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 # 35714
Name: Briscoe Petroleum, LLC
Address 1: PO Box 6690
Address 2:
City: SHERIDAN State: WY Zip: 82801 + _ _ _ _
Contact Person: Rick D. Briscoe
Phone: (307) 752-7630
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: Jeremy Schwartz
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: Briscoe Petroleum LLC
Well Name: Millie 1
Original Comp. Date: 05/11/2022 Original Total Depth: 5252

☐ 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 #:

10/17/2025		10/17/2025
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-077-22189-00-01
Spot Description:
NE - SW - SE - NW Sec. 6 Twp. 34 S. R. 9 ☐ East ☑ West
3290 Feet from ☐ North / ☑ South Line of Section
1895 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: Harper
Lease Name: MILLIE Well #: 1
Field Name:
Producing Formation: Miss
Elevation: Ground: 1326 Kelly Bushing: 1339
Total Vertical Depth: 5252 Plug Back Total Depth: 4722
Amount of Surface Pipe Set and Cemented at: 226 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: 5000 ppm Fluid volume: 600 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: 10/28/2025
☐ **Confidential Release Date:** 10/28/2027
☐ **Wireline Log Received** ☐ **Drill Stem Tests Received**
☐ **Geologist Report / Mud Logs Received**
☐ **UIC Distribution**
ALT ☑ **I** ☐ **II** ☐ **III** **Approved by:** Alexis Vincent **Date:** 10/30/2025