

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 FilledWELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 8866

Name: McFadden, Jack W. dba McFadden Oil Co.

Address 1: PO BOX 394

Address 2:

City: IOLA State: KS Zip: 66749 + 0394

Contact Person: jack

Phone: (620) 496-7946

CONTRACTOR: License # 8866

Name: McFadden, Jack W. dba McFadden Oil Co.

Wellsite Geologist: na

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 #:

1/2/2025 1/3/2025 3/22/2025

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: 15-003-27222-00-00

Spot Description:

NE - SW - SE - SE Sec. 4 Twp. 23 S. R. 19 ☒ East ☐ West605 Feet from ☐ North / ☒ South Line of Section920 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

GPS Location: Lat: (e.g. xx.xxxxxx), Long: (e.g. -xxx.xxxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Anderson

Lease Name: PEINE Well #: 1AO

Field Name:

Producing Formation: squirrel

Elevation: Ground: 1023 Kelly Bushing: 5

Total Vertical Depth: 740 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 20 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: 740 w/ 115 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:

☐ Confidential Release Date:☐ Wireline Log Received ☐ Drill Stem Tests Received☐ Geologist Report / Mud Logs Received☐ UIC DistributionALT ☐ I ☒ II ☐ III Approved by: Kelsey Cox Date: 03/26/2025

Operator Name: McFadden, Jack W. dba McFadden Oil Co. Lease Name: PEINE Well #: 1AO
 Sec. 4 Twp. 23 S. R. 19 ☒ East ☐ West County: Anderson

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 ☐ Yes ☒ No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☒ No Cores Taken ☐ Yes ☒ No Electric Log Run ☐ Yes ☒ No Geologist Report / Mud Logs ☐ Yes ☒ No List All E. Logs Run:	☐ Log Formation (Top), Depth and Datum ☐ Sample Name Squirrel Top 698 Datum 707
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CASING RECORD ☐ New ☒ 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
Surface	11	7	12	20	portland	3	0
Production	6.125	2.875	4.7	735	portland	115	0

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
☐ Perforate	-			
☐ Protect Casing				
☐ Plug Back TD				
☐ 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: <u>3/24/2025</u>		Producing Method: ☐ Flowing ☒ Pumping ☐ Gas Lift ☐ Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top <u>698</u> Bottom <u>707</u>
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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>
2	698	707			
TUBING RECORD: Size: Set At: Packer At:					

Form	ACO1 - Well Completion
Operator	McFadden, Jack W. dba McFadden Oil Co.
Well Name	PEINE 1AO
Doc ID	1835585

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	11	7	12	20	portland	3	0
Production	6.125	2.875	4.7	735	portland	115	0

PAYLESS CONCRETE PRODUCTS, INC.

P.O. BOX 664
IOLA, KS 66749

INVOICE

Invoice Number: 59074
Invoice Date: Jan 2, 2025
Page: 1
Duplicate

Voice: 620-365-5588
Fax:

Bill To:

JACK MCFADDEN
P.O. BOX 394
IOLA, KS 66749

Ship to:

JACK MCFADDEN
P.O. BOX 394
IOLA, KS 66749

Customer ID	Customer PO	Payment Terms	
MC002	PEINE# 1AO	Net 10th of Next Month	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	TRUCK		2/10/25

Quantity	Item	Description	Unit Price	Amount
115.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX	10.00	1,150.00
1.00	FS	FUEL SURCHARGE	28.00	28.00
1.75	TRUCKING	TRUCKING CHARGE	100.00	175.00
115.00	MH	MIXING & HAULING	2.50	287.50
Subtotal				1,640.50
Sales Tax				123.04
Total Invoice Amount				1,763.54
Payment/Credit Applied				
TOTAL				1,763.54

Check/Credit Memo No:

Perin 1140 Drill Log

688
~~700~~ - 702 - Exulst
702 - 707 Res. Good Blad
707 - Exulst Blad
Shale

TD 740
Pin 735

15-003-27222
Suk 7"-20F 1-2-25
Long 1-3-25