

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____

Confidential Release Date: _____

Wireline Log Received Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top _____ Bottom _____
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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TDR Construction, Inc.
(913) 710-5400
Wellsville, KS

Well Information				Casing		
Southern Sky Energy				Surface Production		
Revey 55				Size:	7" 2 7/8"	
API#15-059-27521	Sec/Twp/Rge	30/15/21		Depth:	20 780	
County:	Franklin	Commenced Spuding:	7/24/2025		Cement:	3 sks
				Drill Size:	5 5/8"	
				Completed Drilling 7/28/2025		
Elevation	996	Baffle	749			
Distance From		Float	780			
South Line	825	TD	800			
East Line	1700					

WELL LOG

Thickness of Strata	Formation	Total Depth
0-16	Soil/Clay	16
42	Shale	58
26	Lime	84
7	Shale	91
12	Lime	103
4	Shale	107
17	Lime	124
39	Shale	163
22	Lime	185
77	Shale	262
29	Lime	291
5	Shale	296
7	Lime	303
59	Shale	362
8	Lime	370
3	Shale	373
14	Lime	387
10	Shale	397
21	Lime	418
5	Sand	423
4	Lime	427
3	Shale	430
5	Lime/Hertha	435
127	Shale	562
18	Sand	580
32	Shale	612
9	Lime	621
17	Shale	638
6	Lime	644
16	Shale	660



CEMENT TREATMENT REPORT

Customer: Southern Sky Energy LLC	Well: Revey #37, #55	Ticket: EP18273
City, State: Wellsville, KS	County: FR, KS	Date: 7/28/2025
Field Rep: Brad Williams	S-T-R: 30-15-22	Service: Longstrings

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	5 5/8 in	Blend:	Econobond 1#PS	Blend:	
Hole Depth:	800 ft	Weight:	13.6 ppg	Weight:	ppg
Casing Size:	2 7/8 in	Water / Sx:	7.1 gal / sx	Water / Sx:	gal / sx
Casing Depth:	774/780 ft	Yield:	1.56 ft ³ / sx	Yield:	ft ³ / sx
Tubing / Liner:	in	Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	bbs / ft.
Depth:	ft	Depth:	ft	Depth:	ft
Tool / Packer:	Baffle	Annular Volume:	0.0 bbls	Annular Volume:	0 bbls
Tool Depth:	743/749 ft	Excess:		Excess:	
Displacement:	bbls	Total Slurry:	bbls	Total Slurry:	0.0 bbls
		Total Sacks:	sx	Total Sacks:	0 sx

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
12:00 PM			-	-	On location, held safety meeting
					#37
					Hooked to 2 7/8" casing and established circulation
					Mixed and pumped 300# of bentonite gel followed by 4 bbl of fresh water
					Mixed and pumped 90 sks of Econobond cement with 1# PS to surface
					Flushed pump clean
					Displaced 2 7/8" rubber plug to casing baffle with 4.30 BBI of fresh water
					Landed plug with 800 Psi, well held pressure
					released pressure to set float valve, float held
					Washed equipment and moved
					#55
					Hooked to 2 7/8" casing and established circulation
					Mixed and pumped 200# of bentonite gel followed by 4 bbl of fresh water
					Mixed and pumped 87 sks of Econobond cement with 1# PS to surface
					Flushed pump clean
					Displaced 2 7/8" rubber plug to casing baffle with 4.34 BBI of fresh water
					Landed plug with 800 Psi, well held pressure
					released pressure to set float valve, float held
					Washed equipment
2:00 PM					Left location

CREW		UNIT	SUMMARY		
Cementer:	Garrett S	957	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Nick B	209	0.0 bpm	- psi	- bbls
Bulk #1:	Drew B	189			
Bulk #2:	Wes C	110			