

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	HARPER #2
Doc ID	1636453

Tops

Name	Top	Datum
Heebner	3884	-1888
Brown Lime	4058	-2062
Lansing	4077	-2081
Stark	4380	-2384
B/KC	4463	-2467
Pawnee	4527	-2531
Cherokee	4567	-2571
Viola	4602	-2606
Simpson Shale	4753	-2757
LTD	4794	-2798



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

Well Name: Harper #2  
 API: 15-007-24385  
 Location: W2 W2 W2 NE  
 License Number: 33936  
 Spud Date: 12/7/2021  
 Surface Coordinates: T30S R15W Sec 4  
 1320' FNL & 2589' FWL  
 Bottom Hole Coordinates: Vertical Wellbore  
 Ground Elevation (ft): 1991' K.B. Elevation (ft): 1996'  
 Logged Interval (ft): 3800' To: 4800' Total Depth (ft): 4800'  
 Formation: Ordovician (Simpson) @ RTD  
 Type of Drilling Fluid: Mud-Co. Chemical Drispac. Displaced Mud @ 2859'-2903'  
 Region: Barber Co.  
 Drilling Completed: 12/12/2021  
 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**

Murfin Drilling, Rig #104  
 Tool Pusher: James Mayfield  
 Cell # 785-269-7684

12/7/2021  
 Spud @ 4:45 PM

12/8/2021  
 WOC @ 263'

12/9/2021  
 Drilling @ 2191'

12/10/2021  
 Drilling @ 3272'

12/11/2021  
 Drilling @ 4070'

12/12/2021  
 Drilling @ 4660'  
 RTD @ 11:00 AM  
 MW Wireline Logged Well - 9:45 PM to 1:00 AM

12/13/2021  
 LDDP @ 4798'  
 Run Casing  
 9/02/2021  
 Drilling @ 4740'  
 RTD @ 12:30 PM  
 Start Logging @ ~10PM

9/03/2021  
 LDDP  
 Run Casing - Plug Down @ 2:15 PM  
 Release Rig @ 6:15 PM

**Problems**

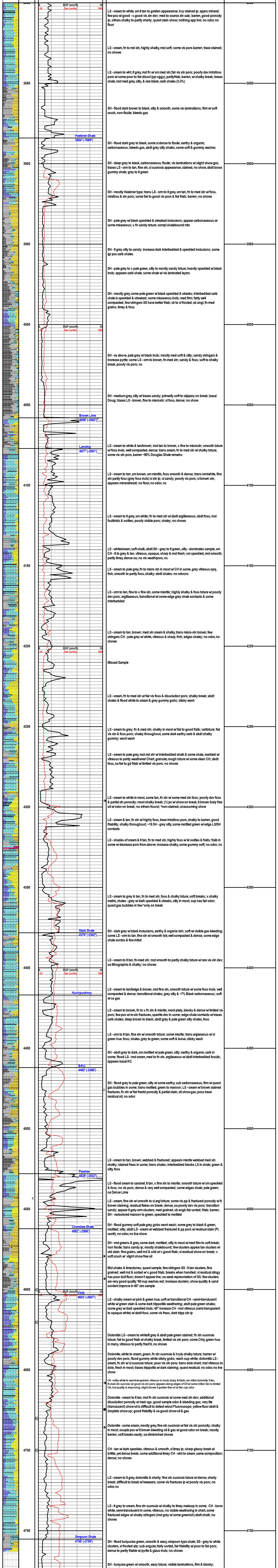
No Bit Trips  
 No DSTs

**Pipe Setting**

8.625" 23# @ 263' w/ 275 sxs.  
 5.5" 15.5# @ 4793' w/ 175 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	Siltst	Ss	Till
------	------	------	-----	-------	------	-------	-----------	-----	-----	------	-----------	---------	----------	------	------	-------	--------	------	---------	------------	---------	-------	------	--------	----	------



DSTs/Mud/Surveys, etc.

