

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 Recompletion Date _____ 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	CROMER 4-1-4
Doc ID	1636094

Tops

Name	Top	Datum
Heebner	3914	-1896
Brown Lime	4088	-2070
Lansing	4110	-2092
Stark Shale	4412	-2394
B/KC	4496	-2478
Pawnee	4562	-2544
Cherokee Shale	4598	-2580
Viola	4642	-2624
Simpson Shale	4787	-2769

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

Well Name: Cromer #4-1-4
 API: 15-007-24388
 Location: N2 NE NE SW
 License Number: 33936
 Spud Date: 11/23/2021
 Surface Coordinates: Lat: 37.463064 Long: -98.967277
 Bottom Hole Coordinates: Vertical Wellbore
 Ground Elevation (ft): 2006' K.B. Elevation (ft): 2018'
 Logged Interval (ft): 3800' To: 4820' Total Depth (ft): 4820'
 Formation: Ordovician (Simpson) @ RTD
 Type of Drilling Fluid: Mud-Co. Chemical Drispac. Displaced Mud @ 2700'
 Region: Barber Co.
 Drilling Completed: 12/02/2021
 Printed by MudLog from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

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

GEOLOGIST

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

Drilling Report

Fossil Drilling, Rig #3
 Tool Pusher: Gayle
 Cell # 620-388-5696
 11/22/2021
 Spud @ 4:00 PM
 11/23/2021
 WOC @ 278'
 11/24/2021
 Drilling @ 1470'
 11/25/2021
 SD for Thanksgiving @ 2382'
 11/28/2021
 TIH @ 10 AM
 Drill Ahead
 Displace @ 2700'
 11/29/2021
 Drilling @ 3882'
 11/30/2021
 Drilling @ 4585'
 12/01/2021
 Drilling @ 4710'
 RTD @ 9:30 PM
 Short trip 40 Stands
 Log Well
 12/02/2021
 Finished Logging @ 8:15 AM
 TIH w/ Bit
 LDDP
 Run Casing

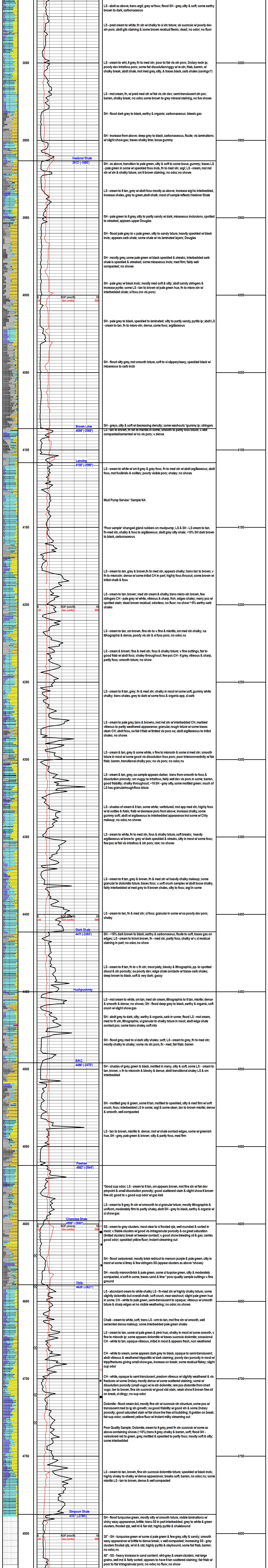
Problems

Pipe Setting

8.625" 23# @ 279' w/ 350 sxs.
 5.5" 15.5# @ 4811' w/ 145 sxs.

ROCK TYPES

Anhy	Bent	Brec	Cht	Clyst	Coal	Congl	Dol-cream	Dol	Gyp	Igne	Granite 2	Granite	Lmst tan	Lmst	Meta	Mrlst	Quartz	Salt	Shale 2	Shale grey	Shale 1	Shcol	Shgy	Silst	Ss	Till
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QUALITY WELL SERVICE, INC.

