

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

CONFIDENTIAL WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 35906

Name: BCE-Mach III LLC

Address 1: 14201 WIRELESS WAY SUITE 300

Address 2:

City: OKLAHOMA CITY State: OK Zip: 73134 + 2521

Contact Person: AMANDA LAIR

Phone: (405) 252-8100

CONTRACTOR: License # 35867

Name: Surge Well Service, Inc

Wellsite Geologist: DEAN FRATARCANGELI

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: Woolsey Operating Company LLC

Well Name: DIEL B 2

Original Comp. Date: 10/23/2007 Original Total Depth: 5215

☐ 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 #: _____

04/17/2025

Spud Date or
Recompletion Date

Date Reached TD

04/17/2025

Completion Date or
Recompletion Date

API No.: 15-007-23199-00-01

Spot Description: 40' N & 125' W OF S2S2SE

- S2 - S2 - SE Sec. 12 Twp. 34 S. R. 12 ☐ East ☒ West351 Feet from ☐ North / ☒ South Line of Section1463 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SWGPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Barber

Lease Name: DIEL B Well #: 2

Field Name:

Producing Formation: MISNER

Elevation: Ground: 1461 Kelly Bushing: 1472

Total Vertical Depth: 5214 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 214 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: 07/26/2025

☐ Confidential Release Date: 07/26/2027☐ Wireline Log Received ☐ Drill Stem Tests Received☐ Geologist Report / Mud Logs Received☐ UIC DistributionALT ☒ I ☐ II ☐ III Approved by: Alexis Vincent Date: 08/04/2025