

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	SAVANNAH 3
Doc ID	1533764

All Electric Logs Run

Porosity
Dual Induction
Micro
Sonic



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Griffin, Charles N

34/29S/15W/Pratt

PO Box 347
Pratt, Kansas
67124+0347
ATTN: Eli Felts

Savannah #3

Job Ticket: 66247

DST#: 1

Test Start: 2020.08.11 @ 16:43:00

GENERAL INFORMATION:

Formation: **Simpson Sand**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 19:18:17

Time Test Ended: 00:55:02

Test Type: Conventional Bottom Hole (Initial)

Tester: Ken Swinney

Unit No: 72 Pratt/ 58

Interval: 4646.00 ft (KB) To 4696.00 ft (KB) (TVD)

Reference Elevations: 1940.00 ft (KB)

Total Depth: 4696.00 ft (KB) (TVD)

1930.00 ft (CF)

Hole Diameter: 7.80 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

Serial #: 8365

Inside

Press@RunDepth: 82.93 psig @ 4647.00 ft (KB)

Capacity: psig

Start Date: 2020.08.11

End Date:

2020.08.12

Last Calib.:

2020.08.12

Start Time: 16:43:01

End Time:

00:55:02

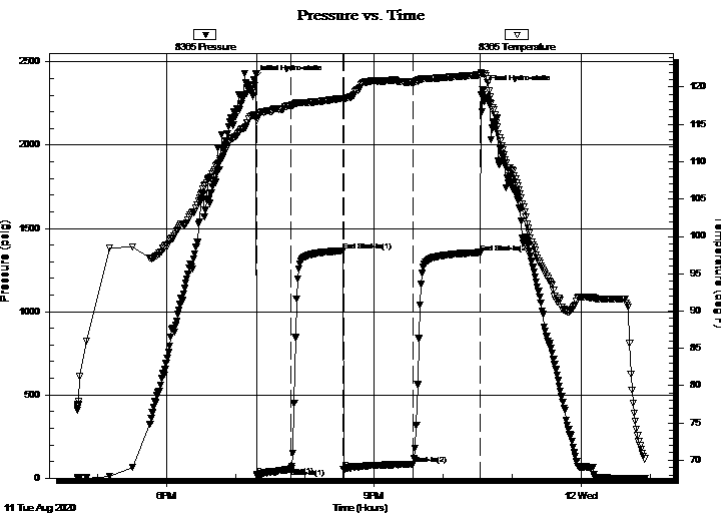
Time On Btm:

2020.08.11 @ 19:15:47

Time Off Btm:

2020.08.11 @ 22:34:17

TEST COMMENT: IF 30 Minutes/ Blow built to 2 1/4 inch
 ISI 45 Minutes/ No blow back
 FF 60 Minutes/ Dead no blow / Flush tool / Blow built to 2 1/2 inch
 FSI 60 Minutes/ No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2392.55	116.26	Initial Hydro-static
3	18.47	115.56	Open To Flow (1)
33	59.01	117.56	Shut-In(1)
78	1364.92	118.48	End Shut-In(1)
78	53.60	118.20	Open To Flow (2)
138	82.93	120.66	Shut-In(2)
197	1355.69	121.66	End Shut-In(2)
199	2331.68	121.83	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
135.00	VSOCM / O 2% M 98%	0.80

Gas Rates

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



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Griffin, Charles N

34/29S/15W/Pratt

PO Box 347
Pratt, Kansas
67124+0347
ATTN: Eli Felts

Savannah #3

Job Ticket: 66247

DST#: 1

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Tester: Ken Swinney

Unit No: 72 Pratt/ 58

Interval: **4646.00 ft (KB) To 4696.00 ft (KB) (TVD)**

Reference Elevations: 1940.00 ft (KB)

Total Depth: 4696.00 ft (KB) (TVD)

1930.00 ft (CF)

Hole Diameter: 7.80 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

Serial #: 6755 Outside

Press@RunDepth: 1354.78 psig @ 4648.00 ft (KB)

Capacity: psig

Start Date: 2020.08.11

End Date:

2020.08.12

Last Calib.:

2020.08.12

Start Time: 16:43:01

End Time:

