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 # 36264
Name: Eiger Operating Company, LLC
Address 1: 3811 TURTLE CREEK BLVD SUITE 975
Address 2:
City: DALLAS State: TX Zip: 75219 + 4784
Contact Person: CASI RENFRO
Phone: (469) 568-1716
CONTRACTOR: License # 35730
Name: Bearcat Well Service Inc
Wellsite Geologist: EIGER 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: EIGER OPERATING
Well Name: MCFADDEN B 1
Original Comp. Date: 07/10/1996 Original Total Depth: 5815

☐ 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 #:

06/18/2026		07/13/2026
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-175-21548-00-01
Spot Description:
__ - SE - NW - NW Sec. 23 Twp. 31 S. R. 34 ☐ East ☑ West
1085 Feet from ☑ North / ☐ South Line of Section
1155 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: Seward
Lease Name: MCFADDEN B Well #: 1
Field Name:
Producing Formation: MORROW, CHESTER
Elevation: Ground: 2969 Kelly Bushing: 12
Total Vertical Depth: 5815 Plug Back Total Depth: 5794
Amount of Surface Pipe Set and Cemented at: 1497 Feet
Multiple Stage Cementing Collar Used? ☑ Yes ☐ No
If yes, show depth set: 3104 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: 07/14/2026
☐ **Confidential Release Date:** 07/13/2028
☐ **Wireline Log Received** ☐ **Drill Stem Tests Received**
☐ **Geologist Report / Mud Logs Received**
☐ **UIC Distribution**
ALT ☑ **I** ☐ **II** ☐ **III** **Approved by:** Alexis Vincent **Date:** 07/14/2026