

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 # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

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 #: \_\_\_\_\_

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE  NW  SE  SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27  NAD83  WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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: \_\_\_\_\_ Date: \_\_\_\_\_

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**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](mailto: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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <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:	
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	KIM 1
Doc ID	1428514

Tops

Name	Top	Datum
Heebner	3890	-1881
Brown Lime	4058	-2049
Lansing	4072	-2063
Drum	4248	-2239
Swope	4349	-2340
Base KC	4465	-2456
Cherokee Shale	4554	-2545
Viola	4595	-2586
Simpson	4747	-2738
Simpson Sand	4776	-2767



Company: Charles N. Griffin  
 Address: PO Box 347  
 Pratt, KS 67124-0347

Contact Geologist: #1 Kim  
 Contact Phone Nbr: Section 27-29S-15W  
 Well Name: APT: 15-151-22479  
 Location: API: Turkey Creek Camp Ext.  
 Pool: Field: USA  
 State: Kansas Country: USA

Scale 1:240 Imperial

Well Name: #1 Kim  
 Surface Location: Section 27-29S-15W  
 Bottom Location:  
 License Number: 15-151-22479  
 Spud Date: 8/10/2018 Time: 8:45 AM  
 Region: Pratt County  
 Drilling Completed: 8/16/2018 Time: 10:15 PM  
 Surface Coordinates: 990' FSL & 330' FWL  
 Bottom Hole Coordinates:  
 Ground Elevation: 2004.00ft  
 K.B. Elevation: 2009.00ft  
 Logged Interval: 3800.00ft To: 4850.00ft  
 Total Depth: 4850.00ft  
 Formation:  
 Drilling Fluid Type: Chemical (MudCo)

SURFACE CO-ORDINATES

Well Type: Vertical  
 Longitude: Latitude:  
 N/S Co-ord: 990' FSL  
 E/W Co-ord: 330' FWL

LOGGED BY



Company: TerraTech Energy Service LLC.  
 Address: 1632 S. West St. Suite 12  
 Wichita, KS 67208  
 Phone Nbr: 316-617-3959  
 Logged By: Geologist Name: Bruce Reed

CONTRACTOR

Contractor: WW Drilling  
 Rig #: 4  
 Rig Type: mud rotary  
 Spud Date: 8/10/2018 Time: 8:45 AM  
 TD Date: 8/16/2018 Time: 10:15 PM  
 Rig Release: 8/17/2018 Time: 2:15 AM

ELEVATIONS

K.B. Elevation: 2009.00ft Ground Elevation: 2004.00ft  
 K.B. to Ground: 5.00ft

NOTES

Surface Casing: 8-5/8" at 259'  
 Production Casing: 4-1/2" at 4848'

Daily Penetration:  
 08/10/18 Spud @ 8:45 AM  
 08/11/18 1069'  
 08/12/18 2090'  
 08/13/18 3480'  
 08/14/18 4350'  
 08/15/18 4750' Drilling completed @ 11:30 AM  
 08/16/18 4850' Plug down @ 10:15 PM  
 08/17/18 4850' Rig released @ 2:15 AM

FORMATION TOPS

Formation	Sample Top	Datum	Log Top	Datum	Comparison*
Heebner	3890'	-1881	3894'	-1885	+3
Brown Lime	4058'	-2049	4061'	-2052	+6
Lansing	4072'	-2063	4075'	-2066	+6
Drum	4248'	-2239	4252'	-2243	+5
Swope	4349'	-2340	4348'	-2339	-1
Base KC	4465'	-2456	4464'	-2455	+3
Cherokee Shale	4554'	-2545	4555'	-2546	+4
Viola	4595'	-2586	4596'	-2587	-8
Simpson	4747'	-2738	4750'	-2741	+9
Simpson Sand	4776'	-2767	4780'	-2771	+10

\*Vincent Oil Corp, #1-28 Westerman, 1900' FSL & 330' FEL Section 28-29S-15W  
 Pratt County, Kansas

ROCK TYPES

Chert (triangles)  
 Dolomitic (dotted)  
 Sandy (horizontal lines)  
 Argillaceous/Shale (vertical lines)  
 shale, gry (stippled)  
 Carbon Sh (cross-hatched)  
 Ss (yellow with dots)