00:55:02

Time On Btm:

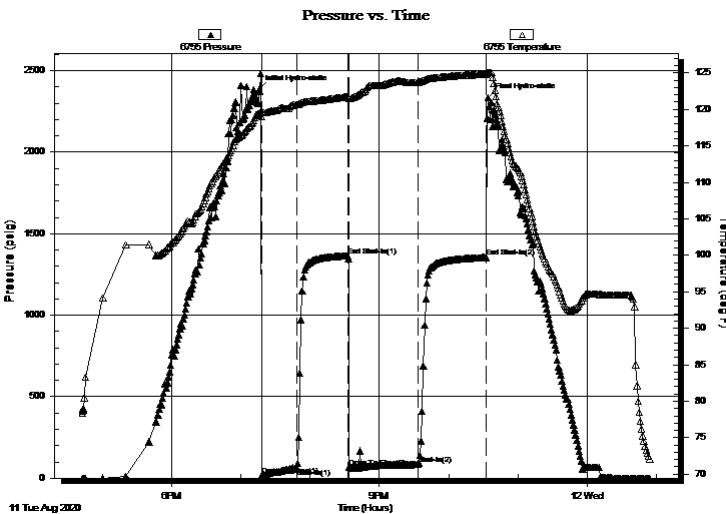
2020.08.11 @ 19:16:02

Time Off Btm:

2020.08.11 @ 22:34:17

TEST COMMENT: IF 30 Minutes/ Blow built to 2 1/4 inch
 ISI 45 Minutes/ No blow back
 FF 60 Minutes/ Dead no blow / Flush tool / Blow built to 2 1/2 inch
 FSI 60 Minutes/ No blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2382.46	119.46	Initial Hydro-static
3	19.28	118.98	Open To Flow (1)
33	57.69	120.69	Shut-In(1)
77	1364.53	121.73	End Shut-In(1)
78	65.65	121.47	Open To Flow (2)
138	83.23	123.73	Shut-In(2)
197	1354.78	124.87	End Shut-In(2)
199	2336.74	125.05	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
135.00	VSOCM / O 2% M 98%	0.80

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Griffin, Charles N

34/29S/15W/Pratt

PO Box 347
Pratt, Kansas
67124+0347

Savannah #3

Job Ticket: 66247

DST#: 1

ATTN: Eli Felts

Test Start: 2020.08.11 @ 16:43:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 52.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 10.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 7500.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
135.00	VSOCM/ O 2% M 98%	0.801

