

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33139
 Name: Natural Gas Pipeline Company of America LLC
 Address 1: 195 RD P
 Address 2: _____
 City: RICHFIELD State: KS Zip: 67953 + 2525
 Contact Person: Norman Rogers
 Phone: (620) 592-1427
 CONTRACTOR: License # 35834
 Name: Citation Drilling & Boring, LLC
 Wellsite Geologist: N/A
 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 #: _____

09/12/2026 09/13/2026 09/15/2026
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No.: 15-057-21112-00-00Spot Description: AMA 122-1

SE - SW - SE - SE Sec. 4 Twp. 29 S. R. 24 ☐ East ☒ West
870 Feet from ☐ North / ☒ South Line of Section
60 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: FordLease Name: AMA122-1 Well #: 1

Field Name: _____

Producing Formation: N/AElevation: Ground: 2533 Kelly Bushing: 0Total Vertical Depth: 200 Plug Back Total Depth: _____Amount 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: _____ 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: _____

☐ Confidential Release Date: _____☐ Wireline Log Received ☐ Drill Stem Tests Received☐ Geologist Report / Mud Logs Received☐ UIC DistributionALT ☐ I ☐ II ☒ III Approved by: Alexis Vincent Date: 10/01/2026

Operator Name: Natural Gas Pipeline Company of America LLC Lease Name: AMA122-1 Well #: 1
 Sec. 4 Twp. 29 S. R. 24 ☐ East ☒ West County: Ford

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken ☐ Yes ☒ No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☒ No Cores Taken ☐ Yes ☒ No Electric Log Run ☐ Yes ☒ No Geologist Report / Mud Logs ☐ Yes ☒ No List All E. Logs Run:	☐ Log Formation (Top), Depth and Datum ☐ Sample Name N/A Top N/A Datum N/A
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CASING RECORD ☒ New ☐ Used Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	16	10.750	7.5	20	Bentonite	16	0

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
☐ Perforate				
☐ Protect Casing	-			
☐ Plug Back TD				
☐ Plug Off Zone	-			

1. Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☒ No *(If No, skip questions 2 and 3)*
 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No *(If No, skip question 3)*
 3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:		Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

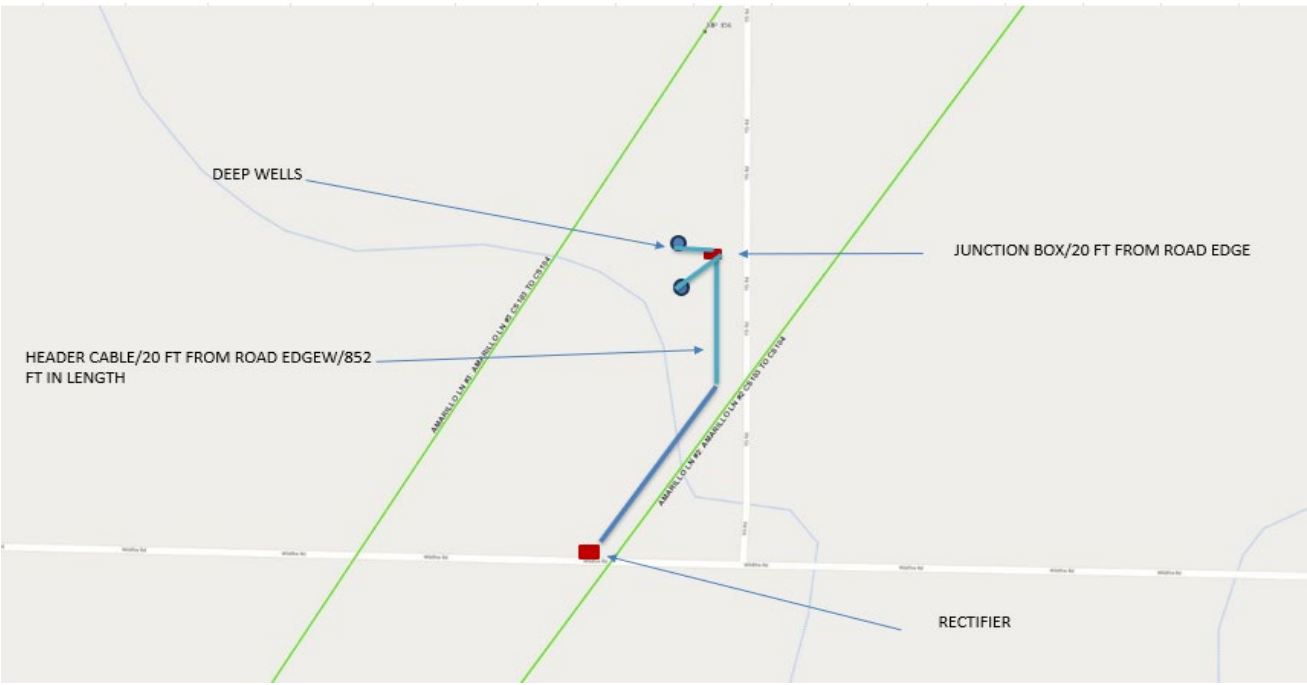
DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. <i>(Submit ACO-5)</i> ☐ Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top _____ Bottom _____
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>
TUBING RECORD: Size: Set At: Packer At:					

