KOLAR Document ID: 1855363

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
Address 2:	Feet from North / South Line of Section
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.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
☐ OG ☐ 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? Yes No
If Workover/Re-entry: Old Well Info as follows:	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 ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Committed at Provider	Chloride content: ppm Fluid volume: bbls
☐ Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Location of fluid disposal if fladied offsite.
GSW Permit #:	Operator Name:
<u> </u>	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. 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: 1855363

Page Two

Operator Name: _				Lease Name:			Well #:			
Sec Twp.	S. R.	E	ast West	County:						
	flowing and shu	ut-in pressures, v	vhether 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.gov	v. Digital electronic log		
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample		
Samples Sent to 0	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							
		B	CASING eport all strings set-c		New Used	ion, etc.				
Purpose of Strir		Hole illed	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives		
			ADDITIONAL	CEMENTING / SO	UEEZE RECORD					
Purpose:		epth T Bottom	ype of Cement	# Sacks Used	red Type and Percent Additives					
Perforate Protect Casi Plug Back T										
Plug Off Zor										
Did you perform a Does the volume Was the hydraulic	of the total base f	fluid of the hydrauli		_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,		
Date of first Product Injection:	tion/Injection or R	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:			DN INTERVAL: Bottom		
	Sold Used	I on Lease	Open Hole			mmingled mit ACO-4)	Тор	BOROTT		
,	,			B.11 B1						
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	Δ+-	Packer At:						
TODING RECORD:	. 3126.	Set	n.	i donei Al.						

Form	ACO1 - Well Completion				
Operator	Patterson Energy LLC				
Well Name	WEILAND UNIT 4-14				
Doc ID	1855363				

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	925	Class C	500	3%C2%G
Production	7.875	5.5	15.5	3350	Class A		5%Gyp2% G
Liner	5.5	4.5	13	3343	Class A		5%Gyp2% G



Patterson Energy, LLC PO Box 400 Hays, KS 67601-0400

Invoice

Date	Invoice #
6/10/202	5 1504

Please Pay from this invoice.
Remit Payment to:
416 Main Street PO BOX 225
Victoria, KS 67671
Billing Questions-Call Tianna at
(785) 639-3949
Email: franksoilfield@yahoo.com

KCC License Number 35469

	County/State	Lea	se/Well#		Terms	Job Type	
	Ellis County, KS		Wieland 4-14		Net 30	Squeeze	
Description			Quantity		Rate	Amount	
Pump Charge Mileage Ton Mileage (min.) Medium Truck Miloase Class A Cement Discount			Quantity	1 15 1 15 200	1,500 6 600 1	.00 1,500.00 .50 97.50 .00 600.00 . .50 22.50T .00 4,200.00T	

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.	Subtotal	\$5,778.00
We appreciate your business and look	Sales Tax (7.0%)	\$266.02
forward to serving you again!	Balance Due	\$6,044.02



