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 # 31930
Name: BlueRidge Petroleum Corporation
Address 1: PO BOX 30545
Address 2:
City: EDMOND State: OK Zip: 73003 + 0545
Contact Person: Jonathan Allen
Phone: (580) 2423732
CONTRACTOR: License # 34059
Name: Hurricane Services, Inc
Wellsite Geologist: James C. Musgrove
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: 35269
Well Name: Stice #1-2
Original Comp. Date: 5/17/2006 Original Total Depth: 2182
☐ 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 #: D34636
☐ EOR Permit #:
☐ GSW Permit #:

06/16/2026		6/19/2026
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-197-20267-00-01
Spot Description:
__ - E2 - W2 - SW Sec. 2 Twp. 14 S. R. 8 ☑ East ☐ West
1320 Feet from ☐ North / ☑ South Line of Section
990 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: Wabaunsee
Lease Name: STICE Well #: 1-2
Field Name:
Producing Formation: Viola/Simpson Sd
Elevation: Ground: 1470 Kelly Bushing: 1475
Total Vertical Depth: 2250 Plug Back Total Depth: 2181
Amount of Surface Pipe Set and Cemented at: 316 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: 07/10/2026
☐ **Confidential Release Date:** 07/09/2028
☐ **Wireline Log Received** ☐ **Drill Stem Tests Received**
☐ **Geologist Report / Mud Logs Received**
☑ **UIC Distribution**
ALT ☑ **I** ☐ **II** ☐ **III** **Approved by:** Alexis Vincent **Date:** 07/10/2026