

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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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	STACY #1
Doc ID	1636079

Tops

Name	Top	Datum
Heebner	3884	-1908
Brown Lime	4060	-2084
Lansing	4079	-2103
Stark	4388	-2412
B/KC	4474	-2498
Pawnee	4542	-2566
Cherokee	4580	-2604
Viola	4643	-2667
Simpson Shale	4768	-2792

Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: Stacy #1
API: 15-007-24394
Location: SW NE SE NW
License Number: 33936
Spud Date: 11/09/2021
Surface Coordinates: 1970' FNL & 2030' FEL
Region: Barber County
Drilling Completed: 11/17/2021

Bottom Hole Vertical Wellbore Coordinates:
Ground Elevation (ft): 1971' **K.B. Elevation (ft):** 1976'
Logged Interval (ft): 3800' **To:** 4775' **Total Depth (ft):** 4775'
Formation: Ordovician (Simpson Shale) @ RTD
Type of Drilling Fluid: Mud-Co. Chemical Drispac - Displaced 2862-2880'
 Printed by MudLog from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: Griffin Management, LLC
Address: 126 S. Main
 Pratt, KS 67124-0347

GEOLOGIST

Name: Eli J. Felts
Company: Griffin Management, LLC
Address: efelts@griffinmgmt.com
 316.765.4070

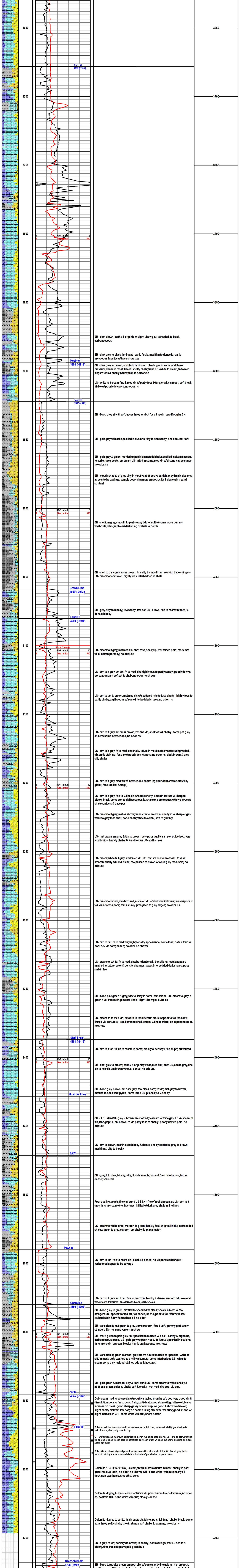
Drilling Report

Murfin Rig #104
Tool Pusher: James Mayfield
Spud 11/9/2021 @ 8:30 PM
TD 11/15/2021 @ 3:00 PM
NO DSTs
No Bit Trips

Problems

Pipe Setting

8.625" 23# Set @ 263' w/ 300 sxs.
 5.5" 15# Set @ 4773' w/ 175 sxs.



QUALITY WELL SERVICE, INC.

