KOLAR Document ID: 1946832

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 # 36264
Name: Eiger Operating Company, LLC
Address 1: 3811 TURTLE CREEK BLVD SUITE 975
Address 2:
City: DALLAS State: TX Zip: 75219 + 4784
Contact Person: CASI RENFRO
Phone: (469) 568-1716
CONTRACTOR: License # 36252
Name: Weld Mech, Inc
Wellsite Geologist: EIGER OPERATING 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: EIGER OPERATING
Well Name: NAPESTE 1-29
Original Comp. Date: 04/08/2024 Original Total Depth: 5100

☐ 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 #:

04/29/2026		04/29/2026
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-055-22608-01-01
Spot Description:
NW SW NE NE Sec. 29 Twp. 24 S. R. 32 ☐ East ☑ West
974 Feet from ☑ North / ☐ South Line of Section
1153 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: NAPESTE Well #: 1-29
Field Name:
Producing Formation: CHESTER, ST. LOUIS
Elevation: Ground: 2857 Kelly Bushing: 2859
Total Vertical Depth: 5100 Plug Back Total Depth: 5018
Amount of Surface Pipe Set and Cemented at: 1787 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: 05/07/2026
☐ **Confidential Release Date:** 05/06/2028
☐ **Wireline Log Received** ☐ **Drill Stem Tests Received**
☐ **Geologist Report / Mud Logs Received**
☑ **UIC Distribution**
ALT ☑ I ☐ II ☐ III **Approved by:** Alexis Vincent **Date:** 05/11/2026