Confidentiality Requested:
☑ Yes ☐ No

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
January 2018
Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 31385
Name: M G Oil Inc
Address 1: PO BOX 162
Address 2:
City: RUSSELL State: KS Zip: 67665 + 0162
Contact Person: Chad Counts
Phone: (785) 324-0301
CONTRACTOR: License # 5123
Name: Pickrell Drilling Company Inc
Wellsite Geologist: Chad Counts
Purchaser: CHS

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 #:

8/5/2025	8/12/2025	8/28/2025
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-063-22475-00-00
Spot Description:
NW - SE - SE - SW Sec. 10 Twp. 11 S. R. 30 ☐ East ☑ West
367 Feet from ☐ North / ☑ South Line of Section
2005 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: Gove
Lease Name: MOOS FAMILY FARMS Well #: 1-10
Field Name:
Producing Formation: LKC
Elevation: Ground: 2913 Kelly Bushing: 2920
Total Vertical Depth: 4592 Plug Back Total Depth: 4590
Amount of Surface Pipe Set and Cemented at: 280 Feet
Multiple Stage Cementing Collar Used? ☑ Yes ☐ No
If yes, show depth set: 2410 Feet
If Alternate II completion, cement circulated from: 2410
feet depth to: 0 w/ 430 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: 25000 ppm Fluid volume: 750 bbls
Dewatering 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: 09/16/2025
☐ **Confidential Release Date:** 09/16/2027
☑ **Wireline Log Received** ☑ **Drill Stem Tests Received**
☑ **Geologist Report / Mud Logs Received**
☐ **UIC Distribution**
ALT ☐ **I** ☑ **II** ☐ **III** **Approved by:** Alexis Vincent **Date:** 10/14/2025