KOLAR Document ID: 1862279

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: Fee					
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 #: Dual Completion 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: 1862279

Page Two

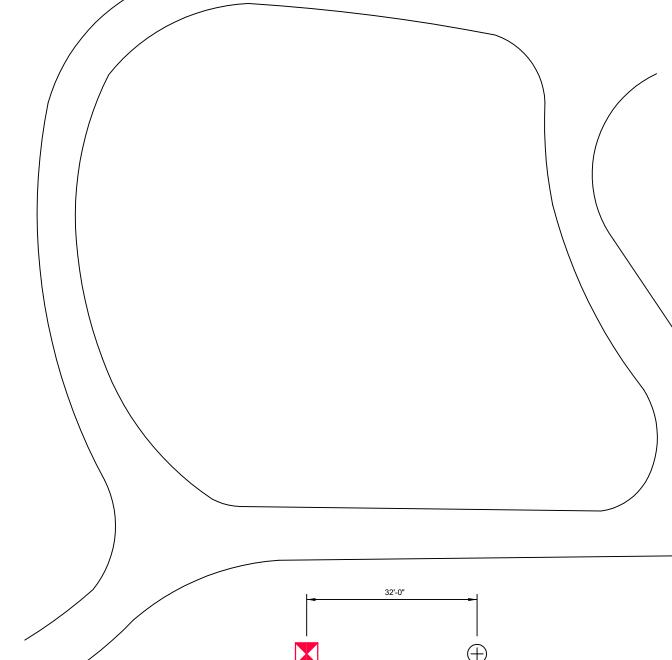
Operator Name:					Lease Nam	ne:			Well #:		
Sec Tw	pS	S. R	Eas	t West	County:						
	l, flowing an	d shut-in press	sures, wh	ether shut-in pre	ssure reached	static	level, hydrostat	ic pressures, bo		val tested, time tool erature, fluid recovery,	
Final Radioactivi files must be sub							gs must be emai	led to kcc-well-l	ogs@kcc.ks.gov	v. Digital electronic log	
Drill Stem Tests (Attach Addit	Taken tional Sheets)			Yes No		☐ Lo		n (Top), Depth a		Sample Datum	
Cores Taken											
			Rep	CASING	RECORD [New		on, etc.			
Purpose of St	tring	Size Hole Drilled		ize Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
				ADDITIONAL	CEMENTING /	SQUE	EEZE RECORD		<u>'</u>		
Purpose: Perforate		Depth Top Bottom	Тур	e of Cement	# Sacks Use	sed Type and Percent Additives					
Protect Ca											
Plug Off Z											
Did you perform Does the volume Was the hydraul	e of the total I	base fluid of the	hydraulic f	racturing treatment		-	Yes S? Yes Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three		
Date of first Produ Injection:	iction/Injection	n or Resumed Pr	roduction/	Producing Meth	od:		Gas Lift O	ther <i>(Explain)</i>			
Estimated Product Per 24 Hours		Oil	Bbls.		Mcf	Water			Gas-Oil Ratio	Gravity	
DISPO	OSITION OF	GAS:		N	METHOD OF COMPLETION:			PRODUCTION INTERVAL:			
Vented		Used on Lease		Open Hole		Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)			Тор	Bottom	
,	ed, Submit AC							·			
Shots Per Foot	Perforation Top	on Perfor Bott		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze and of Material Used)		
TUBING RECORI	D: S	ize:	Set At	:	Packer At:						

Form	ACO1 - Well Completion
Operator	ONEOK NGL Pipeline, LLC
Well Name	CT-2 REPLACEMENT RUMLER 1
Doc ID	1862279

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	16	10.75	8	60	Portland	40	





WELL GPS 38.37159, -97.80113

RECTIFIER GPS 38.37169, -97.80112

PROJECT LOCATION PLAN

SAFETY ALERT: THIS DOCUMENT DOES NOT REFLECT ACTUAL SITE OR SUBSURFACE CONDITIONS AND SHALL NOT BE RELIED UPON FOR THE LOCATION OF ANY UTILITIES, CURRENTS, HAZARDS OR OTHER CONDITIONS WHERE THE WORK IS TO BE PEFORMED. UNDERGROUND STRUCTURES AND UTILITIES MAY BE PRESENT WHICH ARE NOT DOCUMENTED OR LOCATED. THIS DOCUMENT IS FURTHER SUBJECT TO ALL SAFETY NOTES SET FORTH HEREIN.

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TITLE

REV.

