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 # 32119
Name: Northern Natural Gas Co.
Address 1: 1111 S 103RD ST
Address 2: P O BOX 3330
City: OMAHA State: NE Zip: 68124 + 3330
Contact Person: Jason Goss
Phone: (402) 398-7274
CONTRACTOR: License # 5142
Name: Sterling Drilling Company
Wellsite Geologist: Frank Mize
Purchaser: NA

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: Northern Natural Gas Co.
Well Name: Alley 16-44
Original Comp. Date: 10/18/2022 Original Total Depth: 4442

☑ 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 #:

07/30/2025	8/1/2025	9/4/2025
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-095-22349-00-01
Spot Description:
SE - SW - SW - SW Sec. 16 Twp. 27 S. R. 10 ☐ East ☑ West
205 Feet from ☐ North / ☑ South Line of Section
488 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: Kingman
Lease Name: WWW Well #: 3
Field Name:
Producing Formation: Arbuckle
Elevation: Ground: 1739 Kelly Bushing: 1754
Total Vertical Depth: 4700 Plug Back Total Depth: 4700
Amount of Surface Pipe Set and Cemented at: 294 Feet
Multiple 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: ppm Fluid volume: bbls
Dewatering method used:
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: 10/08/2025
☐ **Confidential Release Date:** 10/08/2027
☑ **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