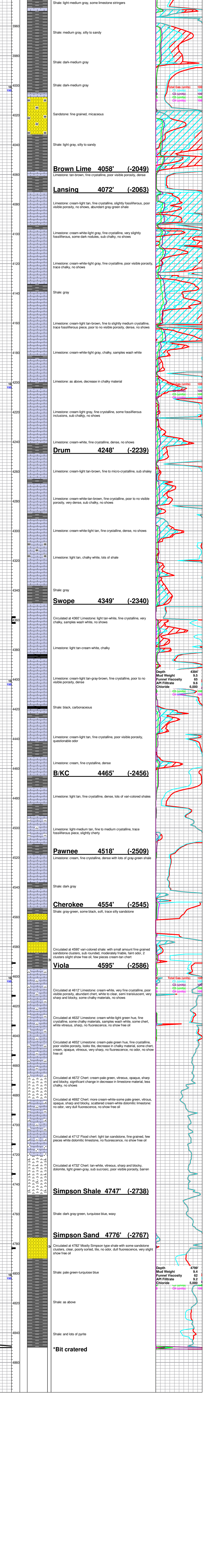
ACCESSORIES

MINERAL  
 Dolomitic  
 Sandy  
 Chert White  
 Argillaceous/Shale

OTHER SYMBOLS

INTERVALS  
 Core  
 DST  
 Oil Show  
 Good Show  
 Fair Show  
 Poor Show  
 Spotted or Trace  
 Questionable Str  
 Dead Oil Str  
 Fluorescence  
 Gas  
 DST  
 DST all  
 Core  
 tail pipe

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\*Bit cratered

250 N. Water St, Suite #200  
Wichita, KS 67202



**HURRICANE SERVICES INC**

*Inv 39451*

Customer	Griffin Management		Lease & Well #	Kim #1		Date	8/10/2018	
Service District	Medicine Lodge		County & State	Pratt		Legals S/T/R	Sec 27-T29S-R15W	
Job Type	Surface	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> No	Job #
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures						
74	Retherford, R	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input checked="" type="checkbox"/> Lockout/Tagout	<input checked="" type="checkbox"/> Warning Signs & Flagging			
	Dawson, K	<input type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input checked="" type="checkbox"/> Fall Protection			
231	Halcomb, J	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input checked="" type="checkbox"/> Specific Job Sequence/Expectations			
242	Mclemore, G	<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations			
		<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input checked="" type="checkbox"/> Additional concerns or issues noted below				
<b>Comments</b>								
Be careful about wind blowing dust in eyes and face.								
Product/Service Code	Description	Unit of Measure	Quantity					Net Amount
C001	Heavy Equip. One Way	mi	60.00					\$165.75
C002	Light Equip. One Way	mi	30.00					\$38.25
C003	Ton Mileage - One way	mi	298.20					\$329.51
C019	Cement Pump	ea	1.00					\$807.50
CP006	Regular - Class A Cement	sack	200.00					\$2,762.50
CP016	Bentonite Gel	lb	400.00					\$102.00
CP017	Calcium - Chloride	lb	600.00					\$510.00
CP027	Pheno Seal	lb	80.00					\$116.60
Customer Section: On the following scale how would you rate Hurricane Services Inc.?								Net: \$4,831.11
Based on this job, how likely is it you would recommend HSI to a colleague?								Total Taxable \$ - Tax Rate:
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <i>Extremely Likely</i>								State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.
								Sale Tax: \$ -
								Total: \$ 4,831.11
HSI Representative: <i>Robert Retherford</i>								

**TERMS:** Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 90 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X

CUSTOMER AUTHORIZATION SIGNATURE



TREATMENT REPORT



HURRICANE SERVICES INC

Customer:	Griffin Management	Date:	8/16/2018	Tricket #:	ict 1306
Field Rep:	JR. Griffin				
Address:	P.O. Box 347				
City, State:	Pratt	Kansas			
County, Zip:	Pratt	67124			

Field Order No:		Open Hole:	7 7/8
Well Name:	Kim #1	Casing Depth:	4857.62
Location:	Pratt	Casing Size:	4 1/2
Formation:		Tubing Depth:	
Type of Service:		Tubing Size:	
Well Type:	oil and gas	Liner Depth:	
Age of Well:	new	Liner Size:	
Packer Type:		Liner Top:	
Packer Depth:		Liner Bottom:	
Treatment Val:		Total Depth:	

Part	Depths (ft)	Refs
Total		0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (qt)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
4:00 PM					arrive location			
6:30 PM					safety meeting			
8:00 PM					rig up to well			
8:45 PM			150 psi		pump pre flush			25.00
9:00 PM			150 psi		mix cement			58.00
9:30 PM					clear pumps and lines			
9:40 PM			750psi		displace h2o			75.00
10:00 PM			1500 psi		landed plug			
10:10 PM					checked float			
6:20 AM					plugged rat hole			7.50
10:40 PM					washed up			
10:55 PM					rigged down			
11:00 PM					left location			
TOTAL:						-	-	165.50

SUMMARY			
Max FI Rate	Avg FI Rate	Max PSI	Avg PSI
-	#DIV/0!	-	#DIV/0!

PRODUCTS USED
class a cement mixed 15 lb with 1.46 yield

Treater: \_\_\_\_\_

Customer: \_\_\_\_\_