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 # 36054
Name: Bojack Roustabout LLC dba Bojack Oilfield Services
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: Richlan Drilling
Well Name: Kent 1-7
Original Comp. Date: 11/21/2008 Original Total Depth: 4650
☐ 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 #:

4/13/2026 Spud Date or Recompletion Date
Date Reached TD
4/30/2026 Completion Date or Recompletion Date

API No.: 15-101-22132-00-04
Spot Description:
SE - SE - NW - SE Sec. 7 Twp. 18 S. R. 27 ☐ East ☑ West
1386 Feet from ☐ North / ☑ South Line of Section
1649 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: KENT Well #: 1-7
Field Name:
Producing Formation: L KC
Elevation: Ground: 2703 Kelly Bushing: 2712
Total Vertical Depth: 4650 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 234 Feet
Multiple Stage Cementing Collar Used? ☑ Yes ☐ No
If yes, show depth set: 2090 Feet
If Alternate II completion, cement circulated from: 2090
feet depth to: 0 w/ 230 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: 06/02/2026
☐ **Confidential Release Date:** 06/01/2028
☐ **Wireline Log Received** ☐ **Drill Stem Tests Received**
☐ **Geologist Report / Mud Logs Received**
☐ **UIC Distribution**
ALT ☐ I ☑ II ☐ III **Approved by:** Alexis Vincent **Date:** 06/04/2026