FRANKS Oilfield Service

♦ 416 Main St., P.O. Box 225, Victoria, KS 67671
♦ 24 Hour Phone (785) 639-7269

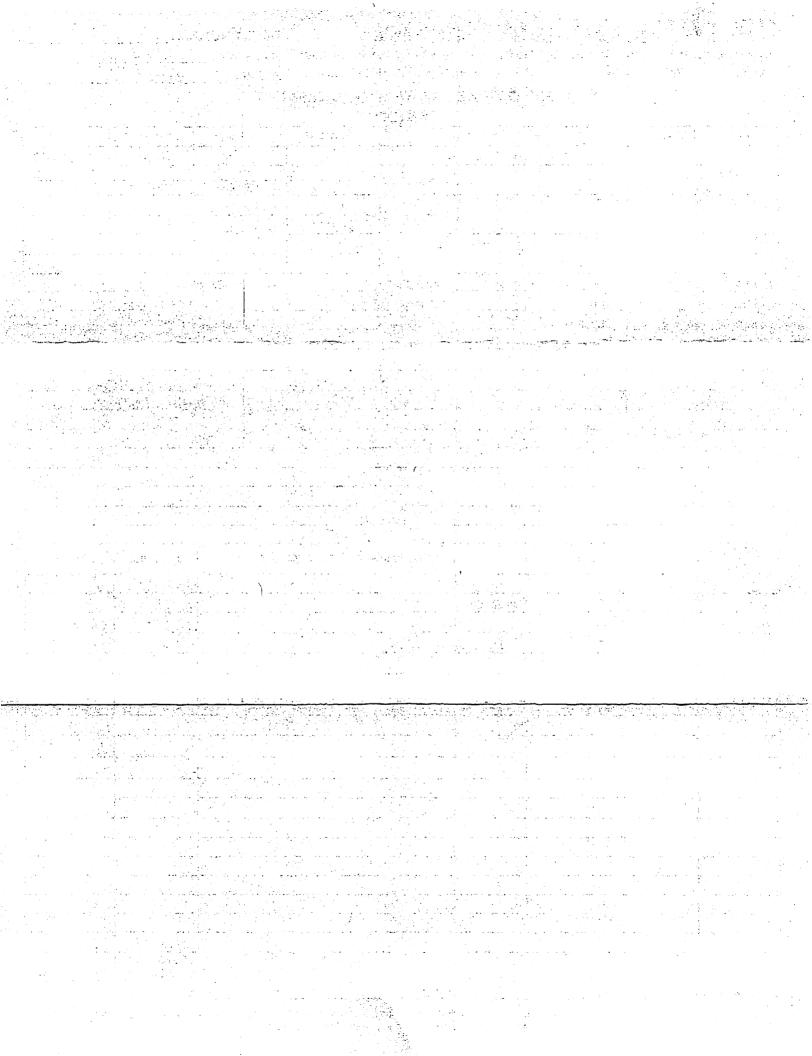
♦ Office Phone (785) 639-3949

♦ Email: franksoilfield@yahoo.com

TICKET NUMBER LOCATION **FOREMAN**

FIELD TICKET & TREATMENT REPORT

					CEMEN.	Τ			
DATE	CUSTOMER#	WELL	NAME 8	NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
6-10-25		liliela	n.O	4-1	14		133	16 W	A THE
CUSTOMER	Harson	**			Walker	TOUGH #		TDUOK#	FLLIS
MAILING ADDRE	<u>(lérsoin</u> Ess	EVO.2X		 	2-5-1	INUCK#	DRIVER	TRUCK #	DRIVER
		/			5- North	10.3	Chris	+	
CITY		STATE	ZIP CO	DE	W15.	203	Jack		
								-	
JOB TYPE 5		HOLE SIZE	772	W.	J HOLE DEPTH		CASING SIZE & V	VEIGHT 51	1:1
CASING DEPTH	, -	DRILL PIPE			TUBING		CASING SIZE & V		er () 3129
SLURRY WEIGH		SLURRY VOL		<u> </u>		·	CEMENT I SET in		() 3257-61
	18.1-T						RATE		
REMARKS:	3. 3								
	Mostine	D	_		4 4	به مر داره		MESSURY. T	Realist (2)
Rate do		71/2 82	25	200	# win	x 200 sks	eless A.		
		2 2	man 9	# n	0.20050	To to la	an Pullar		
to do	20# 5km	- in too	30	44.	20 20 20 20 20 20 20 20 20 20 20 20 20 2	se Pressu	and Pill To		FIREXINA
	~ (, , , , , , , , , , , , , , , , , ,			AUVI V	1 1000	V 1-0720	in the contract of the contrac		·
	·····								
					The	ale Xnu			
					Wa	H+Croi	1		
ACCOUNT CODE	QUANTITY	or UNITS		DE	SCRIPTION of	SERVICES or PRO	DDUCT	UNIT PRICE	TOTAL
PC 005	1		PUMP (CHARG	Ε			415000	#1500°CO
MOCI	13	-	MILEAG	BE .				\$460	\$6750
M00 3	9,	4	Tox	m	le aco	Dally	1	\$60000	\$400°
Moore	13	5-	Pic	k-6	P Miles	, _ ,		\$/5D	\$22.50
					<u> </u>				
CPOOI		200 5/3	Cla	2 35	A			\$2100	44200°D
				:					
								subtoicel	\$1.420°CC
							125510	of disc.	\$64200
								sub total	\$6420°C \$642°C \$5,778°C
									
				-					
						-		SALES TAX	266.02
								ESTIMATED TOTAL	6044.02
AUTHORIZATION	·				TITLE			DATE	***************************************
				7					





416 Main Street P.O. Box 225 Victoria, KS 67671

Office (785) 639-3949 24 Hour Service Line (785) 639-7269

Bill To	
Patterson Energy, LLC	
PO Box 400	
Hays, KS 67601-0400	
	į

Invoice

Date	Invoice #
7/29/2025	1546

Please Pay from this Invoice.
Remit Payment to:
416 Main Street PO BOX 225
Viotoria, KS 67671
Billing Questions-Call Tianna at
((785)689-3949
Email; franksoilfield@yahoo.com

