

Confidentiality Requested:

☒ Yes ☐ NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASEOPERATOR: License # 36108Name: Butte Oil and Gas, IncAddress 1: 3016 ROLLING STONE RD

Address 2: _____

City: OKLAHOMA CITY State: OK Zip: 73120 + 1838Contact Person: Cody BullerPhone: (316) 772-2546CONTRACTOR: License # 34199Name: Rawhide Well Service, LLCWellsite Geologist: Cody Buller

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: Butte Oil and GasWell Name: BickOriginal Comp. Date: 01/03/1961 Original Total Depth: 5448☐ 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 #: _____7/11/2026 7/11/2026Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion DateAPI No.: 15-025-10006-00-02

Spot Description: _____

_____-_____-_____-SE Sec. 14 Twp. 33 S. R. 22 ☐ East ☒ West1424 Feet from ☐ North / ☒ South Line of Section1342 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SWGPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84County: ClarkLease Name: BICK Well #: 1

Field Name: _____

Producing Formation: SwopeElevation: Ground: 1919 Kelly Bushing: 1929Total Vertical Depth: 5453 Plug Back Total Depth: 5250Amount of Surface Pipe Set and Cemented at: 2479 FeetMultiple 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 RequestedDate: 07/27/2026☐ Confidential Release Date: 07/26/2028☐ Wireline Log Received ☐ Drill Stem Tests Received☐ Geologist Report / Mud Logs Received☐ UIC DistributionALT ☒ I ☐ II ☐ III Approved by: Alexis Vincent Date: 08/13/2026