KOLAR Document ID: 1726759

Confidentiality Requested:

Yes No

Kansas 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 #		API No.:
Name:		Spot Description:
Address 1:		SecTwpS. R East
Address 2:		Feet from
City: State:	Zip:+	Feet from _ East / _ West Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Phone: ()		□NE □NW □SE □SW
CONTRACTOR: License #		GPS Location: Lat:, Long:
Name:		(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84
Purchaser:		County:
Designate Type of Completion:		Lease Name: Well #:
New Well Re-Entry	Workover	Field Name:
	SWD	Producing Formation:
	EOR	Elevation: Ground: Kelly Bushing:
	GSW	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)		Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl.	etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as for	ollows:	If yes, show depth set: Feet
Operator:		If Alternate II completion, cement circulated from:
Well Name:		feet depth to:w/sx cmt.
Original Comp. Date: (Original Total Depth:	
Deepening Re-perf.	Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ 0	Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	9-11	Chloride content:ppm Fluid volume:bbls
	nit #:	Dewatering method used:
	nit #: nit #:	Location of fluid disposal if hauled offsite:
	nit #:	Location of fluid disposal if fladied offsite.
	nit #:	Operator Name:
_		Lease Name: License #:
Spud Date or Date Reached	Completion Date or	QuarterSecTwpS. R East West
Recompletion Date	Recompletion Date	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 Distribution
ALT I II Approved by: Date:

KOLAR Document ID: 1726759

Page Two

Operator Name: _				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	ast West	County:				
	flowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.go\	. Digital electronic log
Drill Stem Tests Ta			Yes No		_	on (Top), Depth ar		Sample
Samples Sent to G	Geological Surv	ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		R			New Used	on, etc.		
Purpose of Strir		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / S	QUEEZE RECORD	I		
Purpose:		epth Ty	pe of Cement	# Sacks Used		Type and F	Percent Additives	
Protect Casi								
Plug Off Zon								
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three (,
Date of first Producti Injection:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			N INTERVAL: Bottom
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	, Submit ACO-18.)				· · · · · · · · · · · · · · · · · · ·			
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5213 (1200) 10.	JIEG.			. 30.0.71				

Form	ACO1 - Well Completion
Operator	Mai Oil Operations, Inc.
Well Name	STUMPS 2
Doc ID	1726759

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	"	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	250	com	175	NA
Production	7.875	5.5	14	3293	Com	125	NA
Liner	4.875	4.5	13.5	3355	Com	25	2%CC, 2% gel



QUALITY OILWELL CEMENTING, INC.

PO Box 32 - 740 West Wichita Ave, Russell KS 67665 Phone:785-324-1041 fax:785-483-1087 Email: cementing@ruraltel.net Date: 3/10/2023 Invoice # 3721

P.O.#:

Due Date: 4/9/2023

Division: Russell

Invoice

Contact:

Mai Oil Operations

Address/Job Location:

8411 Preston Rd. Ste 800 Dallas TX 75225-5520

Reference:

STUMPS 2

Description of Work:

SQUEEZE JOB

Services / Items Included: Labor Common-Class A POZ Mix-Standard Calcium Chloride Bulk Truck Matl-Material Service Charge Pump Truck Mileage-Job to Nearest Camp Bulk Truck Mileage-Job to Nearest Bulk Plant CFL 117	Quantity 165 110 7 283 33 33 13	\$ \$ 3	rice 869.52 ,312.58 750.42 382.03 275.81 144.72 112.56 78.04	Taxable Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye		Item	Quantity		Price	Taxabi
							SubTotal:	\$	5,925.70)
Invoice Terms: Net 30			Disco	unt Av	ailable <u>ON</u>	LY if Invoice within liste	is Paid & Received ed terms of invoice:	\$	(148.14	1)
						SubT	otal for Taxable Items:	\$	5,777.5	5
							for Non-Taxable Items:		-	_
						Odb (Odb)	Total:	-	5,777.56	3
				7 500/	7.50% Rice County Sales Tax Tax:		\$	433.32	2_	
- W Business				7.50%	Rice County S		Amount Due:		6,210.88	3
Thank You For Your Business	51						Applied Payments: Balance Due:		6,210.8	В

Past Due Invoices are subject to a service charge (annual rate of 24%) This does not include any applicable taxes unless it is listed. ©2008-2013 Straker Investments, LLC. All rights reserved.

LWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107

Phone 785-483-1071 Home Office P.O. Box 32 Russell, KS 67665 No. 3721

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//	SOLIDARY THE	UG let en	11/11	000	Total Charge	multiply rations				
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QUALITY OILWELL CEMENTING, INC.

PO Box 32 - 740 West Wichita Ave, Russell KS 67665 Phone:785-324-1041 fax:785-483-1087 Email: cementing@ruraltel.net Date: 8/2/2023 Invoice # 3761

P.O.#:

Due Date: 9/1/2023

Division: Russell

Invoice

Contact:
Mai Oil Operations
Address/Job Location:

8411 Preston Rd. Ste 800 Dallas TX 75225-5520

Reference:

STUMPS 2 SEC 24-18-11

Description of Work:

LINER JOB

25 33 33 1 1 27	\$ 8 \$ 5 \$ 1 \$ 1	69.52 01.91 44.72 12.56 54.58 28.26	Taxable Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye		Item	Quantity		Price	Taxable
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					SubTotal fo	r Taxable Items:		1,694.42	
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s!			7.50%	Barton Cot	Appli	Amount Due:	\$		
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Past Due Invoices are subject to a service charge (annual rate of 24%) This does not include any applicable taxes unless it is listed. ©2008-2013 Straker Investments, LLC. All rights reserved.

Y OILWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107

Phone 785-483-1071 Home Office P.O. Box 32 Russell, KS 67665

No. 3751

Cell 785-324-1041 Date 8-2-23 Sec. Twp. 78	Range	Back	KD-TO AND	State	On Loca	tion	Finish SM				
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