

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 & LEASEOPERATOR: License # 33139Name: Natural Gas Pipeline Company of America LLCAddress 1: 195 RD P

Address 2: _____

City: RICHFIELD State: KS Zip: 67953 + _____Contact Person: Norm RogersPhone: (620) 592-1427CONTRACTOR: License # 35834Name: Citation Drilling & Boring, LLCWellsite Geologist: N/A

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 #: _____08/18/2025 08/18/2025 08/18/2025Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion DateAPI No.: 15-009-26457-00-00

Spot Description: _____

SW SW SE SW Sec. 36 Twp. 16 S. R. 13 ☐ East ☒ West60 Feet from ☐ North / ☒ South Line of Section1620 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 ☐ WGS84County: BartonLease Name: AMA 262 B1 Well #: 1

Field Name: _____

Producing Formation: N/AElevation: Ground: 1926 Kelly Bushing: 0Total Vertical Depth: 200 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at: 20 FeetMultiple 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: 0 ppm Fluid volume: 0 bblsDewatering method used: Evaporated

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: 09/09/2025

Operator Name: Natural Gas Pipeline Company of America LLC Lease Name: AMA 262 B1 Well #: 1
 Sec. 36 Twp. 16 S. R. 13 ☐ East ☒ West County: Barton

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 Name N/A Top N/A Datum N/A
---	---

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	16	10.750	7.5	20	Bentonite	16	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: Top Bottom
--	--	---

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>
TUBING RECORD: Size: Set At: Packer At:					

Form	ACO1 - Well Completion
Operator	Natural Gas Pipeline Company of America LLC
Well Name	AMA 262 B1 1
Doc ID	1859339

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	16	10.750	7.5	20	Bentonite	16	0

CITATION

DRILLING & BORING

DEEP GROUND BED DRILL LOG & RECTIFIER FORM

CLIENT INFORMATION

Client	Kinder Morgan					Job Number	2025-0373		
Facility	AMA 262 DW-1					Customer Contact	Rob Reeves		
City	Barton	County	Beaver	State	KS	Phone No.	+1 (620) 793-0444		

DEEP GROUND BED & DRILLING LOG INFORMATION

☐ New Installation ☒ Existing Rectifier

Hole Dia.	10"	Total Depth	200'	Casing Feet	20'	Dia.	12"	Type	SDR-21 PVC	Groundbed GPS	
No. Anodes	12	Size & Type	1"x60" Lida MMO	Anode Lead	300'	Size	#8	Type	Halar	N	38.609242
Lbs. Coke	5000	Coke Type	SC3	Top of Coke Column	42'	Vent	140'	W	-98.712631		
Lbs. Plug	1850	Plug Type	Bentonite	Top of Plug	3'	Logging Volts			12.8		

Depth Ft.	DRILLER'S LOG	Anode NO.	Electric Log				Depth Ft.	DRILLER'S LOG	Anode NO.	Electric Log			
			Volts	Amps Before	Amps After	Remarks				Volts	Amps Before	Amps After	Remarks
0							205						
5							210						
10	Casing						215						
15							220						
20	Casing						225						
25							230						
30	Grey shale						235						
35							240						
40	Grey shale						245						
45							250						
50	Grey shale						255						
55							260						
60	Grey shale						265						
65							270						
70	Grey shale						275						
75							280						
80	Grey shale						285						
85		12		2.0			290						
90	Grey shale						295						
95		11		1.3			300						
100	Grey shale						305						
105		10		2.1			310						
110	Grey shale						315						
115		9		1.2			320						
120	Grey shale						325						
125		8		1.2			330						
130	Grey shale						335						
135		7		.9			340						
140	Grey shale						345						
145		6		1.0			350						
150	Grey shale						355						
155		5		1.4			360						
160	Grey shale						365						
165		4		1.7			370						
170	Grey shale						375						
175		3		1.4			380						
180	Grey shale						385						
185		2		.7			390						
190	Sandy clay						395						
195		1		1.0			400						
200	Sandy clay						Total						

ANODE JUNCTION BOX INFORMATION

ANODE JUNCTION BOX												COMMENTS
Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	Amp	
1		6		11		16		21		26		
2		7		12		17		22		27		
3		8		13		18		23		28		
4		9		14		19		24		29		
5		10		15		20		25		30		
Shunt		Mv		Amp		TOTAL						

RECTIFIER INFORMATION

Manufacturer	Universal			Rectifier ID Number		AMA 262			
Model No.	ADP	DC Volts	75	AC Volts	115/230	Max Coarse	3	Shunt Amp	100
Serial No.	891639	DC Amps	100	AC Amps	100/50	Max Fine	6	Shunt mV	50
GPS Coordinates		Latitude	N			Longitude	W		
RMU Type				Serial Number					