Total Length: 135.00 ft Total Volume: 0.801 bbl

Num Fluid Samples: 0

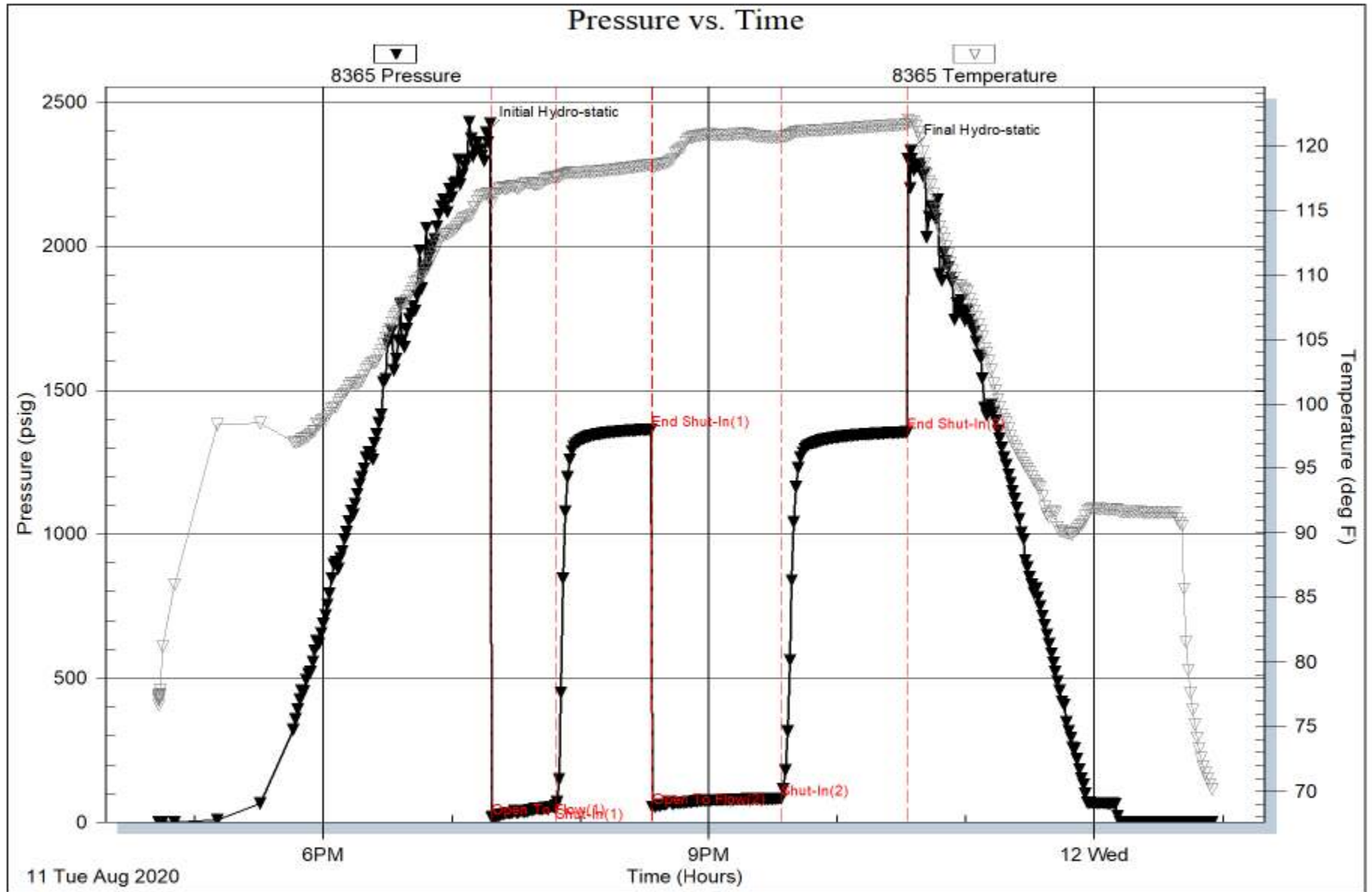
Num Gas Bombs: 0

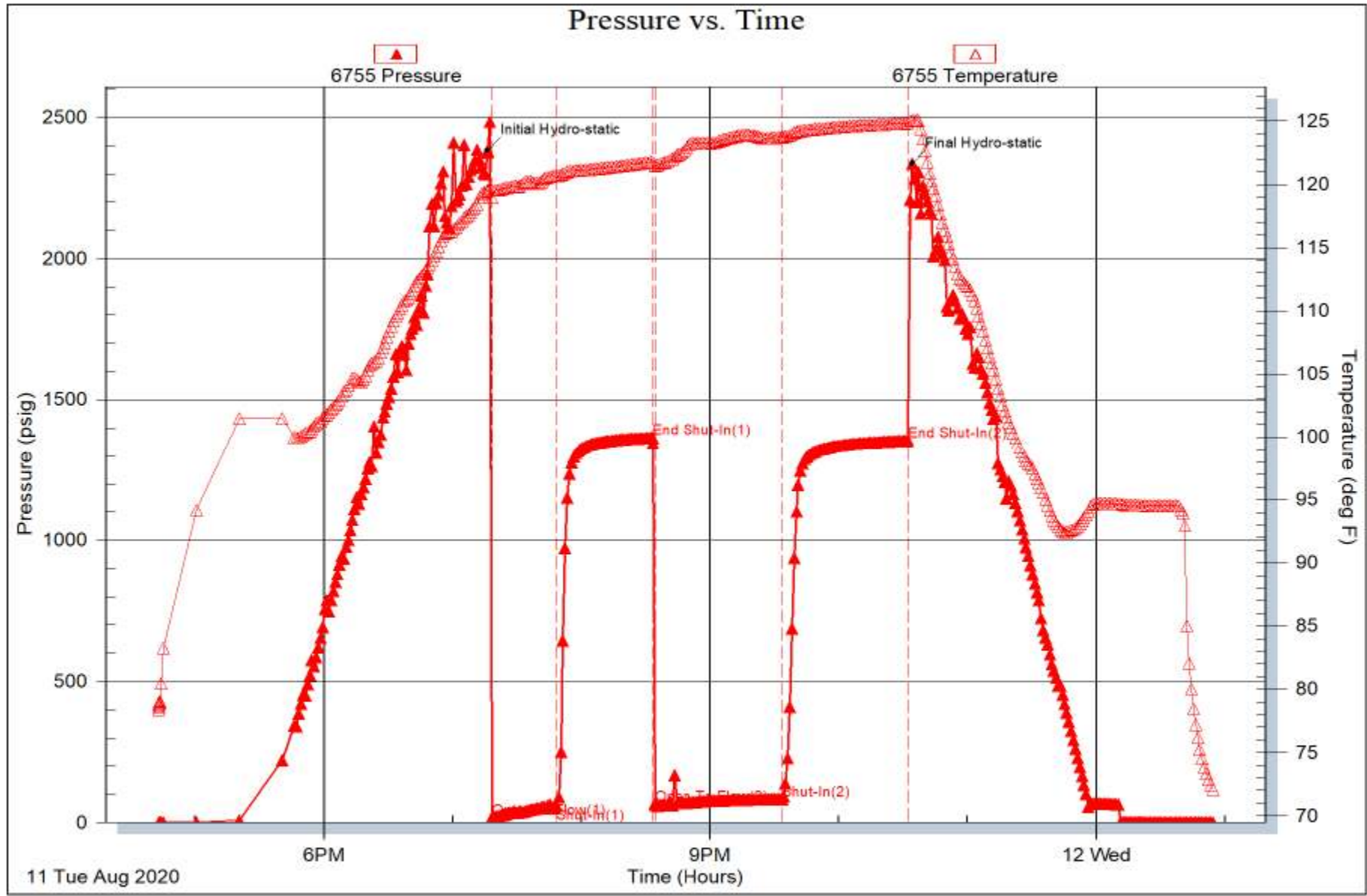
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





Griffin Management LL

Savannah 3

8/13/20

Started running casing at 3:30 am

Run 113 jts 4 ½" 10.5#. Total 4755.41'

PBTD 4734.22'. Circulated 1 hr

RU QUALITY Oil Service and cemented with 200
sks Pro C 2% Gel, 10% Salt, 5# Koseal (Griffin
Blend) Plug down at 7:45 am

8/26/20

RU Allaince Well Service.

8/27/20

RU Log Tech. Run GR/CBL log. Rig swabbed
down to 2000'. Log Tech perforated 4685'4692'
Rig picked up packer and 149 jts 2 3/8". RU Pro
Stim and spot 16 bbls of blended acid at 4692'
Wait 20 mins. Pulled 1 jt and set packer at
4758'(148). Pro Stim pumped 500 gals blended
acid. Breakdown 730#. Treated 2.5 bpm at
1360#. ISIP 1100#. 15 mins 600#
Used 31.5 bbls total
Flowed back 1 bbls. RU to swab

1st hr. FL 4500' Rec 16 bbls

