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 # 32468
Name: Pioneer Oil Company, Inc.
Address 1: 400 MAIN STREET
Address 2: PO BOX 237
City: VINCENNES State: IN Zip: 47501 + 0237
Contact Person: Brandi Stennett
Phone: (812) 494-2800
CONTRACTOR: License # 36032
Name: Double D Drilling KS LLC
Wellsite Geologist: Jim Musgrove
Purchaser: CHS

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 #:

1/16/2025	1/24/2025	4/30/2025
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-135-26231-00-00
Spot Description:
NE - NE - SW - NW Sec. 10 Twp. 19 S. R. 26 ☐ East ☑ West
1600 Feet from ☑ North / ☐ South Line of Section
1249 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: Ness
Lease Name: GANTZ Well #: 1-10
Field Name:
Producing Formation: Mississipian
Elevation: Ground: 2629 Kelly Bushing: 2636
Total Vertical Depth: 4685 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 213 Feet
Multiple Stage Cementing Collar Used? ☑ Yes ☐ No
If yes, show depth set: 1946 Feet
If Alternate II completion, cement circulated from: 1946
feet depth to: 0 w/ 275 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: 20000 ppm Fluid volume: 400 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: 05/08/2025
☐ **Confidential Release Date:** 05/08/2027
☑ **Wireline Log Received** ☑ **Drill Stem Tests Received**
☑ **Geologist Report / Mud Logs Received**
☐ **UIC Distribution**
ALT ☐ I ☑ II ☐ III **Approved by:** Kelsey Cox **Date:** 05/14/2025