Form	ACO1 - Well Completion
Operator	Natural Gas Pipeline Company of America LLC
Well Name	AMA122-1 1
Doc ID	1986726

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	16	10.750	7.5	20	Bentonite	16	0



**CLIENT INFORMATION**

Client	Kinder Morgan						Job Number	2026-0453		
Facility	CPS 122						Customer Contact	Rob Reeves		
City	Minneola	County	Clark	State	Kansas		Phone No.	602-793-0444		

DEEP GROUND BED & DRILLING LOG INFORMATION

New Installation



Existing Rectifier

Hole Dia.	10	Total Depth	200x2	Casing Feet	20x2	Dia.	10	Type	PVC	Groundbed GPS	
No. Anodes	11x2	Size & Type	1x60	Anode Lead	Halar	Size	6	Type	HMWPE	N	
Lbs. Coke	5,000x2	Coke Type	Sc-3	Top of Coke Column	A-42 B-34		Vent	140x2	W		
Lbs. Plug	6,000	Plug Type	Bentonite	Top of Plug	3'			Logging Volts	14.74		

Depth Ft.	DRILLER'S LOG	Anode NO.	Electric Log			Depth Ft.	DRILLER'S LOG	Anode NO.	Electric Log			Depth Ft.	DRILLER'S LOG	Anode NO.	Electric Log		
			Volts	Amps Before	Amps After				Volts	Amps Before	Amps After				Volts	Amps Before	Amps After
0						205						405					
5						210						410					
10						215						415					
15						220						420					
20	Casing					225						425					
25						230						430					
30						235						435					
35						240						440					
40						245						445					
45						250						450					
50						255						455					
55						260						460					
60						265						465					
65						270						470					
70						275						475					
75						280						480					
80						285						485					
85						290						490					
90					A/B	295						495					
95		11			3.1/3.7	300						500					
100						305						505					
105		10			.6/1.2	310						510					
110						315						515					
115		9			.5/1.2	320						520					
120						325						525					
125		8			1.3/9	330						530					
130						335						535					
135		7			.5/4	340						540					
140						345						545					
145		6			1.5/4	350						550					
150						355						555					
155		5			.5/1.1	360						560					
160						365						565					
165		4			1.0/9	370						570					
170						375						575					
175		3			.9/7	380						580					
180						385						585					
185		2			.9/8	390						590					
190						395						595					
195		1			.7/5	400						600					
200	Sandy clay with sandstone											Total					

ANODE JUNCTION BOX INFORMATION

ANODE JUNCTION BOX												COMMENTS
Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	Amp	
1		6		11		16		21		26		
2		7		12		17		22		27		
3		8		13		18		23		28		
4		9		14		19		24		29		
5		10		15		20		25		30		
Shunt		Mv		Amp						TOTAL		

RECTIFIER INFORMATION

Manufacturer		Rectifier ID Number		
Model No.	DC Volts	AC Volts	Max Coarse	Shunt Amp
Serial No.	DC Amps	AC Amps	Max Fine	Shunt mV
GPS Coordinates	Latitude	N	Longitude	W
RMU Type	Serial Number			

ENERGIZED INFORMATION		☐ No A/C Power	☐ #12 Lead Installed with Negative	
Coarse Tap Setting	of	AC Volts	DC Volts	DC Amps
Fine Tap Setting	of	AC Amps	DC mV	Structure PS
Calculated Ground Bed Resistance		Calculated Rectifier Efficiency		

