KOLAR Document ID: 1834220

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
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)  Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
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 #:	Leading of fleth diseased if headed offether
EOR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Canad Date on Date Decembed TD Completing Date on	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 II Approved by: Date:						

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#### Page Two

Operator Name:				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	st West	County:				
	lowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample
Samples Sent to G	eological Surv	ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		Re			New Used	ion, etc.		
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l		
Purpose:		epth Ty Bottom	pe of Cement	of Cement # Sacks Used Type and			Percent Additives	
Protect Casii								
Plug Off Zon								
<ol> <li>Did you perform a</li> <li>Does the volume o</li> <li>Was the hydraulic</li> </ol>	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			ON INTERVAL:
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	Submit ACO-18.)							
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5513   1200  10.	5120.		···	. 30.0.71				

Form	ACO1 - Well Completion
Operator	KEM Energy, Inc
Well Name	O'BRYAN 003
Doc ID	1834220

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	10.25	8.625	24	20	IL(12)	5	Portland
Production	6.75	4.5	9.5	230	IL(12)	75	Portland

	ODES	, KS	DELIVER	Obrian i	001	
	SALES ORDER	TAY 0.40	DER GREDIT C	Obsten	003	SLUMP
URCHASE ORDER	RODUCT	DESCRIPTION		ORDEREC	D DELIVERED	UNIT PRICE A
LOADED	ARRIVE JOB SITE	FUEL GURO	SACKS PER 3HARGE		.00 16.00 .00 1.00	
6 5 5 1	1 . 40	1:45	8:20		DISCOUNT TAX TOTAL PREVIOUS TOTAL GRAND TOTAL	
	amount of water. If ac	concrete is mixed with the projectional water is desired, plea	per ase ADDITIONAL WATER ADDED ON JOB	Gallons	Ву	
	instruct the driver.			UNLOADING TIM	IE ALLOWED 30 MINUTES PER	TRIP -
CAUTION: Freshly mixed cem wash exposed skin areas prom	nent, mortar, grout or concrete may notly with water.	cause skin irritation. Avoid direct contained repeatedly with water and get prompt	t madical attention	VED IN GOOD CONDITION	ARGE FOR OVER 30 MINUTES	
If any cementitious material get	KEEP OUT OF REAC	tor personal or prope	erty damage caused	by seller's truck w	hen delivery is made be	eyond street curb
If not paid	d as agreed, this cr	adit agreement provid	des for your paymen	t of reasonable cos	sts of collection, includ	ling, but not limite
		court costs	, attorney rees and/o	of Collection agenc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

## Well Schematic:

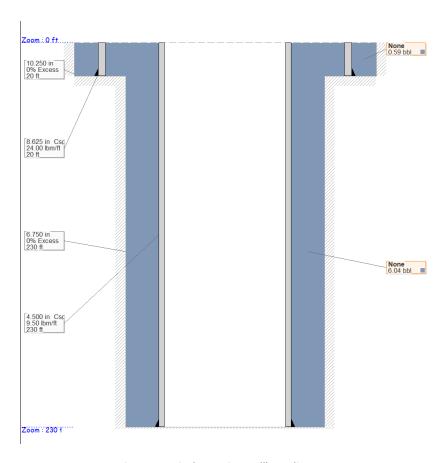


Figure 1 4.5 inches casing wellbore diagram

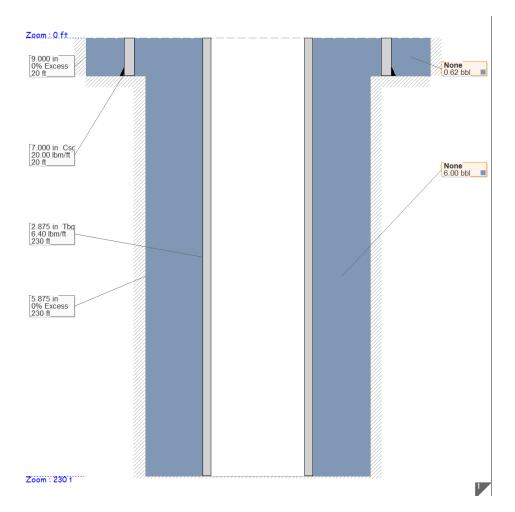


Figure 2 2 7/8 casing wellbore diagram





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



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

Laura Kelly, Governor

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

March 18, 2025

Easy Zhao KEM Energy, Inc 515A S FRY RD SUITE 406 KATY, TX 77450-2214

Re: ACO-1 API 15-133-27810-00-00 O'BRYAN 003 NW/4 Sec.22-29S-21E Neosho County, Kansas

Dear Easy Zhao:

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 10/17/2024 and the ACO-1 was received on March 18, 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**