

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 Filled

WELL 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: 8866

Well Name: Minckley 2-AO

Original Comp. Date: 11/15/2019 Original Total Depth: 822

☐ 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 #:

11/14/2019 6/2/2025

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No.: 15-003-26654-00-01

Spot Description:

SE - SW-SW-NW Sec. 10 Twp. 23 S. R. 19 ☒ East ☐ West2805 Feet from ☐ North / ☒ South Line of Section4900 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: Anderson

Lease Name: MINCKLEY Well #: 2-AO

Field Name:

Producing Formation: squirrel

Elevation: Ground: 1060 Kelly Bushing: 5

Total Vertical Depth: 822 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: 822 w/ 115 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:

☐ Confidential Release Date:☐ Wireline Log Received ☐ Drill Stem Tests Received☐ Geologist Report / Mud Logs Received☒ UIC DistributionALT ☐ I ☒ II ☐ III Approved by: Alexis Vincent Date: 07/25/2025

Operator Name: McFadden, Jack W. dba McFadden Oil Co. Lease Name: MINCKLEY Well #: 2-AO
 Sec. 10 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 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name squirrel</td> <td style="width: 20%; text-align: center;">Top 759</td> <td style="width: 20%; text-align: center;">Datum 769</td> </tr> <tr> <td>squirrel</td> <td style="text-align: center;">774</td> <td style="text-align: center;">778</td> </tr> </table>	Name squirrel	Top 759	Datum 769	squirrel	774	778
Name squirrel	Top 759	Datum 769					
squirrel	774	778					

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	9.875	7	12	20	portland	3	0
Production	6.125	2.875	4.7	815	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:		Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain) _____			
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)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Top</th> <th style="width: 50%;">Bottom</th> </tr> <tr> <td style="text-align: center;">759</td> <td style="text-align: center;">769</td> </tr> <tr> <td style="text-align: center;">774</td> <td style="text-align: center;">778</td> </tr> </table>	Top	Bottom	759	769	774	778
Top	Bottom							
759	769							
774	778							

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	759	769			
2	774	778			
TUBING RECORD: Size: Set At: Packer At:					

Form	ACO1 - Well Completion
Operator	McFadden, Jack W. dba McFadden Oil Co.
Well Name	MINCKLEY 2-AO
Doc ID	1853668

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	9.875	7	12	20	portland	3	0
Production	6.125	2.875	4.7	815	portland	115	0