KCC License Number 35469

	County/State	Lease/Well#		Terms	Job Type
	Russell County, KS	Wieland		Net 30	Liner
Description	<u> </u>	Quantity	Rate		Amount
Pump Charge Mileage Ton Mileage (min.) Medium Truck Miloase Head & Manifold Charge Class A 3% Calcium 4-1/2 Rubber Plug 4 1/2" Flush Joint FLoat Shoe Discount			1 15 1 15 1 125 1 1	1,500.0 6.5 600.0 1.5 0.0 21.0 250.0 500.0 -559.5	0 1,500.00 0 97.50 0 600.00 0 22.50T 0 0.00T 0 2,625.00T 0 250.00T 0 500.00T

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.	Subtotal	\$5,035.50
We appreciate your business and look	Sales Tax (8.5%) \$259.	
forward to serving you again!	Balance Due	\$5,295.41

FRANKS Oilfield Service

♦ 416 Main St., P.O. Box 225, Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269

♦ Office Phone (785) 639-3949

•	Email:	franks	oilfield	@yahoo	.con
•	~~***	11011112	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~y~~	

TICKET NUM	BER 1546
LOCATION_	Victoria
FOREMAN	Walt Drikel

FIELD TICKET & TREATMENT REPORT

				CEMEN.	Γ			
DATE	CUSTOMER#	WELL	NAME & NUMI	BER	SECTION	TOWNSHIP	RANGE	COUNTY
7-29-25		Wiele	no		ı	135	160	Russell
CUSTOMER				Gorham	TO 1014	T DOWED	TDUOK #	
MAILING ADDR	2590n Ex	nersy		lwest	TRUCK #	DRIVER	TRUCK #	DRIVER
1717 11211 107 10 207 11		•		4N	103	Connor	 	
CITY		ISTATE	ZIP CODE	1215	201	Jade		-
								+
JOB TYPE	inar	HOLE SIZE		HOLE DEPTH		CASING SIZE & V	VEIGHT	12"-11.6#
CASING DEPTH	33421	DRILL PIPE		_TUBING			OTHER	
SLURRY WEIGH	т <u> 14,2. </u>	SLURRY VOL _		WATER gal/sk		CEMENT LEFT in	CASING	
DISPLACEMENT	r <u></u> -	DISPLACEMENT	PSI	MIX PSI		RATE		
REMARKS:	SaFoty Me	extine . R	V UD 8	women	t: Local	4'b" Casin	- Pump	should For
Kato	316 ROM O	300#	•	-	•			
mixed	125 SX	C(C55 A)	Clerri	2 mp+Li	nes, Pis	54.6	11.	-4
relec	se 4/2 Pl	u. Displ	aca 54	BBI H	0 2 1800	# Landal }	10.0230	o#
release	ED Pross	UNO, Flor	+ HOW				_	
		<u> </u>	<u> </u>	most Dr	d Circ	to surta	ce	
			Appox	4 BBI	to DI			
			· ·	× 11	7			
	·			Ihay	k You			
ACCOUNT	I'''			W	alt +Cre.	<i>એ</i>	T	Τ
ACCOUNT CODE	QUANTITY	or UNITS	DE	SCRIPTION of	SERVICES or PRO	DDUCT	UNIT PRICE	TOTAL
PC005	1		PUMP CHARG	E			\$ 150000	\$157000
mool	1.5	<u> </u>	MILEAGE		_		\$450	\$9750
m003	5	188	Ton M	Leave	Dollvry		\$400°	4600cs
m004	158	8	Prek-u	D miles	<i>c.a.</i>		\$150	\$77.50
CRBO3			Head	vental				
CP002	<i>1</i>	25 - 5Ks	Classi	4			\$2100	\$21,2500
FF047		1		When Pl	ve		\$250es	\$ 25000
FE027		1	44"F	Josh Jon	+ Flort	Shore	\$40000	\$5000
							St. 6 total	\$5,595 ⁶⁰ \$559 ⁵⁰ \$5,035 ⁵⁰
				······································		1055	10% disc.	\$55950
					7-		subtotal	\$5,03550
					_			
							SALES TAX	259 91
							ESTIMATED	5295.41
	•			TITI E			TOTAL	3213.71
A I ITUADI 7 ATIAI				11116			UALC	