DATE

REVISION DESCRIPTION

0

9.19.2025

AS-BUILT

INSERT

CATHODIC PROTECTION SYSTEM DEEP ANODE GROUNDBED INSTALLAT **CT-2 REPLACEMENT RUMLER** T Q

ONEOK

MCPHERSON, KANSAS

SERVICES	Intrapro

			_		
DRAWING NO.	PROJECT NO.	APPROVED BY	DESIGNED BY	DRAFT DATE (YYYYY.MM.DD)	
	24185-66	P.KING	E.MANZO	2025.8.27	
SHEET NO.	SCALE	CLIENT DRAWING NO.	CHECKED BY	DRAWN BY	
	NTS REV.	24185	P.KII	C.BRO\	
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	_	_		_	
	DRAWING NO.	PROJECT NO.	APPROVED BY	DESIGNED BY	(YYYY.MM.DD)
24185-66		24185-66	P.KING	E.MANZO	2025.8.27
1 OF	SHEET NO.	SCALE	CLIENT DRAWING NO.	CHECKED BY	
		STN	2,		C.E
		REV.	24185-66	P.KING	C.BROWN



 JOB NO:
 24185

 CUSTOMER:
 ONEOK

 CUSTOMER REP:
 John Cooper/Frank Caudillo

 GPS COORD:
 38.37159 -97.80113

 ADDRESS:
 CT-2 Replacement Rumler

 FOREMAN:
 Charlie Shaw

 DRILLER:
 Ernesto Manzo

 ELEVATION:

8.27.2025 DATE: DIA. HOLE: 10" DEPTH: 300' COKE TYPE: SC-3 # OF COKE: 150 Bags # OF BENTONITE: 93 Bags COLUMN LENGTH: 180' INACTIVE LENGTH: 120' PRE/POST COKE:

 CASING:
 SCH-40

 DIAMETER:
 10" SDR21

 CASING DEPTH:
 60'

 # OF ANODES:
 15

 ANODE TYPE:
 Cast Iron

 ANODE LEAD:
 #8 AWG/HALAR

 CALIBRATION METER MODEL:
 CALIBRATION METER DATE:

	YOUR PARTNER IN CORROSI	ON PROTE
RECTIFIER MFG:		
MODEL:	'-	
SERIAL #:	·	
V-DC:		
A-DC:	'-	
PRIM-V:	'-	
PHASE:		
COMMISSIONING VO	LTS:	
COMMISSIONING AN	DS-	

DEPTH	ANODE ELECTRIC LOG			DEPTH	DEPTH	ANODE			LECTRIC LOC)			
FT.	DRILLER'S LOG	NO.	VOLTS	AMPS	RESIS.	REMARKS	FT.	DRILLER'S LOG	NO.	VOLTS	AMPS	RESIS.	REMARKS
0	Brown Clay						250	Red Bed		10.6			
5		CASING & C	ENTRALIZER				255		A-5				
10							260			9.7			
15							265		A-4				
20	Red Clay						270			10.9			
25							275		A-3				
30		CASING & C	ENTRALIZER				280			11.2			
35							285		A-2				
40	Red Clay						290			11.6			
45	Red Bed						295		A-1	11.6			
50							300	Red Bed					
55		CASING & C	ENTRALIZER				305						
60		CASING					310						
65							315						
70				3.5	1		320						
75					1		325						
80	Red Bed			3.2	1 1		330						
85							335						
90				2.9			340						
95							345						
100				3.1			350						
105							355						
110				3.6			360						
115	Red Bed						365						
120				4.0	1		370						
125							375						
130				4.3			380						
135							385						
140				5.0	1		390						
145				0.0	1		395						
150				4.4	1		400						
155		A15			1		405						
160		7110	-	4.5	+ +		410						
165	Red Bed	A-14		4.0	+		415						
170	1104 204	7, 14	-	7.0	+ +		420						
175		A-13		7.10	+		425						
180		N-13		7.3	+		430						
185		A-12		7.0	+		435						
190	Red Bed	N-12		6.7	+ +		440						
195	ned bed	A-11		0.7	+ +		445						
200		W-11		5.3	+ +		450						
205		A-10		5.5	+ +		455						
210	Red Bed	A-10		5.9	+ +		460						
210	neu Deu	A-9	-	5.9	+		460 465						
220		A-9	-	4.5	++				_				
		A 2		4.5	+ +		470						
225		A-8			+ +		475						
230				6.9	+		480						
235		A-7			+		485						
240				9.5	↓		490						
245	Red Bed	A-6	1				495				1	I	



B & B Lumber 1601 W 1st St. Newton KS 67114 (316) - 283-0700

8/25/2025 2:33 PM

BRCH:2000

CASHIER: 2500

*** INVOICE ***

2508-604822

ACCT # : CASH

JOB # : 0

NAME : CASH SALES

PC1 CEMENT- PORTLAND CEMENT TYPE

1 94# 35/plt

80 EA @ 22.24 EA 1,779.20

QP CEMENT MIX- PALLETS

2 EA @ 25.00 EA 50.00

SUBTOTAL 1,829.20

SALES TAX HAYCO 8.50% 155.48

200.48

TOTAL 1,984.68

AMT PAID 1,984.68

CHANGE DUE 0.00

Thank you for your business!

PAYMENT METHOD[S]:

SALE-Visa 1984.68

ACCT: ###6580 APPROVED: 054096

AL: VISA CREDIT Entry Mode: CHIP AID: A0000000031010