Wait 20 mins recovered 450' TOB OC

Wait 20 mins recovered 350' TOB OC

RECOVERED 3 bbl in 1 hr

Open bypass and swabbed down

Wait 20 mins recovered 300'. TOB OC

Recovered 21 bbls today. Shut in

8/27/20

TP 10#. IFL 1900'. 20' oil on top

Swabbed down and recovered 12 bbls

Sli oil show. TOOH with packer. RU Excel

Set CIBP at 4660' and perforated 4507'- 4518'

2 spft. TIH with packer and 143 jts. RU Pro Stim

Spot 13.5 bbls at 4518'. Pulled 1 jt and set

packer at 4469'. RU Pro Stim. Breakdown

1500.#. Treated 2.8 bpm at 1250#. ISIP 500#

15 mins 220#. Used 1000 gals 15% HCL acid

with 18 bbls KCL water. Used 42.5 bbls total

Flowed back 2 bbls RU to swab. IFL surface

1st hr. FL 4400'. Rec 20 bbls. No oil

Wait 20 mins recovered 300'. No oil

Open bypass and swabbed down

Wait 20 mins recovered 200' water no oil

Wait 20 mins recovered 200' water no oil

Recovered 1 bbls in 1 hr

Total recovered 24 bbls

Shut in well

QUALITY WELL SERVICE, INC.

