Confidentiality Requested:
☑ Yes ☐ No

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

# WELL COMPLETION FORM

## WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
January 2018
**Form must be Typed**
**Form must be Signed**
**All blanks must be Filled**

OPERATOR: License # 35977
Name: Plains Pipeline, L.P.
Address 1: 333 CLAY STREET SUITE 1600
Address 2:
City: HOUSTON State: TX Zip: 77002 + 4101
Contact Person: Carol Howard
Phone: ( 713 ) 993-5096

CONTRACTOR: License # 848
Name: 3-B Drilling
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 #:

| 3/20/2025 | 3/20/2025 | 3/20/2025 |
|---|---|---|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No.: 15-097-21878-00-00
Spot Description: 37.441369, -99.104493
NW - NE - NE - NE Sec. 18 Twp. 30 S. R. 16 ☐ East ☑ West
5 Feet from ☑ North / ☐ South Line of Section
351 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: Kiowa
Lease Name: BELVEDERE RECTIFIER Well #: 1
Field Name:
Producing Formation: NA
Elevation: Ground: 1863 Kelly Bushing: 1868
Total Vertical Depth: 290 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:
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: 04/30/2025
☐ **Confidential Release Date:** 04/30/2027
☐ **Wireline Log Received** ☐ **Drill Stem Tests Received**
☐ **Geologist Report / Mud Logs Received**
☐ **UIC Distribution**
**ALT** ☐ **I** ☐ **II** ☑ **III** **Approved by:** Kelsey Cox **Date:** 05/01/2025