

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
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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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DRILL STEM TEST REPORT

Prepared For: **Griffin Management, LLC**

126 S. Main
Pratt KS 67124

ATTN: Eli Felts

Cromer #1-1-4

4-30S-15W Barber,KS

Start Date: 2021.04.14 @ 15:11:00

End Date: 2021.04.14 @ 23:04:30

Job Ticket #: 67181 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2021.04.16 @ 11:57:57



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Griffin Management, LLC

4-30S-15W Barber,KS

126 S. Main
Pratt KS 67124

Cromer #1-1-4

Job Ticket: 67181

DST#: 1

ATTN: Eli Felts

Test Start: 2021.04.14 @ 15:11:00

GENERAL INFORMATION:

Formation: **Simpson Sand**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 17:14:45

Time Test Ended: 23:04:30

Test Type: Conventional Bottom Hole (Initial)

Tester: Royal Fisher

Unit No: #77

Interval: 4792.00 ft (KB) To 4848.00 ft (KB) (TVD)

Reference Elevations: 2022.00 ft (KB)

Total Depth: 4848.00 ft (KB) (TVD)

2011.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 11.00 ft

Serial #: 8671 Outside

Press@RunDepth: 1281.90 psig @ 4793.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2021.04.14

End Date:

2021.04.14

Last Calib.:

2021.04.14

Start Time:

15:11:05

End Time:

23:04:29

Time On Btm:

2021.04.14 @ 17:13:45

Time Off Btm:

2021.04.14 @ 20:41:59

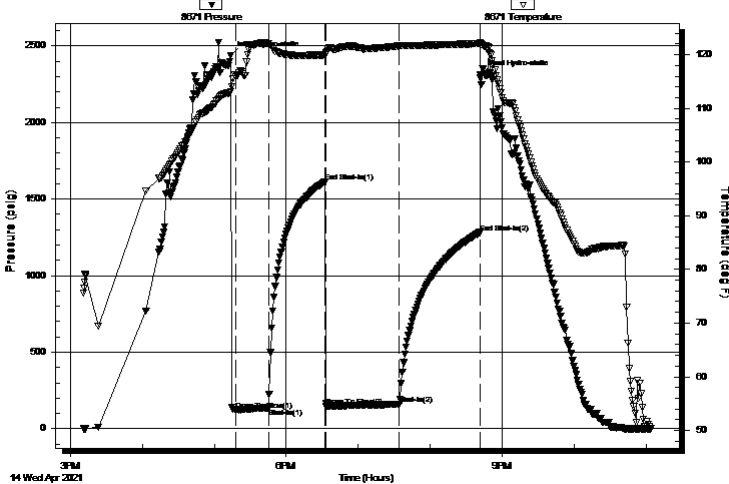
TEST COMMENT: 30 - IF - Blow built up to 8" in 4 mins., B.o.B. in 18 mins and built up to 10.5"

45 - ISI - No Return

60 - FF - Blow slowly built up to 3"

60 - FSI - No Return

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2437.80	113.05	Initial Hydro-static
4	120.45	115.92	Open To Flow (1)
32	136.26	122.10	Shut-In(1)
79	1610.59	119.90	End Shut-In(1)
80	145.99	120.30	Open To Flow (2)
141	160.24	121.62	Shut-In(2)
208	1281.90	122.05	End Shut-In(2)
209	2313.24	122.11	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
300.00	OSM - Oil Spots - 100%m	2.15

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Griffin Management, LLC

4-30S-15W Barber,KS

126 S. Main
Pratt KS 67124

Cromer #1-1-4

Job Ticket: 67181

DST#: 1

ATTN: Eli Felts

Test Start: 2021.04.14 @ 15:11:00

Tool Information

Drill Pipe:	Length: 4600.54 ft	Diameter: 3.25 inches	Volume: 47.20 bbl	Tool Weight:	2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer:	25000.00 lb
Drill Collar:	Length: 174.46 ft	Diameter: 2.25 inches	Volume: 0.86 bbl	Weight to Pull Loose:	100000.0 lb
			<u>Total Volume: 48.06 bbl</u>	Tool Chased	6.00 ft
Drill Pipe Above KB:	16.00 ft			String Weight: Initial	80000.00 lb
Depth to Top Packer:	4792.00 ft			Final	80000.00 lb
Depth to Bottom Packer:	ft				
Interval between Packers:	56.00 ft				
Tool Length:	89.00 ft				
Number of Packers:	2	Diameter: 6.75 inches			

