

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASEOPERATOR: License # 34952Name: Tallgrass Interstate Gas Transmission, LLCAddress 1: 3808 28TH AVE, STE B

Address 2: _____

City: KEARNEY State: NE Zip: 68845 + 1290Contact Person: Cooper TaylorPhone: (308) 865-0719CONTRACTOR: License # 848Name: 3-B DrillingWellsite Geologist: NA

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 #: _____10/29/2025 10/30/2025 11/03/2025Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion DateAPI No.: 15-101-22708-00-00

Spot Description: _____

SE - SE - NW-SW Sec. 13 Twp. 16 S. R. 30 ☐ East ☒ West1421 Feet from ☐ North / ☒ South Line of Section1161 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: LaneLease Name: HEALY Well #: WELL #2

Field Name: _____

Producing Formation: NAElevation: Ground: 2823 Kelly Bushing: 2823Total Vertical Depth: 140 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at: 20 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: _____ 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 DistributionALT ☐ I ☐ II ☒ III Approved by: Alexis Vincent Date: 12/03/2025

Operator Name: Tallgrass Interstate Gas Transmission, LLC Lease Name: HEALY Well #: WELL #2
 Sec. 13 Twp. 16 S. R. 30 ☐ East ☒ West County: Lane

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 ☐ Yes ☒ No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☒ No Cores Taken ☐ Yes ☒ No Electric Log Run ☐ Yes ☒ No Geologist Report / Mud Logs ☐ Yes ☒ No List All E. Logs Run:	☐ Log Formation (Top), Depth and Datum ☐ Sample Name NA Top NA Datum NA
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CASING RECORD ☒ New ☐ 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
Surface	16	10	11.132	20	100% Bentonite	14	10% Beontonite

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
☐ Perforate	-			
☐ Protect Casing				
☐ Plug Back TD				
☐ 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: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain) _____						
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5)</i> <i>(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:					

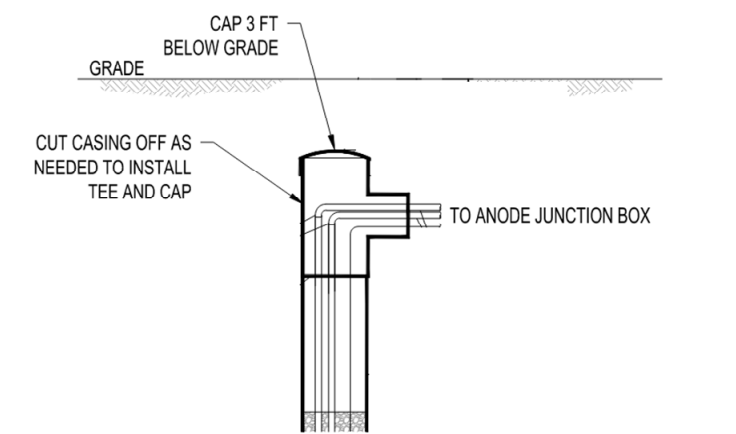
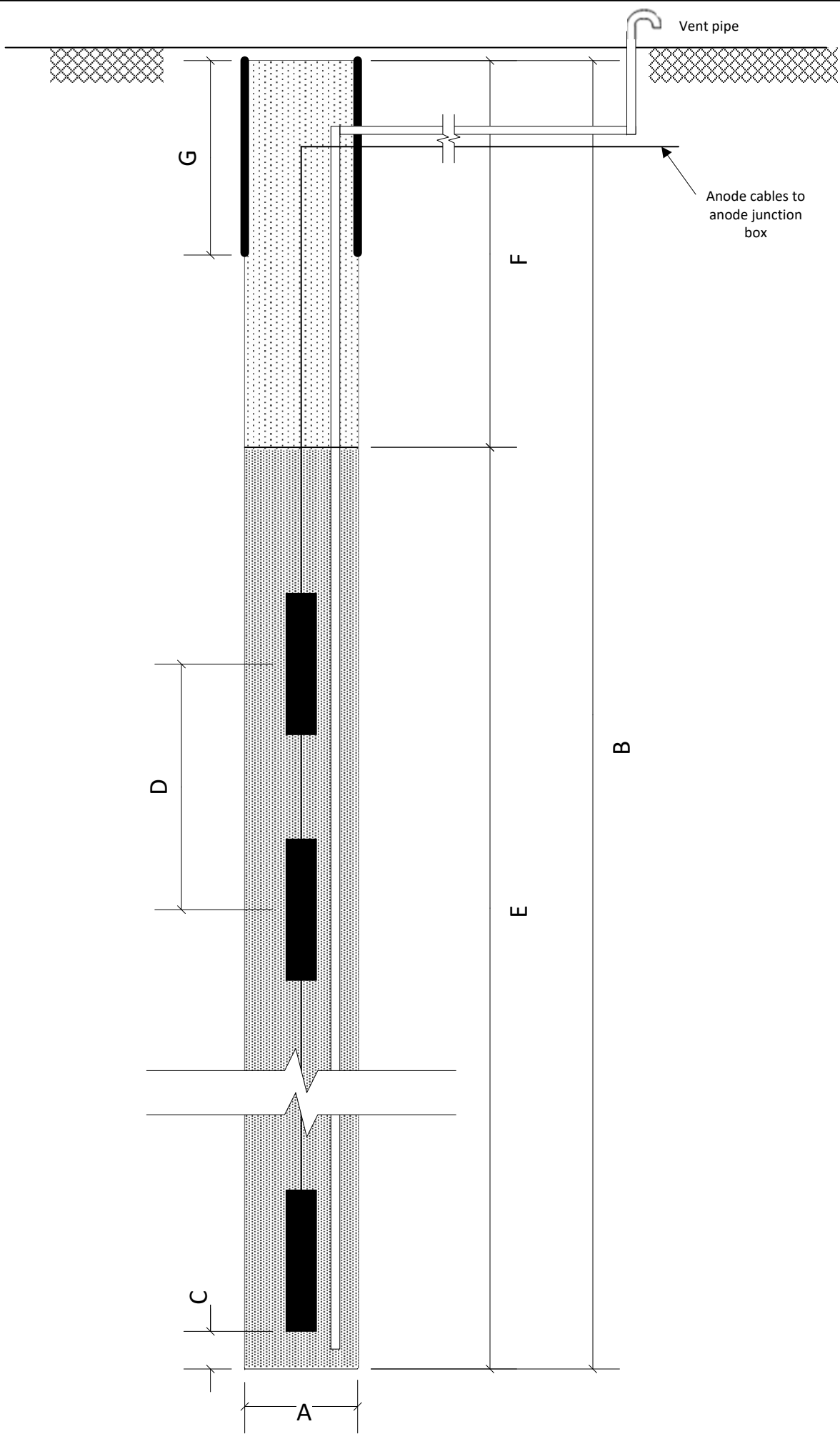
Form	ACO1 - Well Completion
Operator	Tallgrass Interstate Gas Transmission, LLC
Well Name	HEALY WELL #2
Doc ID	1868676

