KOLAR Document ID: 1980878

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 # 4941
Name: Union Valley Petroleum Corporation
Address 1: 5302 N. US HWY 81
Address 2:
City: ENID State: OK Zip: 73701 + 9760
Contact Person: Dustin Johnson
Phone: ( 580 ) 237-3959
CONTRACTOR: License # 36314
Name: Mendenhall Drilling, Inc
Wellsite Geologist: Chuck Zorio
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 #:

07/08/2026 Spud Date or Recompletion Date
7/15/2026 Date Reached TD
8/21/2026 Completion Date or Recompletion Date

API No.: 15-191-22875-01-00
Spot Description:
- NE - NE - SW Sec. 16 Twp. 35 S. R. 3 ☐ East ☑ West
1300 Feet from ☐ North / ☑ South Line of Section
1160 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: Sumner
Lease Name: DOME Well #: 1-16
Field Name:
Producing Formation: Wilcox
Elevation: Ground: 1130 Kelly Bushing: 1143
Total Vertical Depth: 4787 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 397 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: 55000 ppm Fluid volume: 240 bbls
Dewatering method used: Evaporated

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: 09/15/2026
☐ **Confidential Release Date:** 09/14/2028
☑ **Wireline Log Received** ☐ **Drill Stem Tests Received**
☐ **Geologist Report / Mud Logs Received**
☐ **UIC Distribution**
**ALT** ☑ I ☐ II ☐ III **Approved by:** Alexis Vincent **Date:** 09/16/2026