Tool Comments:

Tool Description

Length (ft) Serial No. Position Depth (ft) Accum. Lengths

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut In Tool	5.00			4764.00	
Hydraulic tool	5.00			4769.00	
Em Tool	5.00			4774.00	
Jars	5.00			4779.00	
Safety Joint	3.00			4782.00	
Packer	5.00			4787.00	33.00 Bottom Of Top Packer
Packer	5.00			4792.00	
Stubb	1.00			4793.00	
Recorder	0.00	8354	Inside	4793.00	
Recorder	0.00	8671	Outside	4793.00	
Perforations	19.00			4812.00	
Change Over Sub	1.00			4813.00	
Drill Pipe	31.00			4844.00	
Change Over Sub	1.00			4845.00	
Bullnose	3.00			4848.00	56.00 Bottom Packers & Anchor

Total Tool Length: 89.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Griffin Management, LLC

4-30S-15W Barber,KS

126 S. Main
Pratt KS 67124

Cromer #1-1-4

Job Ticket: 67181

DST#: 1

ATTN: Eii Felts

Test Start: 2021.04.14 @ 15:11:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length: ft

Water Salinity: ppm

Viscosity: 51.00 sec/qt

Cushion Volume: bbl

Water Loss: 8.79 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure: psig

Salinity: 5000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
300.00	OSM - Oil Spots - 100%m	2.146

Total Length: 300.00 ft Total Volume: 2.146 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

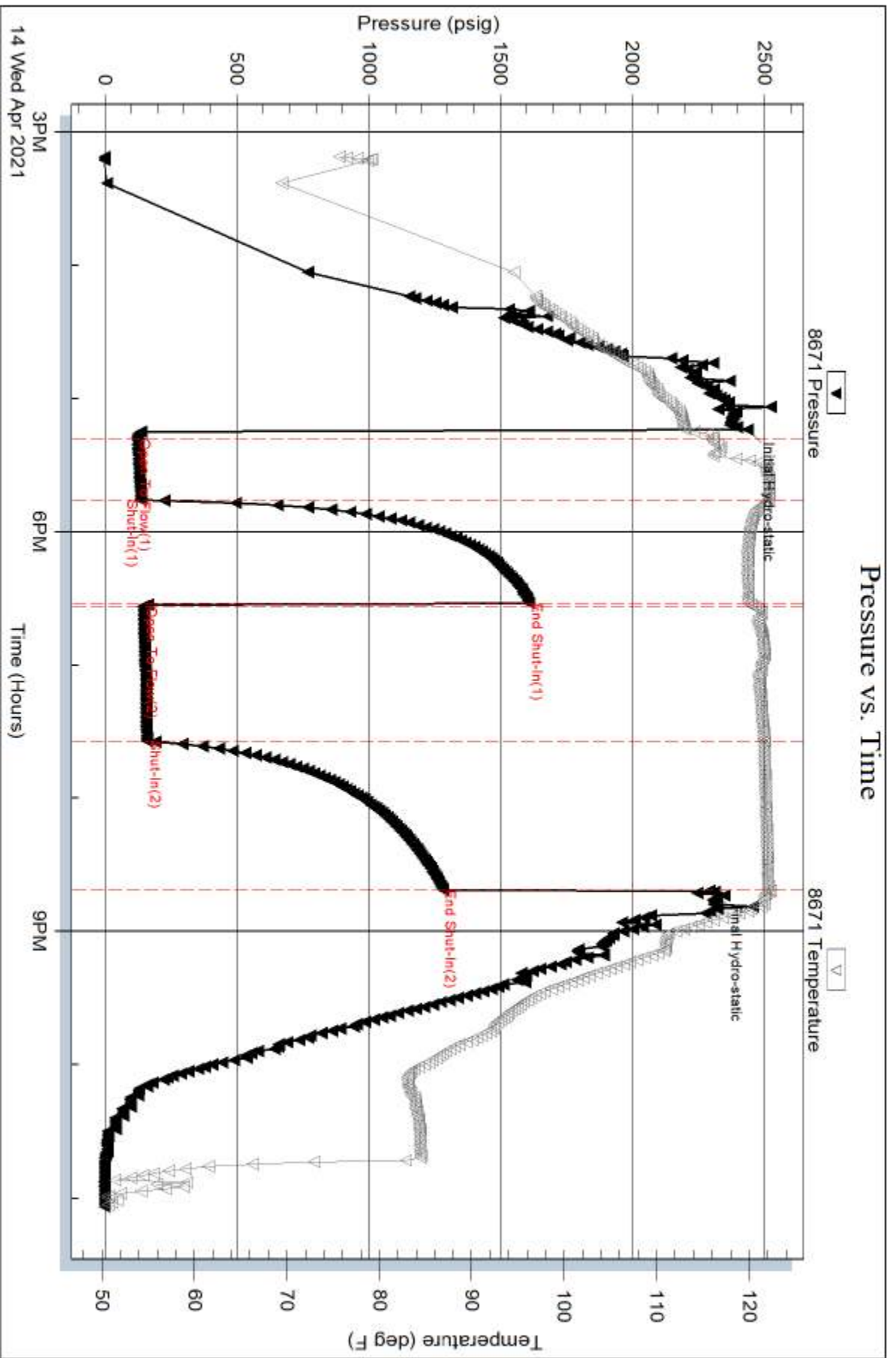
Recovery Comments:

