

Confidentiality Requested:

Yes No

**KANSAS 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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite 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: _____

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 #: _____

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

API No.: _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____

Confidential Release Date: _____

Wireline Log Received Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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

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

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> 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:	
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CEMENT TREATMENT REP

Customer: S & K Oil Production	Well: Woodward #EW-1, #EWI-1	Ticket: EP20146
City, State:	County: BB, KS	Date: 1/12/2026
Field Rep:	S-T-R:	Service: Longstrings

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	5 7/8 In	Blend:	Econobond 1# PS	Blend:	
Hole Depth:	822 ft	Weight:	13.61 ppg	Weight:	ppg
Casing Size:	2 7/8 In	Water / Sx:	7.12 gal / sk	Water / Sx:	gal / sk
Casing Depth:	815 ft	Yield:	1.56 ft³ / sk	Yield:	ft³ / sk
Tubing / Liner:	In	Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	bbs / ft.
Depth:	ft	Depth:	ft	Depth:	ft
Tool / Packer:		Annular Volume:	0.0 bbls	Annular Volume:	0 bbls
Tool Depth:	ft	Excess:		Excess:	
Displacement:	4.80 bbls	Total Slurry:	bbls	Total Slurry:	0.0 bbls
		Total Sacks:	sk	Total Sacks:	0 sk

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
2:30 AM			-	-	On location, Held safety meeting
			-	-	#EW-1
			-	-	Hooked to 2 7/8" casing and established circulation with 5 BBL of fresh water
			-	-	Mixed and pumped 200# of bentonite gel followed by 4 BBL of fresh water
			-	-	Mixed and pumped 103 sks of econobond cement with 1# PS to surface
			-	-	Knocked off from well and flushed pump and lines clean
			-	-	Displaced 1 2 7/8" rubber plug to casing TD with 4.72 BBL of fresh water
			-	-	Landed plug with 800 Psi, well held pressure
			-	-	Released pressure to set float valve, float held
			-	-	washed up equipment
			-	-	
			-	-	#EWI-1
			-	-	Hooked to 2 7/8" casing and established circulation with 5 BBL of fresh water
			-	-	Mixed and pumped 200# of bentonite gel followed by 4 BBL of fresh water
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			-	-	Displaced 1 2 7/8" rubber plug to casing TD with 4.72 BBL of fresh water,
			-	-	Landed plug with 800 Psi, well held pressure
			-	-	Released pressure to set float valve, float held
			-	-	washed up equipment
			-	-	
4:30 PM			-	-	Left location
			-	-	
			-	-	
			-	-	
			-	-	

CREW		UNIT	SUMMARY		
Cementer:	Garrett S	957	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Was C	207	0.0 bpm	- psi	- bbls
Bulk:	Drew B	247			
H2O:	Keith C	124			

McGOWN

DRILLING, INC.

Mound City, KS

620.224.7406

Well #				Casing			
S&K Oil Woodward EW1				Surface		Longstring	
API #: 15-011-24948		S-T-R: 13-25-21		Size: 7 "	Size: 2 7/8 "		
County: Bourbon		Date: 1/7/2026		Tally: 20.0 '	Tally: 815.3 '		
				Cement: 4 sx	Bit: 5 7/8 "		
				Bit: 9 7/8 "	Date: 1/9/2026		

Top	Base	Formation	Top	Base	Formation	
0	3	soil/ rocks	529	531	lime	
3	35	lime	531	570	shale	
35	38	blk shale	570	571	lime	
38	40	lime	571	606	shale	
40	51	shale	606	619	sand	Grey
51	78	lime	619	663	shale	
78	80	blk shale	663	672	sand	slight odor no bleed
80	85	lime	672	769	shale	
85	91	shale	769	789	sand	
91	107	lime	789		shale	
107	125	shale				
125	126	lime				
126	156	shale				
156	165	lime				
165	238	shale				
238	243	limy shale				
243	252	shale				
252	254	lime				
254	265	shale				
			Qty	Size	Float Equipment	
265	273	limy shale	1	2 7/8	Float Shoe	
273	274	lime		2 7/8	Aluminum Baffle	
274	276	shale	3	2 7/8	Centralizers	
276	276	lime	1	2 7/8	Casing clamp	
276	292	shale				
292	296	limy shale				
			Sand / Core Detail			
296	298	red bed	Core #1:		Core #2:	
298	305	shale	Core #3:		Core #4:	
305	310	sand	769	773.5	liaminated, no odor, no bleed,	
310	371	shale	773.5	775	light brown sand, slight odor, rainbow in samp	
371	397	lime	775	778	good odor, slight bleed,	
397	439	shale	778	789	good odor, good bleed, soft solid sand	
439	455	lime				
455	461	shale				
461	466	lime				
466	485	shale				
485	493	sand				
493	529	shale				
Total Depth:			822			

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Andrew J. French, Chairperson
Dwight D. Keen, Commissioner
Annie Kuether, Commissioner

Laura Kelly, Governor

May 13, 2026

Kelley Jackson
S & K Oil Production, Inc.
1903 FARRIS ROAD
BLUE MOUND, KS 66010-9441

Re: ACO-1
API 15-011-24948-00-00
WOODWARD E W 1
NE/4 Sec.13-25S-21E
Bourbon County, Kansas

Dear Kelley Jackson:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 1/7/2026 and the ACO-1 was received on May 11, 2026 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department