	1.00	\$650.00
a055	Acid Spot	ea	1.00	\$390.00
t030	Transport - 130 bbl	hr	14.00	\$1,890.00
af010	20/40 Frac Sand	cwt	15.00	\$312.00
af020	12/20 Frac Sand	cwt	135.00	\$2,808.00
af080	Fresh Water	gal	16,394.00	\$213.12
af045	Hurrigel 907	gal	103.00	\$2,678.00
af055	Liquid KCL Substitute	gal	17.00	\$331.50
af060	Biocide	gal	5.00	\$130.00
af070	Liquid Enzyme Breaker	gal	3.00	\$195.00
af100	15% HCL	gal	100.00	\$156.00
af120	Acid Inhibitor	gal	1.00	\$32.50
af130	Iron Control	gal	1.00	\$19.50
af145	Permanent Clay Stabilizer	gal	1.00	\$26.00
af155	MicroSurf 1	gal	1.00	\$26.00

Customer Section: On the following scale how would you rate Hurricane Services, Inc.?		Net:	\$12,688.37
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:	
State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.		Sale Tax:	\$ -
		Total:	\$ 12,688.37
HSI Representative: <i>Jake Mueller</i>			

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X \_\_\_\_\_ **CUSTOMER AUTHORIZATION SIGNATURE**





# Thornton Air Rotary, LLC

2186 US Highway 166  
Caney, KS 67333

Date	Invoice #
9/23/2024	536

Phone # 620-252-9243 E-Mail  
Fax # 620-252-9243 thornrus@hotmail.com

Bill To
Red Bud Oil & Gas Operating, LLC 3541 CR 5400 Independence, KS 67301

Terms
Due on receipt

Description	Footage/Quantity	Rate	Amount
R & L Jones Well # C3-24	1,325	9.00	11,925.00
Cement	4	27.00	108.00
Bit Maintenance Charge		500.00	500.00

*Thank you!!*

Location: Jones & L9  
 A/E # / Project#: AFE 2403  
 Subfeature# / Description: 9207  
 Foreman: \_\_\_\_\_  
 SUPT: M.L.P.

We appreciate the opportunity to work for you!		<b>Total</b>	\$12,533.00
		<b>Payments/Credits</b>	\$0.00
		<b>Balance Due</b>	\$12,533.00

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 13, 2025

Tom Kaetzer  
RedBud Oil & Gas Operating, LLC  
16000 STUEBNER AIRLINE RD SUITE 320  
SPRING, TX 77379-7396

Re: ACO-1  
API 15-125-32558-00-00  
R&L JONES C3-24  
SW/4 Sec.24-31S-14E  
Montgomery County, Kansas

Dear Tom Kaetzer:

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 09/17/2024 and the ACO-1 was received on February 12, 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