Serial #: 8671

Outside Griffin Management, LLC

Corner #1-1-4

DST Test Number: 1



14 Wed Apr 2021

Triobite Testing, Inc

Ref. No: 67181

Printed: 2021.04.16 @ 11:57:58

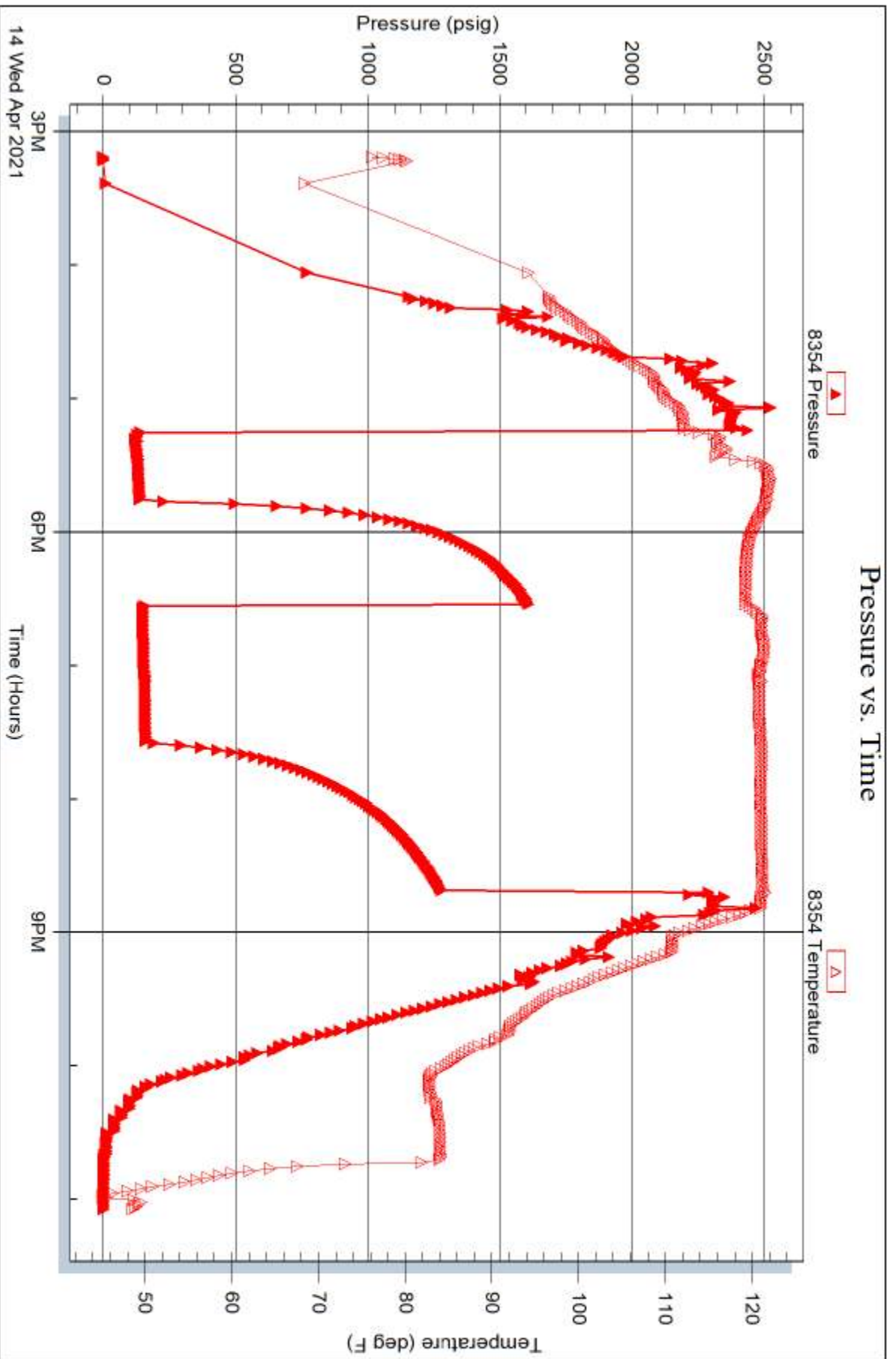
Serial #: 8354

Inside

Griffin Management, LLC

Crumer #1-1-4

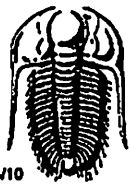
DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 67181

Printed: 2021.04.16 @ 11:57:58



TRIBOLITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 67181

Well Name & No. Cromer #1-1-4 Test No. 1 Date 4-14-21
 Company Griffin Management, LLC Elevation 2022 KB 2011 GL
 Address 126 S. Main Pratt KS 67124
 Co. Rep / Geo. Eli Fells Rig Murfin #114
 Location: Sec. 4 Twp 30S Rge. 15W Co. Barber State KS

Interval Tested 4792'-4848' Zone Tested Simpson Sand
 Anchor Length 56' Drill Pipe Run 4100.54' Mud Wt. 9.3
 Top Packer Depth 4787" Drill Collars Run 174.46' Vis 51
 Bottom Packer Depth 4792" Wt. Pipe Run Ø WL 8.8
 Total Depth 4848" Chlorides 5,000 ppm System LCM

Blow Description FF - Chased tool about 6' blow was at 8" in 4 mins, slowly built to B.O.B. in 18 mins and built to 10.19.

ISI - No Return FF - Blow slowly built up to 2.90"

FST - No Return

Rec	Feet of	%gas	%oil	%water	%mud
<u>300'</u>	<u>QSM</u>	<u>Spots</u>		<u>100</u>	
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 300' BHT 122°F Gravity _____ APLRW _____ @ _____ °F Chlorides _____ ppm

- (A) Initial Hydrostatic 2477.90
- (B) First Initial Flow 143.89
- (C) First Final Flow 140.107
- (D) Initial Shut-In 1592.56
- (E) Second Initial Flow 171.60
- (F) Second Final Flow 162.22
- (G) Final Shut-In 1267.65
- (H) Final Hydrostatic 2335.76

