

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)</i> <i>(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	ALEXA #1
Doc ID	1636083

Tops

Name	Top	Datum
Heebner	3900	-1911
Brown Lime	4074	-2085
Lansing	4092	-2103
Stark Shale	4400	-2411
B/KC	4486	-2497
Pawnee	4552	-2563
Cherokee Shale	4595	-2606
Viola	4655	-2666
Simpson Shale	4788	-2799

Well Name: Alexa #1
 API: 15-007-24396
 Location: NE NE SE NE
 License Number: 33936
 Spud Date: 11/17/2021
 Surface Coordinates: Lat: 37.452246 Long: -98.975634
 Bottom Hole: Same
 Coordinates:
 Ground Elevation (ft): 1984 K.B. Elevation (ft): 1989
 Logged Interval (ft): 3800 To: 4830 Total Depth (ft): 4830
 Formation: Simpson @ RTD
 Type of Drilling Fluid: Mud-Co. Chemical Drispac
 Region: Barber County
 Drilling Completed: 11/23/2021
 Printed by MudLog from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: Griffin Management, LLC
 Address: 126 S. Main
 Pratt, KS 67124

GEOLOGIST

Name: Eli J. Felts
 Company: Griffin Management, LLC
 Address: 126 S. Main
 Pratt, KS 67124

Drilling Report

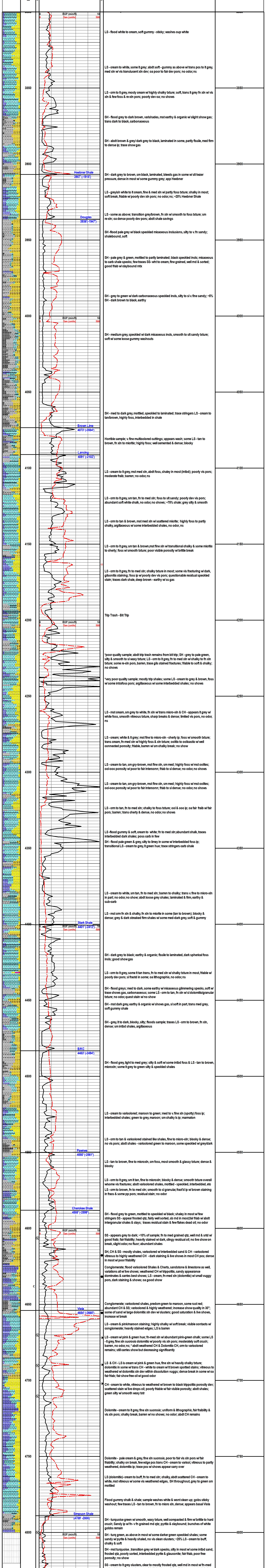
11/17/2021
 Spud @ 3:45 pm
 11/18/2021
 WOC - Drilled Out @ Noon
 11/19/2021
 Drilling @ 1969'
 11/20/2021
 Drilling @ 3000'
 11/21/2021
 Drilling @ 3830'
 11/22/2021
 Drilling @ 4322'
 11/23/2021
 Drilling @ 4800'
 RTD @ 7:15 AM
 Log Well
 11/24/2021
 Casing

Problems

Lost Returns @ 127' - 1 hour
 1" 8.625" casing w/ 150 sxs.
 Plugged Bit @ 4205'
 Bit Trip @ 4322' (penetration rate)

Pipe Setting

8.625" @ 263' w/ 290 sxs
 5.5" 15.5# @ 4829' w/ 175 sxs.



QUALITY WELL SERVICE, INC.

