

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. 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
--	---

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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom

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	Griffin, Charles N.
Well Name	LINLEY 1
Doc ID	1468136

All Electric Logs Run

Micro Log
Compensated Density-Neutron Log
Dual Induction Log
Sonic Log

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	LINLEY 1
Doc ID	1468136

Tops

Name	Top	Datum
Heebner	3924	-1910
Brown Lime	4089	-2075
Lansing	4103	-2089
Stark	4369	-2355
Base KC	4487	-2473
Pawnee	4557	-2543
Cherokee	4595	-2581
Viola	4660	-2646
Simpson	4776	-2762

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

Contact Geologist: #1 Linley
 Contact Phone Nbr: Section 28-29S-15W
 Well Name: #1 Linley
 Location: Section 28-29S-15W
 Pool: API: 15-151-22490
 State: Kansas
 Country: Turkey Creek Camp
 USA

Scale 1:240 Imperial
 Well Name: #1 Linley
 Surface Location: Section 28-29S-15W
 Bottom Location: API: 15-151-22490
 License Number:
 Spud Date: 5/4/2019 Time: 5:15 PM
 Region: Pratt County
 Drilling Completed: 5/9/2019 Time: 11:45 PM
 Surface Coordinates: 1400' FSL & 2310' FEL
 Bottom Hole Elevation: 2003.00ft
 Ground Elevation: 2014.00ft
 K.B. Elevation: 2014.00ft
 Logged Interval: 3800.00ft To: 4825.00ft
 Total Depth: 4825.00ft
 Formation:
 Drilling Fluid Type: Chemical (MudCo)

SURFACE CO-ORDINATES
 Well Type: Vertical
 Longitude: Latitude:
 N/S Co-ord: 1400' FSL
 E/W Co-ord: 2310' FEL



CONTRACTOR
 Contractor: WW Drilling
 Rig #: 14
 Rig Type: mud rotary
 Spud Date: 5/4/2019 Time: 5:15 PM
 TD Date: 5/9/2019 Time: 11:45 PM
 Rig Release: 5/11/2019 Time: 7:45 AM

ELEVATIONS
 K.B. Elevation: 2014.00ft Ground Elevation: 2003.00ft
 K.B. to Ground: 11.00ft

NOTES
 Surface Casing: 8-5/8" at 267'
 Production Casing: 5-1/2" at 4825'
 Daily Penetration:
 05/04/19 Spud @ 5:15 PM
 05/05/19 267'
 05/06/19 1678'
 05/07/19 3012'
 05/08/19 4249'
 05/09/19 4570' RTD @ 11:45 PM
 05/10/19 4825'
 05/11/19 4825' Rig released @ 7:45 AM

FORMATION TOPS

Formation	Sample Top	Datum	Log Top	Datum	Comparison*
Heebner	3924'	-1910	3922'	-1908	+2
Brown Lime	4089'	-2075	4087'	-2073	+2
Lansing	4103'	-2089	4103'	-2089	flat
Stark	4369'	-2355	4368'	-2354	+2
Base KC	4487'	-2473	4494'	-2480	+7
Pawnee	4557'	-2543	4456'	-2542	+11
Cherokee	4595'	-2581	4591'	-2577	+14
Viola	4660'	-2646	4658'	-2644	-8
Simpson	4776'	-2762	4474'	-2760	+29

*Charles N. Griffin, #3 Addie, 1850' FSL & 1450' FWL Section 28-29S-15W, Pratt County, Kansas

