

Confidentiality Requested:

 Yes NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm ACO-1
January 2018Form must be Typed
Form must be Signed
All blanks must be FilledWELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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: _____

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 #: _____Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No.: _____

Spot Description: _____

____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West____ Feet from North / South Line of Section____ 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: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____

 Confidential Release Date: _____ Wireline Log Received Drill Stem Tests Received Geologist Report / Mud Logs Received UIC DistributionALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Geologist Report / Mud Logs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)		METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4)			PRODUCTION INTERVAL: Top _____ Bottom _____	
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)	
TUBING RECORD: Size: Set At: Packer At:						

Form	ACO1 - Well Completion						
Operator	L & A Energy LP						
Well Name	EARL GRAY LA-25						
Doc ID	1855128						

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	12.25	8.625	28	21	Portland	5	NA
Production	6.75	2.875	6.5	912	Econobond	125	See Ticket

TDR Construction, Inc.
(913) 710-5400
Wellsville, KS

Well Information				Casing		
API#	L & A Energy LP			Surface	Production	
County:	Earl Gray LA-25			Size:	8"	4 1/2"
		Sec/Twp/Rge	19/26/17	Depth:	21 FT	940
	Woodson	Commenced Spuding:	5/15/2025	Cement:	5 Skrs	
				Drill Size:	6 3/4"	
Elevation	1015 Ft	Baffle	882.8	Completed Drilling 06/02/2025		
	Distance From	Float	912.3			
South Line	2250 FT	TD	940			
East Line	1815 FT					

WELL LOG

Thickness of Strata	Formation	Total Depth
0-13	Soil/Clay	13
3	River Gravel	16
29	Sandstone	45
17	Sandy Lime	62
23	Shale	85
10	Lime	95
3	Shale	98
5	Lime	103
31	Shale	134
22	Lime	156
27	Shale	183
62	Lime	245
19	Sandy Shale	264
24	Sand/Light Grey/No Oil	288
40	Shale/Some Lime Seams	328
61	Lime	389
9	Shale	397
2	Lime	399
4	Shale	403
27	Lime	430
3	Shale	433
25	Lime	458
4	Shale	462
35	Lime/Hertha	497
91	Shale	588
17	Lime	605
8	Shale	613
11	Lime	624
6	Shale	630
1	Lime	631
12	Shale	643

20	Sandy Shale	663
7	Sand/Light Grey/No Oil	670
8	Sandy Shale	678
13	Sand/Grey/No Oil	691
9	Sandy Shale	700
7	Shale	707
2	Lime	709
3	Shale	712
29	Lime	741
12	Shale	753
1	Lime	754
15	Shale	769
18	Lime	787
6	Shale	793
10	Lime	803
28	Sandy Shale *perf top 10 feet	831
10	Sand/Slight Oil Show	841
6	Sand/Little to No Oil Show	847
23	Sandy Shale	870
25	Shale	895
14	Sandy Shale	909
6	Sand/Grey/No Oil	915
7	Sandy Shale	922
2	Sand	924
16	Sandy Shale/TD	940



CEMENT TREATMENT REPORT

Customer:	L&A Energy	Well:	Earl Gray, #LA-25	Ticket:	EP17650
City, State:		County:	Woodson, KS	Date:	6/2/2025
Field Rep:	Lance Town	S-T-R:	19-26-17	Service:	Longstring

Downhole Information	
Hole Size:	6 3/4 in
Hole Depth:	940 ft
Casing Size:	2 7/8 in
Casing Depth:	912 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	Baffle
Tool Depth:	882 ft
Displacement:	5.1 bbls

Calculated Slurry - Lead	
Blend:	Econobond 1# PS
Weight:	13.5 ppg
Water / Sx:	7.1 gal / sx
Yield:	1.56 ft³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	15%
Total Sacks:	sx

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	0 sx

CREW		UNIT	SUMMARY		
Cementer:	Garrett S.	957	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Nick B	209	3.6 bpm	- psi	- bbls
Bulk #1:	Logan W	246			
Bulk #2:	Drew B	110			