

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 & LEASE

OPERATOR: License # 35625

Name: Talon Group LLC

Address 1: PO BOX 700

Address 2:

City: HAYS State: KS Zip: 67601 + 0700

Contact Person: Jason Clark

Phone: (785) 656-2644

CONTRACTOR: License # 32592

Name: Wild West Well Service, Inc.

Wellsite 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: TyCo Oil Co, Inc.

Well Name: Schultz 1

Original Comp. Date: 12/06/1990 Original Total Depth: 4597

☐ 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 #:

2/13/2024 2/27/2024

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No.: 15-101-21562-00-02

Spot Description:

- NE - SE - NW Sec. 25 Twp. 17 S. R. 29 ☐ East ☒ West3630 Feet from ☐ North / ☒ South Line of Section2970 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: Lane

Lease Name: SCHULTZ Well #: 1

Field Name:

Producing Formation: L-KC

Elevation: Ground: 2783 Kelly Bushing: 2788

Total Vertical Depth: 4597 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 302 Feet

Multiple Stage Cementing Collar Used? ☒ Yes ☐ No

If yes, show depth set: 2167 Feet

If Alternate II completion, cement circulated from: 0

feet depth to: 2167 w/ 325 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: 03/22/2024

☐ Confidential Release Date: 03/22/2026☐ Wireline Log Received ☐ Drill Stem Tests Received☐ Geologist Report / Mud Logs Received☐ UIC DistributionALT ☐ I ☒ II ☐ III Approved by: Kelsey Cox Date: 04/10/2024

Operator Name: Talon Group LLC Lease Name: SCHULTZ Well #: 1
 Sec. 25 Twp. 17 S. R. 29 ☐ 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 <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Anhydrite</td> <td>2163</td> <td>+625</td> </tr> <tr> <td>Lansing</td> <td>3973</td> <td>-1185</td> </tr> <tr> <td>Cherokee</td> <td>4507</td> <td>-1719</td> </tr> <tr> <td>Mississippi</td> <td>4572</td> <td>-1784</td> </tr> </tbody> </table>	Name	Top	Datum	Anhydrite	2163	+625	Lansing	3973	-1185	Cherokee	4507	-1719	Mississippi	4572	-1784
Name	Top	Datum														
Anhydrite	2163	+625														
Lansing	3973	-1185														
Cherokee	4507	-1719														
Mississippi	4572	-1784														

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	12.25	8.625	20	302	60/40 poz	180	3% CC, 2% gel
Production	7.875	4.5	10.5	4595	60/40 poz	175	10% salt, 2% gel 1/2% CFR3

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
☐ Perforate	4239-4280	Standard	75	
☐ 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: <u>02/28/2024</u>	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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top <u>4517</u> Bottom <u>4556</u>
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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>
Attached	Attached	Attached	Attached	Attached	Attached
TUBING RECORD: Size: <u>2.375</u> Set At: <u>4555</u> Packer At: <u> </u>					

Form	ACO1 - Well Completion
Operator	Talon Group LLC
Well Name	SCHULTZ 1
Doc ID	1769239

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
4	4552	4556			500 gal 15% mud acid
4	4517	4520			500 gal 15% mud acid
4	4276	4280			squeezed
4	4244	4246			squeezed
4	4239	4241			squeezed
4	4139	4143			250 gal 15% MCA

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Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	20	302	60/40 poz	180	3% CC, 2% gel
Production	7.875	4.5	10.5	4595	60/40 poz	175	10% salt, 2% gel 1/2% CFR3



Services, Inc.

TICKET

36831

CHARGE TO: Talon Group
ADDRESS
CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <u>Ness City, KS</u>	<u>1-25</u>	<u>Schultz</u>	<u>LANE</u>	<u>KS</u>	<u>Dighton</u>	<u>2/21/2004</u>	
2.	TICKET TYPE ☒ SERVICE ☐ SALES	CONTRACTOR <u>Wild West</u>	RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>Locana</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Workover</u>	JOB PURPOSE <u>Ref Squeeze</u>	WELL PERMIT NO.		WELL LOCATION <u>Dighton, 5-N, 1/2-W</u>	
4.	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
576	2/21	1	MILEAGE	40	mi	1	mi	8.00	320.00
577	2/21	1	Pump Charge	1	job	1	job	1,250.00	1,250.00
325	2/22	1	STANDARD Cement	75	sk	1	sk	17.00	1,312.50
290	2/22	1	D-Air	1	gal	1	gal	45.00	45.00
575	2/22	1	Truck # 115	40	mi	1	mi	8.00	320.00
578	2/22	1	Pump Charge - Squeeze	1	job	1	job	1,750.00	1,750.00
581	2/21	1	Cement Service Charge	75	sk	1	sk	2.00	150.00
582	2/21	1	Minimum Drayage Charge	1	job	1	job	350.00	350.00
LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.				REMIT PAYMENT TO: SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 785-798-2300					
MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.				SURVEY					
X				OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?		AGREE		UNDECEDED	
				WE UNDERSTOOD AND MET YOUR NEEDS?					
				OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
				WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
				ARE YOU SATISFIED WITH OUR SERVICE?		☐ YES ☐ NO			
DATE SIGNED <u>2/22/2004</u>				TIME SIGNED <u>5:15</u>		☐ A.M. ☒ P.M.		TOTAL <u>599.81</u>	

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR

Anthony Trucks

APPROVAL

Thank You!

CUSTOMER

Talon Energy

WELL NO.

1-25

LEASE

Schultz

JOB TYPE	
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JOB TYPE
Perf Squeeze

TICKET NO

36831

[illegible]