ENERGIZED INFORMATION

☐ No A/C Power ☐ #12 Lead Installed with Negative

Coarse Tap Setting		of		AC Volts		DC Volts		DC Amps	
Fine Tap Setting		of		AC Amps		DC mV		Structure PS	
Calculated Ground Bed Resistance				Calculated Rectifier Efficiency					

ASBUILT DRAWING

DEEP BED

NEGATIVE JUNCTION BOX

POSITIVE JUNCTION BOX

ANODE JUNCTION BOX

RECTIFIER

WELL HEAD

POWER POLE

COUPON TEST STATION

AC POWER POLE

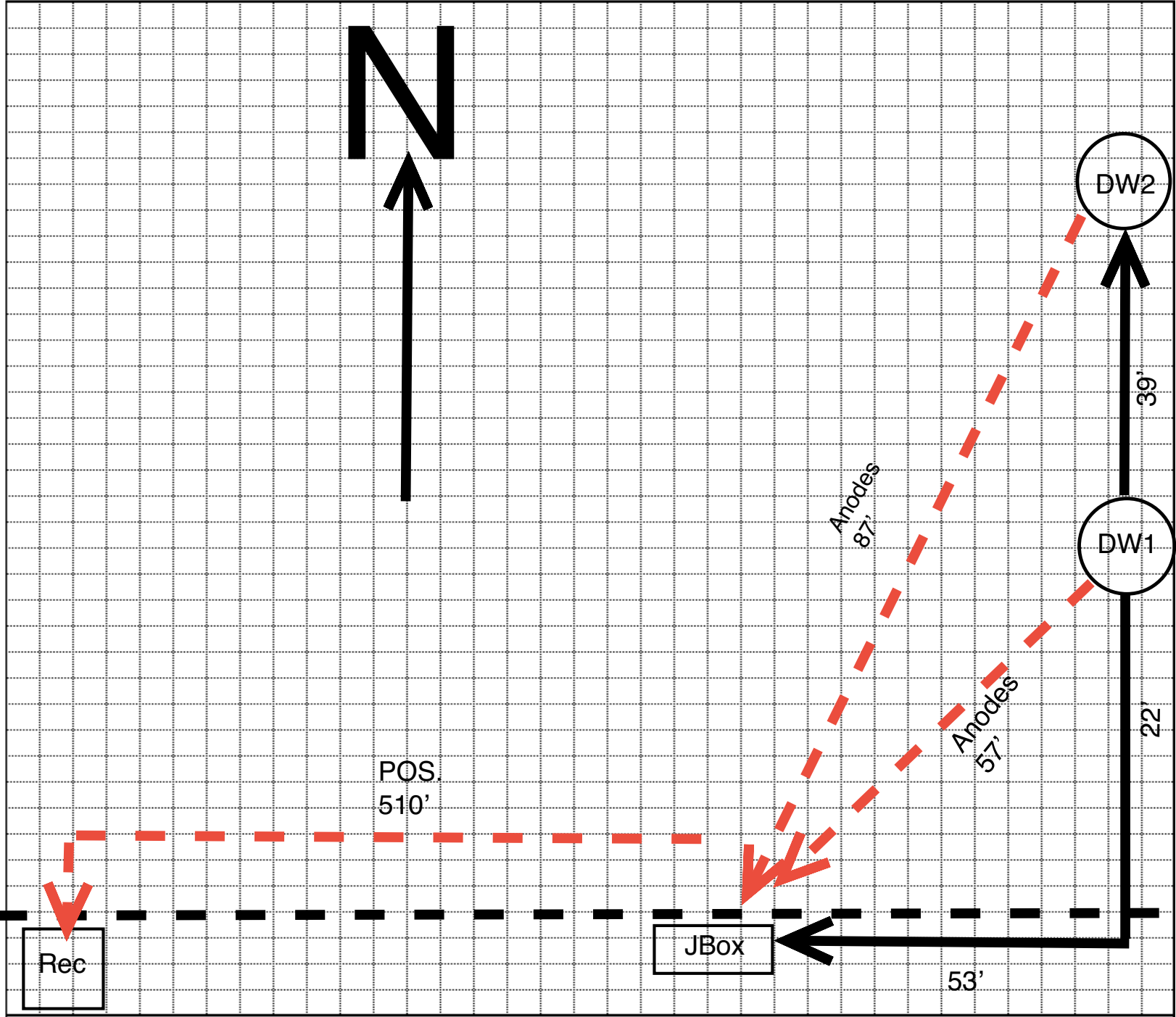
BLOCK VALVE

REFERENCE CELL

MAG ANODE

VERTICAL CAST-IRON ANODE

HORIZONTAL CAST-IRON ANODE



Remarks:

Technician/Foreman

Date