- Test Successful 1300
- Jars 250
- Safety Joint 75
- Circ Sub _____
- Hourly Standby _____
- Mileage 250 h/T 60rt 75
- Sampler _____
- Straddle _____
- Shale Packer _____
- Extra Packer _____
- Extra Recorder _____
- Day Standby _____
- Accessibility _____

T-On Location 2:00pm
 T-Started 3:11pm
 T-Open 5:15pm
 T-Pulled 8:30pm
 T-Out 11:05pm
 Comments loaded tools after test

Initial Open 30
 Initial Shut-In 45
 Final Flow 60
 Final Shut-In 60

- EM Tool _____
- Ruined Shale Packer _____
- Ruined Packer _____
- Extra Copies _____
- Sub Total 0
- Total 1700

Approved By _____ Our Representative [Signature]

Tribolite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

QUALITY WELL SERVICE, INC.

7638

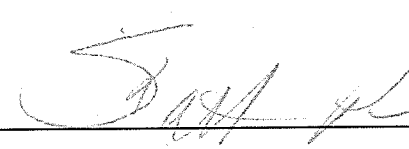
Federal Tax I.D. # 481187368

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

Date	Sec.	Twp.	Range	County	State	On Location	Finish
4-9-21	4	30S	15W	Boebel	Ks		
Lease	CROMER	Well No.	1-1-4	Location	CROFT, Ks	3S 10 4 1/2 E	
Contractor	W.W. DOLG RIG #114			Murfin	Owner	J N INTO	
Type Job	SOP FACE				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	12 1/4	T.D.	266				
Csg.	8 5/8 24"	Depth	265		Charge To	Griffin	
Tbg. Size		Depth			Street		
Tool		Depth			City	State	
Cement Left in Csg.		Shoe Joint	20'		The above was done to satisfaction and supervision of owner agent or contractor.		
Meas Line		Displace	15.8		Cement Amount Ordered	265 sz Common	
EQUIPMENT					2 1/2 GAL 3 1/2 CL 1/2" PS		
Pumptrk	8	No.			Common	265	
Bulktrk	12	No.			Poz. Mix		
Bulktrk		No.			Gel.	490*	
Pickup		No.			Calcium	747#	
JOB SERVICES & REMARKS					Hulls		
Rat Hole					Salt		
Mouse Hole					Flowseal	133#	
Centralizers					Kol-Seal		
Baskets					Mud CLR 48		
D/V or Port Collar					CFL-117 or CD110 CAF 38		
Run 24 H's 8 5/8					Sand	*CSG SET D	
4" CS6 CS6 ON BOTTOM					Handling	285	
Hook up to CS6 & Break circ w/ 2 1/2"					Mileage	30 / 8553	
START Pumping 10 Bbls H ₂ O						8 5/8 FLOAT EQUIPMENT	
START M/C # Pump sz Common					Guide Shoe	H.M 1 EA	
2 1/2 GAL 3 1/2 CL 1/2" PS D 14.84/gal					Centralizer	8 5/8 Women Plug 1 EA	
SHUT DOWN RELEASE 8 5/8 Women Plug					Baskets		
START Disp					AFU Inserts		
Plug down 15.8 bbls					Float Shoe		
Close Valve on CS6 150'					Latch Down		
Good circ thru tool					Service Spv	1 EA	
circ out to PIT					LMV	30'	
					Pumptrk Charge	Surface	
					Mileage	60	
						Tax	
						Discount	
						Total Charge	
THANK YOU PLEASE CALL AGAIN TODD MKE. MOIT							
X Signature							

QUALITY WELL SERVICE, INC.