ASBUILT DRAWING

DEEP BED

NEGATIVE JUNCTION BOX

POSITIVE JUNCTION BOX

ANODE JUNCTION BOX

RECTIFIER

WELL HEAD

POWER POLE

COUPON TEST STATION

AC POWER POLE

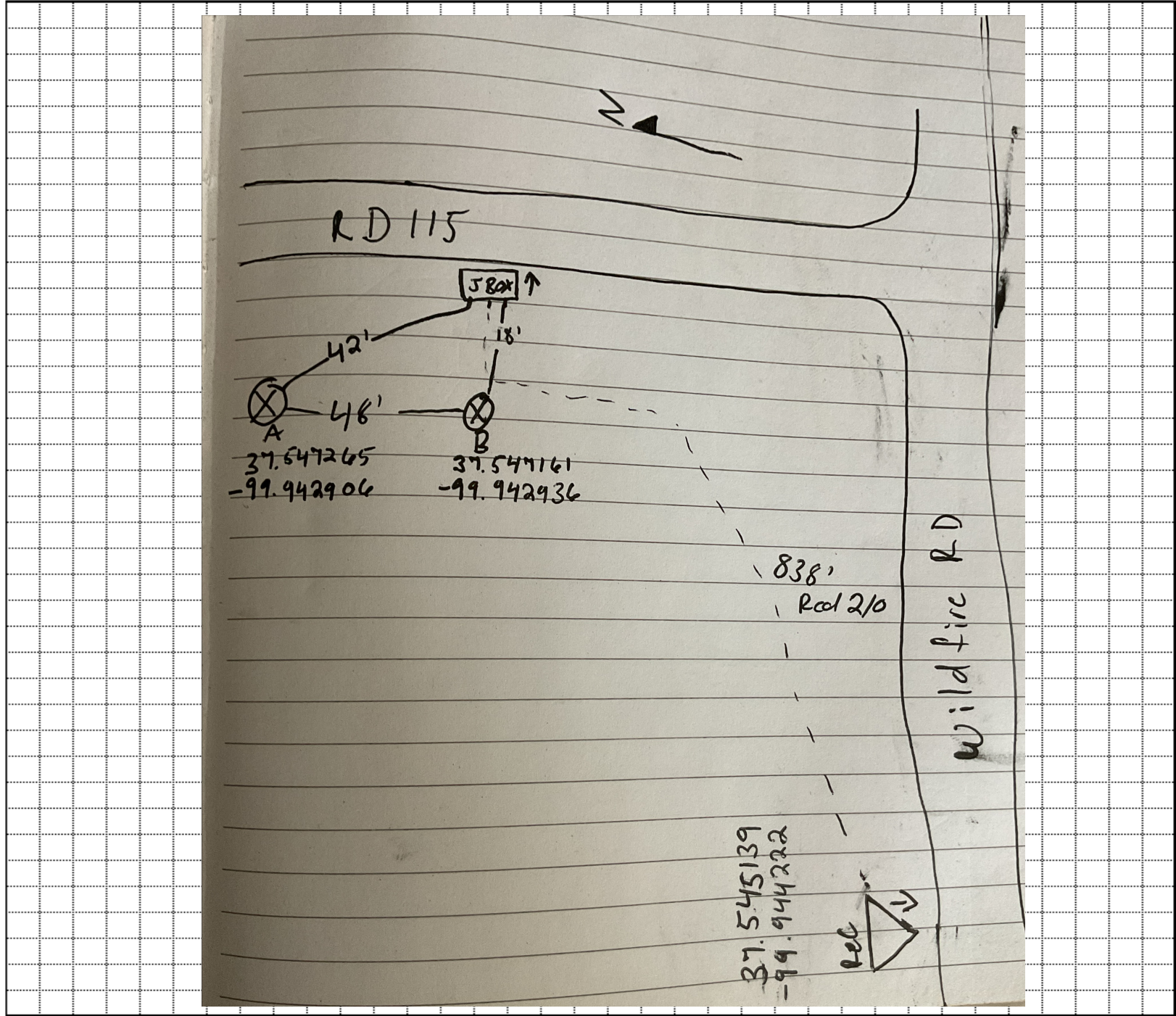
BLOCK VALVE

REFERENCE CELL

MAG ANODE

VERTICAL CAST-IRON ANODE

HORIZONTAL CAST-IRON ANODE



Remarks:

Technician/Foreman _____ Date _____