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 # 31434
Name: McGinness Energy Company, Inc.
Address 1: 1635 N WATERFRONT PKWY STE 220
Address 2:
City: WICHITA State: KS Zip: 67206 + 6630
Contact Person: Douglas McGinness
Phone: (316) 267-6065
CONTRACTOR: License # 30606
Name: Murfin Drilling Co., Inc.
Wellsite Geologist: Ken LeBlanc
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:
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 #:

| 11/12/2025 | 11/21/2025 | 11/21/2025 |
|---|---|---|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No.: 15-055-22643-00-00
Spot Description: NW NW SE SE
NW NW SE SE Sec. 11 Twp. 21 S. R. 32 ☐ East ☑ West
1300 Feet from ☐ North / ☑ South Line of Section
1200 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: Finney
Lease Name: ST MARK'S CHURCH Well #: 1-11
Field Name: Unknown
Producing Formation: NA
Elevation: Ground: 2927 Kelly Bushing: 2938
Total Vertical Depth: 4990 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 228 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: 2100 ppm Fluid volume: 40 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: 01/22/2026
☐ **Confidential Release Date:** 01/22/2028
☑ **Wireline Log Received** ☐ **Drill Stem Tests Received**
☐ **Geologist Report / Mud Logs Received**
☐ **UIC Distribution**
**ALT** ☐ **I** ☑ **II** ☐ **III** **Approved by:** Alexis Vincent **Date:** 01/22/2026