

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 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

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>

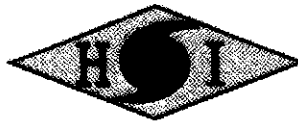
TUBING RECORD:	Size:	Set At:	Packer At:	
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McGOWAN DRILLING, INC.

Mound City, KS

620.224.7406

Well #				Casing			
S&K Oil Woodward IN6				Surface		Longstring	
API #:	15-011-24970	S-T-R:	12-255-21E	Size:	7 "	Size:	2 7/8 "
County:	Bourbon	Date:	2/9/2026	Tally:	20.0 '	Tally:	704.0 '
				Cement:	4 sx	Bit:	5 7/8 "
				Bit:	9 7/8 "	Date:	2/10/2026
Top	Base	Formation		Top	Base	Formation	
0	2	soil		495	545	shale	
2	6	clay		545	547	lime	
6	28	lime		547	593	shale	
28	29	shale		593	594	lime	
29	73	lime		594	630	shale	
73	76	blk shale		630	642	sandy shale	slight odor
76	78	lime		642	681	sand	
78	86	shale		681	702	shale	
86	87	lime		702	705	white sand	no odor
87	90	shale		705		shale	
90	113	lime					
113	114	shale					
114	119	lime					
119	123	shale					
123	138	lime					
138	163	shale					
163	176	lime					
176		shale					
				Float Equipment			
187	187			Qty	Size		
#REF!	187			1	2 7/8	Float Shoe	
187	193	lime					
193	276	shale		3	2 7/8	Centralizers	
276	277	lime		1	2 7/8	Casing clamp	
277	299	shale					
299	300	lime		Sand / Core Detail			
300	303	shale		Core #1		Core #2	
303	312	lime		Core #3		Core #4	
312	313	shale		642	646	fair odor, laminated, spotty bleed in sample	
313	321	lime		646	653	sanfy shale	
321	241	red bed		653	670	good odor. Good bleed. soild sand	
241	346	sand	Grey hard	670	673	good odor, slight bleed, white sand, washed	
346	401	sandy shale		673	675	good odor, good bleed, spoild sand	
401	422	lime		675	681	blk sand,	
422	467	shale					
467	480	lime	20'				
480	490	shale					
490	495	lime	5'				
Total Depth:				708			



CEMENT TREATMENT REP

Customer: S & K Oil Production	Well: Woodward #NWA-7, #IN-6	Ticket: EP20450
City, State:	County: BB, KS NW 7	Date: 2/10/2026
Field Rep:	S-T-R: 12-25-21	Service: Longstrings

Downhole Information	
Hole Size:	5 7/8 in
Hole Depth:	730/708 ft
Casing Size:	2 7/8 in
Casing Depth:	725/704 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	4.2/4.0 bbls

Calculated Slurry - Lead	
Blend:	Econobond 1# PS
Weight:	13.61 ppg
Water / Sx:	7.12 gal / sk
Yield:	1.56 ft³ / sk
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	bbls
Total Sacks:	sks

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sx:	gal / sk
Yield:	ft³ / sk
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	0 sks

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
1:00 PM			-	-	On location, Held safety meeting
					##### NW 7
					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 90sks 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 4.2 BBL of fresh water
					Landed plug with 800 Psi, well held pressure
					Released pressure to set float valve, float held
					washed up equipment
					IN-6
					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 85 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 4.0 BBL of fresh water
					Landed plug with 800 Psi, well held pressure
					Released pressure to set float valve, float held
					washed up equipment
3:00 PM					Left location

CREW		UNIT	SUMMARY		
Cementer:	Garrett S	957	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Wes C	209	0.0 bpm	- psi	- bbls
Bulk:	Draw B	248			
H2O:	Keith C	110			

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

June 11, 2026

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

Re: ACO-1
API 15-011-24970-00-00
WOODWARD I N 6
NE/4 Sec.12-25S-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 2/9/2026 and the ACO-1 was received on June 10, 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