7816

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		
11-10-21	9	30S	23W	Barber	K1				
Lease	STACT		Well No.	1				Location	CROFT, K1 5 100' 1 E-13 135'
Contractor	MURFIN OILS RIG #104			Owner				S to CALE PWD ST E 270	
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	12 1/4		T.D.	263'				Charge To	GRIFFIN
Csg.	8 5/8 23'		Depth	262'				Street	
Tbg. Size			Depth					City	State
Tool			Depth						
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	300# (COMMON)
EQUIPMENT				2 1/2" GEL 3 1/2" CC 1/2" PS					
Pumptrk	B	No.		Common				300#	
Bulktrk	7	No.		Poz. Mix					
Bulktrk		No.		Gel.				564#	
Pickup		No.		Calcium				846#	
JOB SERVICES & REMARKS				Hulls					
Rat Hole				Salt					
Mouse Hole				Flowseal				150#	
Centralizers				Kol-Seal					
Baskets				Mud CLR 48					
D/V or Port Collar				CFL-117 or CD110 CAF 38					
Run 6 #1's 8 5/8 23' (Csg SET @ 262')				Sand					
SMT Csg Csg on Bottom				Handling				323	
Hook up to Csg & BREAK CIRCULATING				Mileage				25 / 13075	
START PUMPING H2O				FLOAT EQUIPMENT					
START W/ K! Pump 300# (COMMON)				Guide Shoe					
2 1/2" GEL 3 1/2" CC 1/2" PS @ 14.8"/GAL				Centralizer					
START DISO				Baskets					
PWS DOWN 15.2 Bbl. total				AFU Inserts					
CLOSE VALVE ON CSG 100'				Float Shoe					
GND CIRC THRU 303				Latch Down					
CIRC CUT TO PIT				SERVICE GPN				1 EA	
THANK YOU				LMV				25	
PLEASE CALL AGAIN				Pumptrk Charge				SURFACE	
BOB MIKE X2				Mileage				50	
Signature								Tax	
								Discount	
								Total Charge	

QUALITY WELL SERVICE, INC.

7821

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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
11-15-21	9	30S	15W	BARBER	Ks		
Lease STACY	Well No. 1		Location CROFT Ks S to 110 th Rd 1 E to 130 th				
Contractor MARTIN DRUG R.G. 104				Owner Z. B. S. to CATTLE PENS S/E into			
Type Job 5 1/2 L.S.	To Quality Well Service, Inc.						
Hole Size 7 7/8	You are hereby requested to rent cementing equipment and furnish						
Csg. 5 1/2 15.5	T.D. 4775'	cement and helper to assist owner or contractor to do work as listed.					
Tbg. Size	Depth 4774'	Charge To GRIFFIN					
Tool	Depth	Street					
Cement Left in Csg.	Shoe Joint 21.53	City					State
Meas Line	Displace 113.11	The above was done to satisfaction and supervision of owner agent or contractor.					
EQUIPMENT				Cement Amount Ordered 17551 Prod 2% KEL 10/514			
Pumptrk 8 No.				5 1/2 Kolocal 6% C16A .25% C4IP .25% PS			
Bulktrk 10 No.				Common 175 SC			
Bulktrk No.				Poz. Mix			
Pickup No.				Gel. 329#			
JOB SERVICES & REMARKS				Calcium			
Rat Hole 30x				Hulls			
Mouse Hole				Salt 96A			
Centralizers 1-2-3-4-5-6-7				Flowseal 44"			
Baskets				Kol-Seal 375"			
D/V or Port Collar				Mud CLR 48 500 Gal			
D on 114 #1's 15.5" CSG SET @ 4774'				CFL-117 or GD110 CAF 38" C16A 99"			
START CSG Csg. @ Bottom: #1's				Sand CC-1 9 Gal C4IP 41"			
Hook up to CSG: BREAK CIR W/IRIG				Handling 273			
DROP BALL 1 CIR W/IRIG				Mileage 25/5575			
START Pumping 10 Bbls H2O 12 Bbls MF 10 Bbls IR				FLOAT EQUIPMENT			
START PUMP B. HOLE 30x				Guide Shoe 7 EA			
START mix @ Csg. 14.5 SC @ 14.8 1/2 Gal				Centralizer			
Start mix wash ptk RELEASE 5% LD P/B				Baskets			
START Disp w/ 2% KEL				AFU Inserts 1 EA H/M			
LIFT DIS 97 out 550'				Float Shoe 1 EA			
PUSH Down 113 1105'				Latch Down 1 EA			
DIS on Csg 1700'				SERVICE SP 1 EA			
Release HOLE 3/4 Bk Back				LMV 25'			
from CIR thru JOB				Pumptrk Charge 25			
THANK YOU TO DO				Mileage 50			
PLEASE CALL AAAA! Mike & Linda				Tax			
Signature [Signature]				Discount			
				Total Charge			