Casing

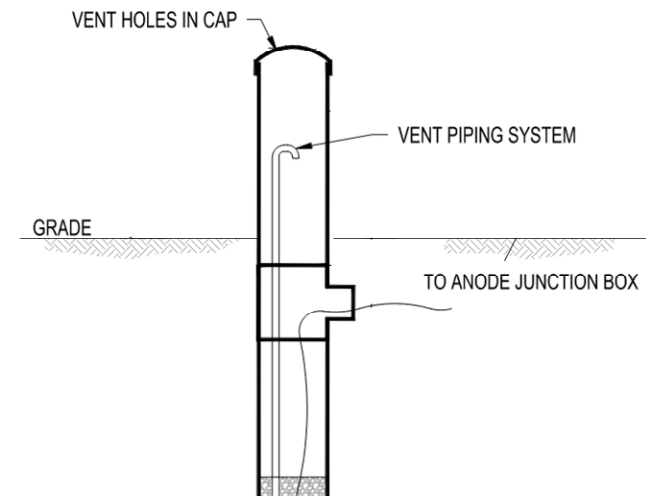
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DEEPWELL GROUND BED DIMENSIONS			
DIMENSION	DESCRIPTION	VALUE	UNITS
A	Hole Diameter	10	IN.
B	Well Depth	140	FT.
C	First Anode from Bottom	50	FT.
D	Anode Spacing	10	FT.
E	Coke Column	100	FT.
F	Hole Plug Column	40	FT.
G	PVC Casing Length	20	FT.
-	Number of Anodes	15	EA
-	Anode Diameter	1	IN.
-	Anode Length	90	IN.

DEEP WELL SCHEMATIC TEMPLATE



IMPRESSED CURRENT CATHODIC PROTECTION-
DEEP ANODE GROUND BED BELOW GRADE COMPLETION DETAIL



IMPRESSED CURRENT CATHODIC PROTECTION-
DEEP ANODE GROUND BED ABOVE GRADE COMPLETION DETAIL

TALLGRASS		TITLE Healy Well #2		
REV. 0	REVISED DATE 11/03/2025	DRAWN BY Cooper Taylor	DATE 11/03/2025	AFE# 12896
SUPERVISOR REVIEW Andy Cline			DATE 11/03/2025	
ENGINEERING APPROVAL Caitlin Kennedy			DATE 11/03/2025	
COMMISSIONED BY Cooper Taylor			DATE 11/03/2025	