7823

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
11-17-21	B	30S	15W	Baebz	KS		
Lease ALEXA	Well No. #1	Location CROFT, KS S to 110th rd 1E to R34					
Contractor Murphy D&G RG #104	Owner 2 S to 10th E Pen S.W. rd			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.			
Type Job Surface	T.D. 263'			Charge To Griffin			
Hole Size 12 1/4	Depth 262'			Street			
Csg. 95/3	Depth			City State			
Tbg. Size	Depth			City State			
Tool	Depth			City State			
Cement Left in Csg.	Shoe Joint 25			The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line	Displace 15.2			Cement Amount Ordered 290 sc (Common)			
EQUIPMENT				2 1/2 GAL 3% CL 1/2" PS (1700750 250) 2500 150			
Pumptrk 3 No.				Common 290 + 150 = 440			
Bulktrk 15 No.				Poz. Mix			
Bulktrk No.				Gel. 545#			
Pickup No.				Calcium 1241#			
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse-Hole	USCO 290 sc 2 1/2 GAL 3% CL 1/2" PS			Flowseal 145#			
Centralizers	1" w/ 150 sc Common 3% CL			Kol-Seal			
Baskets	total 440 sc			Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
Run 6" dia 95/3 23" C.V. SET @ 263'	START C.V. C.V. @ Bottom			Sand			
Hook up to C.V. + Break circ w/ rig	START Pumping 10 bbls H2O			Handling 471			
START m.c. 1 Pump 290 sc Common	2 1/2 GAL 3% CL 1/2" PS @ 14.9% CAL			Mileage 25 / 11775			
START D.S.O	CLOSE 1/2" on C.V. 15.2 bbls total			FLOAT EQUIPMENT			
Didn't circ cut match Fall	Went for 275 sc Common 3% CL			Guide Shoe			
TAG 70' down	TAG 70' down			Centralizer			
MIC. Pump 75 sc Common 3% CL	WOC 1 HL			Baskets			
MIC. Pump 75 sc Common 3% CL	CUT TO CELLAR			AFU Inserts			
CUT TO CELLAR	THANK YOU PLEASE CALL AGAIN			Float Shoe			
Signature [Handwritten]	TODD MIKE			Latch Down			
				SERVICE 500 1 EA			
				Pumptrk Charge Surface			
				Mileage 75			
				Tax			
				Discount			
				Total Charge			

QUALITY WELL SERVICE, INC.

7828

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
11-24-21	8	30S	15W	Barber	KI		
Lease ALEXA	Well No. 41		Location				
Contractor W.D. Martin D & G RIG #104				Owner			
Type Job 5 1/2 LS	T.D. 4,330			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 7 7/8	Depth 4,335			Charge To Griffin			
Csg. 5 1/2	Depth			Street			
Tbg. Size	Depth			City State			
Tool	Depth			City State			
Cement Left in Csg.	Shoe Joint 22.46			The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line	Displace 114.54			Cement Amount Ordered 175 & Prod 2 1/2 GAL 10% SA IT			
EQUIPMENT				5 1/2 KOKAL 6 1/4 CIGA 25% CAIP 25 1/4 PI			
Pumptrk 13 No.				Common 175 &			
Bulktrk 7 No.				Poz. Mix			
Bulktrk No.				Gel. 329 1/4			
Pickup No.				Calcium			
JOB SERVICES & REMARKS				Hulls			
Rat Hole 30 &				Salt 964 1/4			
Mouse Hole				Flowseal 44 1/2			
Centralizers 1-2-3-4-5-6-7				Kol-Seal 875 1/2			
Baskets				Mud CLR 48 500 GAL			
D/V or Port Collar	4829 1/2			CEL-117 or GD110-CAE-38 CIGA 99 1/2			
Ball 14 1/2 5 1/2 15 & CIG SET D 4000 1/2				Sand CL-1 96 GAL CAIP 41 1/2			
START CIG CIG out Bottom Hook in to				Handling 217			
CIG BREAK in with Drip Ball & Circulating				Mileage 25 / 5475			
START Pumping 12 1/2 12 1/2 12 1/2 12 1/2 12 1/2				5 1/2 FLOAT EQUIPMENT			
START Plug R Hole 30 &				Guide Shoe H 1 M 1 EA			
START MLK 1/2 CIG 145 & Prod 14 8 1/4 CIG				Centralizer 7 EA			
SHUT DOWN wash. p-trk & RELEASE 5 1/2 60 Plug				Baskets			
START Disp W/ 2 1/2 KCL				AFU Inserts			
LIFT PSI 1 98 out 650 1/2				Float Shoe 1 EA			
Plug Down 1300 1/2 114.54				Latch Down 1 EA			
PSI up CIG 1700 1/2				SERVICE Sp 1 EA			
Release psi 1 HELD 3/4 Bbl				LMV 2.5			
Good circulation JOB				Pumptrk Charge LS			
				Mileage 50			
Thank you				Tax			
PLEASE CALL AGAIN TODAY 5:00 PM x 2				Discount			
Signature				Total Charge			