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 # 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 # 5123
Name: Pickrell Drilling Company 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: Carmen Schmitt
Well Name: Terwilliger #1
Original Comp. Date: 07/14/2005 Original Total Depth: 4640
☐ 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 #:

02/02/2026	02/04/2026	02/19/2026
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-101-21874-00-01
Spot Description:
__ - E2 - SW - SW Sec. 34 Twp. 16 S. R. 28 ☐ East ☑ West
660 Feet from ☐ North / ☑ South Line of Section
4290 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: TERWILLIGER Well #: 34-2 OWWO
Field Name:
Producing Formation: Mississippi
Elevation: Ground: 2759 Kelly Bushing: 2766
Total Vertical Depth: 4640 Plug Back Total Depth: 4637
Amount of Surface Pipe Set and Cemented at: 218 Feet
Multiple Stage Cementing Collar Used? ☑ Yes ☐ No
If yes, show depth set: 2120 Feet
If Alternate II completion, cement circulated from: 2120
feet depth to: 0 w/ 235 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: 02/27/2026
☐ **Confidential Release Date:** 02/27/2028
☐ **Wireline Log Received** ☐ **Drill Stem Tests Received**
☐ **Geologist Report / Mud Logs Received**
☐ **UIC Distribution**
ALT ☐ I ☑ II ☐ III **Approved by:** Alexis Vincent **Date:** 03/03/2026