ROCK TYPES

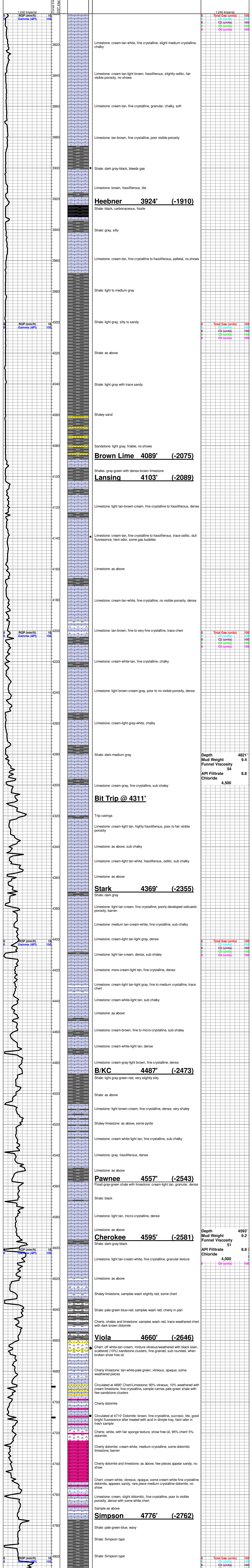
△△△△△ Cht	▨▨▨▨▨ Lmst fw7->	■ Carbon Sh
▨▨▨▨▨ Dolprim	▨▨▨▨▨ shale, gry	▨▨▨▨▨ Ss

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 Int
 ■ DST alt
 ■ Core
 ■ tail pipe



QUALITY WELL SERVICE, INC.

7121

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410
Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

*In v
C-2024*

Date	Sec.	Twp.	Range	County	State	On Location	Finish
5-11-19	28	29S	15W	PRATT	Ks		
Lease <u>Linley</u>	Well No. <u>1</u>		Location <u>PRATT, Ks W on Hwy 54 to 145th Rd</u>				
Contractor <u>WW Drlg. Rig #14</u>	Owner <u>105 to 100th Rd 1E to 130th Rd 1S 1/2 E</u>			To Quality Well Service, Inc. <i>NE into</i>			
Type Job <u>5 1/2 L.S.</u>	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.						
Hole Size <u>7 7/8</u>	T.D. <u>4376'</u>	Charge To <u>Giffon</u>					
Csg. <u>5 1/2 15.5'</u>	Depth <u>4326.77</u>	Street					
Tbg. Size	Depth	City					
Tool	Depth	State					
Cement Left in Csg. <u>11.15</u>	Shoe Joint <u>11.15</u>	The above was done to satisfaction and supervision of owner agent or contractor.					
Meas Line	Displace <u>114.61</u>	Cement Amount Ordered <u>200s Proc</u>					
EQUIPMENT		<u>2% GEL 10% SATT 5 1/2 Kol/SEAL</u>					
Pumptrk <u>8</u> No. <u>75</u>	Common <u>200L</u>						
Bulktrk <u>10</u> No. <u>JALO</u>	Poz. Mix						
Bulktrk No.	Gel. <u>4 SL</u>						
Pickup No.	Calcium						
JOB SERVICES & REMARKS		Hulls					
Rat Hole <u>30x</u>	Salt <u>22 SL</u>						
Mouse Hole <u>20x</u>	Flowseal						
Centralizers <u>1-2-3-4-5-6</u>	Kol-Seal <u>1000#</u>						
Baskets	Mud CLR 48 <u>500 gal</u>						
D/V or Port Collar	CFL-117 or CD110 CAF 38 <u>CC-1 10 gal</u>						
<u>Ran 121 1/2 5 1/2 15.5" csg set</u>	Sand						
<u>csg on Bottom Hook up to csg BREAK</u>	Handling <u>226</u>						
<u>circ w/cig Desp Ball circ</u>	Mileage <u>25</u>						
<u>START Pumping 5 Bhl H2O 12 Bhl MTR 5 Bhl H2O</u>	5 1/2 FLOAT EQUIPMENT						
<u>START Plug R-M Holes 50x</u>	Guide Shoe <u>HEAD & manifold</u>						
<u>START mix Pump 150x + csg 14.0 M/gal</u>	Centralizer <u>6 EA</u>						
<u>SAT DOWN CLEAR Pump & Lines RELEASE LOW</u>	Baskets						
<u>START DISO 21 KLL</u>	AFU Inserts						
<u>Lift psi 97 650"</u>	Float Shoe <u>1 EA</u>						
<u>Land Plug 1200"</u>	Latch Down <u>1 EA</u>						
<u>PSI up on csg 1700"</u>	SERVICE Spr. <u>1 EA</u>						
<u>RELEASE HELD</u>	LMV <u>25</u>						
<u>1/2 Bhl BACK</u>	Pumptrk Charge <u>LS</u>						
<u>Good circ thru 203</u>	Mileage <u>50</u>						
<u>Thank you</u>							
<u>Please call if any</u>							
X Signature <u>[Signature]</u>	Tax						
	Discount						
	Total Charge						

*1000-15
JAVE*

QUALITY WELL SERVICE, INC.

