

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
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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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MCGOWAN DRILLING, INC.

Mound City, KS

620.224.7406

Well #				Casing			
S&K Oil Woodward NW8				Surface		Longstring	
API #:	15-011-24964	S-T-R:	12-255-21E	Size:	7 "	Size:	2 7/8 "
County:	Bourbon	Date:	2/5/2026	Tally:	20.3 '	Tally:	725.7 '
				Cement:	4 sx	Bit:	5 7/8 "
				Bit:	9 7/8 "	Date:	2/9/2026
Top	Base	Formation		Top	Base	Formation	
0	3	soil		542	543	lime	
3	63	lime		543	619	shale	
63	67	shale		619	621	lime	
67	69	lime		621	645	shale	
69	74	shale		645	686	sand	
74	75	lime		686	693	sandy shale	
75	61	shale		693	696	sand	
61	111	lime		696		shale	
111	113	shale					
113	116	lime					
116	121	shale					
121	136	lime					
136	162	shale					
162	183	lime					
183	189	shale					
189	191	lime					
191	273	shale					
273	274	lime					
274	290	shale					
290	292	lime					
292	297	shale					
297	306	lime					
306	335	shale					
335	345	sand	Grey, hard				
345	393	shale					
393	395	coal					
395	398	shale					
398	409	lime					
409	411	shale					
411	418	lime					
418	463	shale					
463	479	lime	20'				
479	487	shale					
487	493	lime	5'				
493	508	shale					
508	512	sandy shale					
512	542	shale					
				Float Equipment			
				Qty	Size		
				1	2 7/8	Float Shoe	
				3	2 7/8	Centralizers	
				1	2 7/8	Casing clamp	
				Sand / Core Detail			
				Core #1:		Core #2:	
				Core #3:		Core #4:	
				645	655	good odor, fair bleed, soft	
				655	675	good odor, good bleed, soft,	
				675	686	good odor, slight bleed, blk sand	
				Total Depth: 730			



CEMENT TREATMENT REP

Customer: S & K Oil Production	Well: Woodward #N W 8, #IN-6	Ticket: EP20450
City, State:	County: BB, KS	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 / Sk:	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:	sk

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sk:	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
					#N W 8
					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:	Drew B	248			
H2O:	Kelth 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 16, 2026

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

Re: ACO-1
API 15-011-24964-00-00
WOODWARD N W 8
N/2 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 2/5/2026 and the ACO-1 was received on June 15, 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