Confidentiality Requested:
☐ Yes ☑ No

KANSAS 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 #:

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

API No.: 15-009-26460-00-00
Spot Description: AMA 264-1
NE - NE - SE - NE Sec. 30 Twp. 16 S. R. 12 ☐ East ☑ West
395 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 ☐ SW
GPS Location: Lat: *(e.g. xx.xxxxx)*, Long: *(e.g. -xxx.xxxxx)*
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Barton
Lease Name: AMA 264-1 Well #: 1
Field Name:
Producing Formation: N/A
Elevation: Ground: 1952 Kelly Bushing: 0
Total Vertical Depth: 200 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 20 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: 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 Distribution**
ALT ☐ **I** ☐ **II** ☑ **III** **Approved by:** Alexis Vincent **Date:** 10/02/2026

Page Two

Operator Name: Natural Gas Pipeline Company of America LLC Lease Name: AMA 264-1 Well #: 1

Sec. 30 Twp. 16 S. R. 12 ☐ East ☑ West County: Barton

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
(Attach Additional Sheets)

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	Top	Datum
N/A	N/A	N/A

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	0	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
(If vented, Submit ACO-18.)

METHOD OF COMPLETION:
☐ Open Hole ☐ Perf. ☐ Dually Comp. *(Submit ACO-5)* ☐ Commingled *(Submit ACO-4)*

PRODUCTION INTERVAL:

Top	Bottom

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record *(Amount and Kind of Material Used)*

TUBING RECORD: Size: Set At: Packer At:

Mail to: KCC - Conservation Division, 266 N. Main, Suite 220, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Natural Gas Pipeline Company of America LLC
Well Name	AMA 264-1 1
Doc ID	1986738

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	0	Bentonite	16	0

19
20
NE 190 Rd
MP 258
RECTIFIER
HEADER CABLE/30FR FROM ROAD EDGE/300FT LENGTH
JBOX/15FT FROM RD EDGE
DEEP WELL LOCATIONS/35FT FROM RD EDGE
AMARILLO LN #3: CS 104 TO CS 105
30
MP 258
NE 50 Ave
ENTRY SPOT INTO FIELD/2008FT FROM RECTIFIER
57
NE 180 Rd
NE 180 Rd
31
32

MERIDIAN
PIPELINE SERVICES

CLIENT INFORMATION

Client	Kinder Morgan					Job Number	2026-0453
Facility	CPS-264					Customer Contact	Rob Reeves
City	Beaver	County	Barton	State	Kansas	Phone No.	620-793-0444

DEEP GROUNDBED & DRILLING LOG INFORMATION

☐ New Installation ☑ Existing Rectifier

Hole Dia.	10	Total Depth	200	Casing Feet	20	Dia.	10	Type		Groundbed GPS	
No. Anodes	24	Size & Type	1x60	Anode Lead	Halar	Size	6	Type	HMWPE	N	
Lbs. Coke	10,000	Coke Type	Sc-3	Top of Coke Column		A28 B 42		Vent	280	W	
Lbs. Plug	5,000	Plug Type	Bentonite	Top of Plug	3'				Logging Volts	13.38	

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	Brown shale					255						455					
55						260						460					
60						265						465					
65						270						470					
70						275						475					
75						280						480					
80				A/B		285						485					
85		12		5.2/5.2		290						490					
90						295						495					
95		11		2.7/2.9		300						500					
100						305						505					
105		10		2.3/2.3		310						510					
110						315						515					
115		9		3.9/3.5		320						520					
120						325						525					
125		8		3.4/3.6		330						530					
130						335						535					
135		7		3.3/3.4		340						540					
140						345						545					
145		6		3.0/3.0		350						550					
150						355						555					
155		5		2.7/2.7		360						560					
160						365						565					
165		4		1.3/1.4		370						570					
170						375						575					
175		3		2.0/2.9		380						580					
180						385						585					
185		2		1.2/1.3		390						590					
190						395						595					
195		1		2.2/2.5		400						600					
200	Gray shale											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					

