

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 # 35977Name: Plains Pipeline, L.P.Address 1: 333 CLAY STREET SUITE 1600

Address 2: _____

City: HOUSTON State: TX Zip: 77002 + 4101Contact Person: Shawn PowersPhone: (785) 324-0204CONTRACTOR: License # 848Name: 3-B DrillingWellsite Geologist: NA

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 #: _____6/10/2026 6/10/2026 6/11/2026Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion DateAPI No.: 15-193-21160-00-00Spot Description: 39.193043, -101.354400NE - NE - NE - NE Sec. 17 Twp. 10 S. R. 36 ☐ East ☒ West78 Feet from ☒ North / ☐ South Line of Section120 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: ThomasLease Name: BROWNSVILLE RECTIFIER Well #: 2

Field Name: _____

Producing Formation: NAElevation: Ground: 3307 Kelly Bushing: 3307Total Vertical Depth: 180 Plug Back Total Depth: 74Amount of Surface Pipe Set and Cemented at: 20 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: 16 ppm Fluid volume: 8 bblsDewatering 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 RequestedDate: 09/29/2026☐ Confidential Release Date: 09/28/2028☐ Wireline Log Received ☐ Drill Stem Tests Received☐ Geologist Report / Mud Logs Received☐ UIC DistributionALT ☐ I ☐ II ☒ III Approved by: Alexis Vincent Date: 09/30/2026