# QUALITY WELL SERVICE, INC.

7842

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	
12-7-21	4	303	15W	Barber	Ks			
Lease	HACD02		Well No.	2				Location
Contractor	Mojzfin D2/G RIG # 109			Owner				
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.	85/3 23	Depth	262		Street			
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			400 sc 2% GEL 3% CC 1/2" PI
<b>EQUIPMENT</b>				275 USED				
Pumptrk	8 No.			Common 275 sc				
Bulktrk	7 No.			Poz. Mix				
Bulktrk	No.			Gel. 517 #				
Pickup	No.			Calcium 776 #				
<b>JOB SERVICES &amp; REMARKS</b>				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				
Rip 6 1/2" 85/3 23" CSG SET @ 263'				Sand				
START CSG CSG ON Bottom				Handling 296				
Hook up to CSG: BREAK circ wire				Mileage 25 / 7400				
START Pumping 10 bbl 1120				<b>FLOAT EQUIPMENT</b>				
START mid Pump 295 sc Common				Guide Shoe				
2% GEL 3% CC 1/2" PI				Centralizer				
START DISP				Baskets				
Close Valve on CSG 15.2 bbl out				AFU Inserts				
150 #				Float Shoe				
Circ circ thru 203				Latch Down				
Circ circ TO PIT				SERVICE 5001 1 EA				
				LMV 25				
				Pumptrk Charge SURFACE				
				Mileage 50				
				Tax				
				Discount				
				Total Charge				
Signature								

# QUALITY WELL SERVICE, INC.

7848

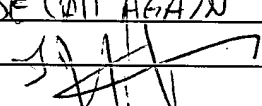
Federal Tax I.D. # 481187368

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	12-13-21	Sec.	4	Twsp.	30S	Range	12W	County	Barber	State	Ks	On Location	Finish
Lease	HARDEL		Well No.	2		Location							
Contractor	MURFIN DRG P.G #104							Owner					
Type Job	5 1/2 LS							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		T.D.		4794'		Charge To						
Csg.	5 1/2 15.5		Depth		4795.03		Griffin						
Tbg. Size	Depth							Street					
Tool	Depth							City State					
Cement Left in Csg.	Shoe Joint		21.22		The above was done to satisfaction and supervision of owner agent or contractor.								
Meas Line	Displace		113.62		Cement Amount Ordered 175# Proc 2 1/2 GAL 10% SALT								
<b>EQUIPMENT</b>							5 1/4 KOLSEAL 6% C16A 25' CAIP .25 1/2 PS						
Pumptrk	B	No.			Common 175								
Bulktrk	D	No.			Poz. Mix								
Bulktrk		No.			Gel. 329#								
Pickup		No.			Calcium								
<b>JOB SERVICES &amp; REMARKS</b>							Hulls						
Rat Hole	3DS		Salt		964#								
Mouse Hole	20SS		Flowseal		44#								
Centralizers	1-2-3-4-5-6-7		Kol-Seal		875#								
Baskets	Mud CLR 48							500 GAL					
D/V or Port Collar	CFL-117 or CD110 CAF 38							C16A = 99#					
Run 114 H.S. 5 1/2 15.5' CSG SET D 4793							Sand CC-1 9 GAL CAIP 41#						
START CSG CSG ON Bottom 1 TAK							Handling 217						
Hook up to CSG 1 BREAK CIRC W/2IG							Mileage 25/5425						
DROP BALL 1 CIRC W/2IG							5 1/2 <b>FLOAT EQUIPMENT</b>						
START PUMPING DASH H2O 12 BHL VWF 10 BHL H2O							Guide Shoe 4 1/2 M 1 EA						
START PLUG R-H 30 SS							Centralizer 7 EA						
START MIX & CSG 7.45 SS D 14.8' GAL							Baskets						
SHUT DOWN UNSHOOTER RELEASE 5 1/2 LD PWB							AFU Inserts						
START DISC W/ 2 1/2 KCL							Float Shoe 1 EA						
LIFT PSI 98 OUT 600#							Latch Down 1 EA						
PLUG DOWN 113 OUT 1200#							SERVICE SPJ 1 EA						
PSI UP ON CSG 1700#							LMV 25						
RELEASE HELD 3/4 BHL BACK							Pumptrk Charge LS						
GOOD CIRC THRU JOB							Mileage 50						
THANK YOU							Tax						
PLEASE CALL AGAIN TOOD: MIKE							Discount						
Signature 							Total Charge						

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



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

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

Laura Kelly, Governor

April 07, 2022

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

Re: ACO-1  
API 15-007-24385-00-00  
HARPER #2  
NE/4 Sec.04-30S-15W  
Barber County, Kansas

Dear Charles N. Griffin:

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 12/7/2021 and the ACO-1 was received on April 07, 2022 (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