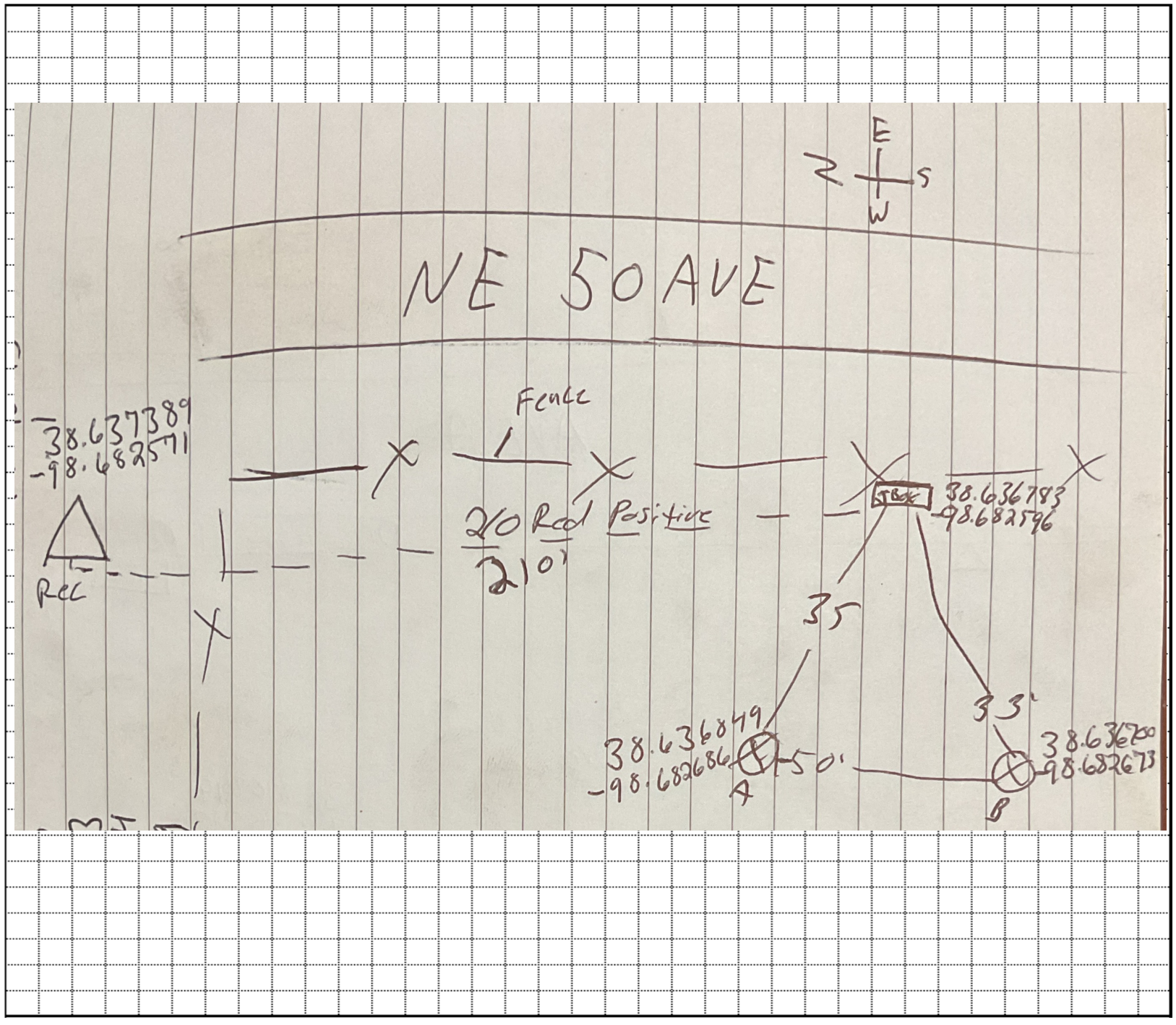
ENERGIZED INFORMATION

☐ 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 (AJB) | RECTIFIER (R) | WELL HEAD | POWER POLE | COUPON TEST STATION (TS) | AC POWER POLE (AC) | BLOCK VALVE | REFERENCE CELL (REF) | MAG ANODE (MAG) | VERTICAL CAST-IRON ANODE | HORIZONTAL CAST-IRON ANODE



Remarks: _____

Technician/Foreman _____ **Date** _____