

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 & LEASEOPERATOR: License # 6569Name: Carmen Schmitt, Inc.Address 1: PO BOX 47

Address 2: _____

City: GREAT BEND State: KS Zip: 67530 + 0047Contact Person: Matt SuchyPhone: (620) 793-5100CONTRACTOR: License # 30606Name: Murfin Drilling Co., Inc.Wellsite Geologist: Brad Rine

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 #: _____6/23/2025 7/2/2025 7/3/2025Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion DateAPI No.: 15-153-21355-00-00

Spot Description: _____

E2 - W2 - NW-SW Sec. 15 Twp. 4 S. R. 36 ☐ East ☒ West1980 Feet from ☐ North / ☒ South Line of Section580 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: RawlinsLease Name: TLM Well #: 2-15

Field Name: _____

Producing Formation: PawneeElevation: Ground: 3343 Kelly Bushing: 3348Total Vertical Depth: 4977 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at: 387 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: 10000 ppm Fluid volume: 800 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 RequestedDate: 09/23/2025☐ Confidential Release Date: 09/23/2027☒ Wireline Log Received ☒ Drill Stem Tests Received☒ Geologist Report / Mud Logs Received☐ UIC DistributionALT ☒ I ☐ II ☐ III Approved by: Alexis Vincent Date: 09/25/2025