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 # 36083
Name: Reilly Oil E & P
Address 1: PO BOX 277
Address 2:
City: WAKEENEY State: KS Zip: 67672 + 0277
Contact Person: Josh Koerner
Phone: (785) 623-1616
CONTRACTOR: License # 35410
Name: STP Drilling LLC
Wellsite Geologist: Herb Deines
Purchaser: N/A

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 #:

04/28/2025	05/06/2025	05/06/2025
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-065-24327-00-00
Spot Description:
SW-NE-NW-NE Sec. 26 Twp. 6 S. R. 23 ☐ East ☑ West
400 Feet from ☑ North / ☐ South Line of Section
1758 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: Graham
Lease Name: SUSAN Well #: 1-26
Field Name:
Producing Formation: None
Elevation: Ground: 2426 Kelly Bushing: 2433
Total Vertical Depth: 3920 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 302 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: 21000 ppm Fluid volume: 700 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: 05/19/2025
☐ **Confidential Release Date:** 05/19/2027
☑ **Wireline Log Received** ☑ **Drill Stem Tests Received**
☑ **Geologist Report / Mud Logs Received**
☐ **UIC Distribution**
ALT ☐ I ☑ II ☐ III **Approved by:** Kelsey Cox **Date:** 05/20/2025