7646

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

Date	Sec.	Twp.	Range	County	State	On Location	Finish
4-16-21	4	30S	15W	Baheer	Ks		
Lease <u>Corner</u>		Well No. <u>1-1-4</u>		Location			
Contractor <u>WW Del G. Rig #114 Musgrave</u>				Owner			
Type Job <u>5 1/2 L.S</u>				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 <u>7 7/8</u>		T.D. <u>4911'</u>		Charge To <u>Geoffrey</u>			
Csg. <u>5 1/2 17'</u>		Depth <u>4909</u>		Street			
Tbg. Size		Depth		City			
Tool		Depth		State			
Cement Left in Csg.		Shoe Joint <u>21</u>		The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line		Displace <u>113.4</u>		Cement Amount Ordered <u>175 cc Pozol 2 1/2 GEL</u>			
EQUIPMENT				<u>10% SAH 5 1/2 KOLSEAL .77 C16A 25' C41P 25 1/2 P</u>			
Pumptrk <u>B</u> No.				Common <u>175 cc</u>			
Bulktrk <u>10</u> No.				Poz. Mix			
Bulktrk No.				Gel. <u>329'</u>			
Pickup No.				Calcium			
JOB SERVICES & REMARKS				Hulls			
Rat Hole <u>30 cc</u>				Salt <u>964"</u>			
Mouse Hole <u>20 cc</u>				Flowseal <u>44'</u>			
Centralizers <u>1-2-3-4-5-6-7</u>				Kol-Seal <u>875'</u>			
Baskets				Mud CLR 48 <u>500 GAL</u>			
D/V or Port Collar				CFL-117 or CD110 CAF 38 <u>C16A 115'</u>			
<u>Run 119 3/4 5 1/2 17" CSG SET D 4909</u>				Sand <u>CL-1 TOTAL C41P 44'</u>			
<u>START CSG CSG ON BOTTOM TAG</u>				Handling <u>215</u>			
<u>Hook up to csg: Break circ w/ rig</u>				Mileage <u>301 6450</u>			
<u>Drop Ball! circ w/ rig</u>				5 1/2 FLOAT EQUIPMENT			
<u>START Pumping 10 bbl H2O 12 bbl MF 10 bbl H2O</u>				Guide Shoe <u>H' M 1 EA</u>			
<u>START mix 50% Plug P.M HOLE</u>				Centralizer <u>7 EA</u>			
<u>START mix: Pump 125 cc CSG 214.8" GAL</u>				Baskets			
<u>START down wash tank: RELEASE 5 1/2 L.O.P.U</u>				AFU Inserts			
<u>START DISH W/ 2 1/2 KCL</u>				Float Shoe <u>1 EA</u>			
<u>LIFT PGT 100' 600'</u>				Latch Down <u>1 EA</u>			
<u>Plug down 113.4 out 1200"</u>				SERVICE SUP 1 EA			
<u>Psi up CSG 1700'</u>				LMV <u>30</u>			
<u>Release! HELD 3/4 BHA BACK</u>				Pumptrk Charge <u>LS</u>			
<u>Good circ thru JO3</u>				Mileage <u>60</u>			
<u>THANK YOU</u>				Tax Discount Total Charge			
<u>PLEASE CALL AGAIN</u>							
<u>ITOP Mike</u> <u>WATT</u>							
X Signature <u>Amy Musgrave</u>							

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Andrew J. French, Chairperson
Dwight D. Keen, Commissioner
Susan K. Duffy, Commissioner

Laura Kelly, Governor

August 20, 2021

Eli J. Felts
Griffin, Charles N.
126 S MAIN ST
PRATT, KS 67124-2711

Re: ACO-1
API 15-007-24378-00-00
CROMER 1-1-4
NW/4 Sec.04-30S-15W
Barber County, Kansas

Dear Eli J. Felts:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 4/08/2021 and the ACO-1 was received on August 20, 2021 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Andrew J. French, Chairperson
Dwight D. Keen, Commissioner
Susan K. Duffy, Commissioner

Laura Kelly, Governor

August 20, 2021

Eli J. Felts
Griffin, Charles N.
126 S MAIN ST
PRATT, KS 67124-2711

Re: ACO-1
API 15-007-24378-00-00
CROMER 1-1-4
NW/4 Sec.04-30S-15W
Barber County, Kansas

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Sincerely,

Production Department