

Confidentiality Requested:

☒ Yes ☐ NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 35357

Name: Hoepker, Justin and Nicole dba RCS Oil

Address 1: 896 1400TH ST

Address 2:

City: IOLA State: KS Zip: 66749 + 3977

Contact Person: Justin Hoepker

Phone: (620) 365-0606

CONTRACTOR: License # 35357

Name: Hoepker, Justin and Nicole dba RCS Oil

Wellsite Geologist: N/A

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 #:

12/07/2024 12/13/2024 03/01/2025

Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion Date

API No.: 15-133-27811-00-00

Spot Description:

SE - NW SE - SW Sec. 2 Twp. 27 S. R. 18 ☒ East ☐ West695 Feet from ☐ North / ☒ South Line of Section3420 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: Neosho

Lease Name: HOLMAN Well #: 7

Field Name:

Producing Formation: Bartelsville

Elevation: Ground: 940 Kelly Bushing: 0

Total Vertical Depth: 820 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 21 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: Feet

If Alternate II completion, cement circulated from: 0

feet depth to: 820 w/ 6 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls

Dewatering method used: Evaporated

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: 03/05/2025

☐ Confidential Release Date: 03/05/2027☒ Wireline Log Received ☐ Drill Stem Tests Received☐ Geologist Report / Mud Logs Received☐ UIC DistributionALT ☐ I ☒ II ☐ III Approved by: Kelsey Cox Date: 03/07/2025