7114

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Inv
C-2021

Date	Sec.	Twp.	Range	County	State	On Location	Finish
5-5-19	28	29S	15W	PRATT	Ks		
Lease LINLEY		Well No. 1		Location PRATT, KS W on Hwy 54 to 140 th S to 100 th			
Contractor WW Delg Big # 14				Owner IE to 130 th S 1/2 E N: E into			
Type Job SURFACE				To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size 8 1/2" 4		T.D. 267'		Charge To Griffin			
Csg. 8 7/8 23"		Depth 266'		Street			
Tbg. Size		Depth		City			
Tool		Depth		State			
Cement Left in Csg. 20		Shoe Joint 20		The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line		Displace 15.5		Cement Amount Ordered 275 \times Common 2 1/2" 3 1/2" 4 1/2"			
EQUIPMENT				020200 250 \times Common 1" \times 6" on side			
Pumptrk 8	No.	TJ		Common 275 + 125 = 400 \times			
Bulktrk 15	No.	JAKE		Poz. Mix			
Bulktrk	No.			Gel. 5 \times			
Pickup	No.			Calcium 11 \times + 4 \times = 15 \times			
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal 137.5 lbs			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
Run 6 H's 8 7/8 23" SET @ 266'				Sand			
START Csg Csg on Bottom Hook up				Handling 420 \times			
to Csg & BREAK CIRCL W/ zig				Mileage 50			
START Ramping +120				FLOAT EQUIPMENT			
START Mix! Rmp 25 \times @ 14.8" / gal				Guide Shoe			
SHUT DOWN RELEASE 8 7/8 WOODEN PLUG				Centralizer			
START DISP				Baskets			
Plug down 15.5 Bbl. out				AEU Inserts Add H's 2 h's			
7000 circ thru to 3				Float Shoe			
circ CMT TO V.T				Latch Down			
CMT FELL ORDR MORE CMT @ 1 inch				SERVICE Supt.			
TAG CMT 50' DOWN Run 1"				LMV 25			
Mix! Rmp 35 \times Common 3 1/2"				Pumptrk Charge SFL			
CMT in CELLAR let SET 40 min				Mileage 75			
total 1 hr CMT DOWN 20'				Tax			
Run 1 \times 1'							
X Signature <i>John</i>				Total Charge			

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368
 Home Office 30060 N. Hwy 281, Pratt, KS 67124
 Mailing Address P.O. Box 468

Inv
 C-2021

Office 620-727-3410
 Fax 620-672-3663

Rich's Cell 620-727-3409
 Brady's Cell 620-727-6964

Date	5-5-19	Sec.	28	Twp.	29S	Range	15W	County	PRATT	State	Ks	On Location	Finish
Lease	LINLEY	Well No.	1	Location									
Contractor	W/W Drlg. Rig 14							Owner					
Type Job	SURFACE							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cement and helper to assist owner or contractor to do work as listed.					
Hole Size	12 1/4	T.D.	267'		Csg. 8 5/8 23								
Csg.	8 5/8 23	Depth	266'		Charge To Griffin								
Tbg. Size		Depth	Street										
Tool		Depth	City State										
Cement Left in Csg.	20'	Shoe Joint	20'		The above was done to satisfaction and supervision of owner agent or contractor.								
Meas Line		Displace	Cement Amount Ordered										

Mix & Pump 50 cc Common 3/4 CL
 120 CMT TO PIT
 LET SET IN CELLAR

Thank you
 PLEASE CALL AGAIN
 TOM T. JAKE

total cmt
 2754 8 5/8
 125 cc 1"
 400 cc