7826

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		
11-22-21	4	30S	15W	Barber	Ks				
Lease	CROMER		Well No.	4				Location	CROFT, Ks Sta 110' rd 1 E to 130' rd
Contractor	Fossil Dels. Rig #			Owner	2 S to CATTLE PENS 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	12 1/4		T.D.	270					
Csg.	8 5/8		Depth	270					
Tbg. Size			Depth						
Tool			Depth						
Cement Left in Csg.			Shoe Joint	25'					
Meas Line			Displace	15.7					
EQUIPMENT				2 1/2 GEL 3 1/2 CC 1/2 PS					
Pumptrk	8 No.		Common 350						
Bulktrk	12 No.		Poz. Mix						
Bulktrk	No.		Gel. 653+						
Pickup	No.		Calcium 987+						
JOB SERVICES & REMARKS				Hulls					
Rat Hole				Salt					
Mouse Hole				Flowseal 175+					
Centralizers				Kol-Seal					
Baskets				Mud CLR 48					
D/V or Port Collar				CFL-117 or CD110 CAF 38					
Run bottom 8 5/8 23' csg set 270'				Sand					
start csg csg on bottom				Handling 377					
Hook into csg? Break pipe w/ rig				Mileage 25/9425					
START Pumping 10 bbls H ₂ O				FLOAT EQUIPMENT					
START M.K. Pump 350g Common				Guide Shoe					
2 1/2 GEL 3 1/2 CC 1/2 PS & 14.8' Gal				Centralizer					
START DISP				Baskets					
Close Valve on csg 15.7 bbls total				AFU Inserts					
Hood pipe + head JDB				Float Shoe					
Circ cut to bit				Latch Down					
				SERVICE SIGN 1 EA					
				LNV 25					
				Pumptrk Charge Surface					
				Mileage 50					
THANK YOU				Tax					
PLEASE CALL PRATT				Discount					
TODD M. KE X 2				Total Charge					
Signature: Todd M. Ke									

QUALITY WELL SERVICE, INC.

7835

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
12-1-21	4	30S	15W	Barber	Ks		
Lease	CROMER		Well No.	4			
Contractor	FOSSIL DELG EA		Location	COFF, KI 3 S to Y: CATTLE Guard			
Type Job	5/2 LS.		Owner	F to CATTLE Guard TOZC CATTLE Guard E 1110			
Hole Size	7 7/8		T.D.	4320			
Csg.	5/2		Depth	4811.14			
Tbg. Size			Charge To	Geffin			
Tool			Street				
Cement Left in Csg.			City	State			
Meas Line			Depth				
EQUIPMENT			Shoe Joint	21.13			
			Displace	114			
			The above was done to satisfaction and supervision of owner agent or contractor.				
			Cement Amount Ordered 175cc ProC 2 1/2 Gal 10% Salt				
			5 1/2 Kilon 6 1/2 C16A 25% CAIP 25 1/2 lbs				
Pumptrk	B	No.	Common 175cc				
Bulktrk	D	No.	Poz. Mix				
Bulktrk		No.	Gel. 329"				
Pickup		No.	Calcium				
JOB SERVICES & REMARKS			Hulls				
Rat Hole	20 SK		Salt 964"				
Mouse Hole	10 SK		Flowseal 44"				
Centralizers	1-2-3-4-5-6-7		Kol-Seal 375"				
Baskets			Mud CLR 48 500 GAL				
D/V or Port Collar			CFL-117-or-CD-110-CAF-38- C16A 99"				
Run 114 ft 3 1/2 15.5' Csg set 24311			Sand CC-19 GAL CAIP 41"				
START Csg. csg on Bottom TAG			Handling 217				
Hook up to Csg. Break circ w/216"			Mileage 25/5425				
Drop Ball & Circ w/216"			5/2 FLOAT EQUIPMENT				
START Pumping 12411 113 12411 MF 12411 H2			Guide-Shoe H: M 1 EA				
START Plug R-M holes			Centralizer 7 EA				
START mix + csg @ 14.31/GAL			Baskets				
SHUT DOWN W/hold atk RELEASE 5/2 LD Plug			AFU Inserts				
START disp w/2% KCL			Float Shoe 1 EA				
LEFT PSI 600+ 93 Bbls out			Latch Down 1 EA				
Plug DOWN 114 out 1200"			SERVICE SUP 1 EA				
PSI + Csg 1700"			LMV 25				
RELEASE + HELD 3/4 Bbl BACK			Pumptrk Charge LS				
Good circ thru JO3			Mileage 50				
THANK YOU							
PLEASE CALL AGAIN TOOD miles							
Richard							
Signature						Tax	
						Discount	
						Total Charge	