7458

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		
8-7-20	3A	29S	15W	PRATT	Ks				
Lease SAVANNAH		Well No. 3		Location Hwy 541 CROFT 31/2 TOP St to 110 th Ed					
Contractor WW DelG. R.G # 114				Owner J. J. E to DE take Cattle Guard S 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. 262								
Csg. 8 5/8 24"	Depth 262		Charge To Griffin						
Tbg. Size	Depth		Street						
Tool	Depth		City State						
Cement Left in Csg. 25	Shoe Joint 25		The above was done to satisfaction and supervision of owner agent or contractor.						
Meas Line	Displace 15BH1		Cement Amount Ordered 300 sc Common						
EQUIPMENT				2 1/2 FEL 3 1/2 CL 1 1/2" PS USED 275 \$					
Pumptrk 9 No.			Common 275 \$						
Bulktrk 12 No.			Poz. Mix						
Bulktrk No.			Gel. 517 #						
Pickup No.			Calcium 776 #						
JOB SERVICES & REMARKS				Hulls					
Rat Hole				Salt					
Mouse Hole				Flowseal 137.5					
Centralizers				Kol-Seal					
Baskets				Mud CLR 48					
D/V or Port Collar				CFL-117 or CD110 CAF 38					
Run 6-1/2" 8 5/8 24" CSG SET @				Sand					
START CSG CSG ON Bottom				Handling 295					
Hook up to CSG & Break circ wiring				Mileage 7375					
Pump 10 BH1 H ² o				8 5/8 FLOAT EQUIPMENT					
START MIX! Pump 275 sc Common				Guide Shoe H.M					
2 1/2 FEL 3 1/2 CL 1 1/2" PS @ 14.8 H ² o/ENL				Centralizer 8 5/8 WP 1 EA					
SHOT DOWN				Baskets					
RELEASE 8 5/8 WOODEN PLUG				AFU Inserts					
START Disp				Float Shoe					
Plug down 150" close valve on CSG				Latch Down					
15 @ 13 1/2" total				SERVICE Spt					
Good circ thru job				LMV 25					
Circ CMT TO RT				Pumptrk Charge SURFACE					
				Mileage 50					
Thank you PLEASE CALL AGAIN Signature [Handwritten]								Tax	
								Discount	
								Total Charge	

QUALITY WELL SERVICE, INC.

7466

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Rich's Cell 620-727-3409
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Date	8-13-20	Sec.	3A	Twp.	29S	Range	15W	County	Pratt	State	Ks	On Location		Finish	
Lease	Savannah		Well No.		3		Location Hwy 54' 1/2 mi S to 110th rd								
Contractor	Murphy Dalg RIG #114						Owner 2.2 E S cattle Guard E into								
Type Job	4 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.		4760'		Charge To Gaffney								
Csg.	4 1/2 10.5'		Depth		4755 46		Street								
Tbg. Size			Depth				City								
Tool			Depth				State								
Cement Left in Csg.	21.23		Shoe Joint		21.23		The above was done to satisfaction and supervision of owner agent or contractor.								
Meas Line			Displace				Cement Amount Ordered 250 cc ProC 2 1/2 GAL 25% P.I.								
EQUIPMENT							10% Salt 5 1/2% Koseal .6% C-16A .25% CAIP								
Pumptrk	8	No.					Common 250 Pro.C.								
Bulktrk	10	No.					Poz. Mix								
Bulktrk		No.					Gel. 470 #								
Pickup		No.					Calcium								
JOB SERVICES & REMARKS							Hulls								
Rat Hole	30 cc		Salt		1377 #										
Mouse Hole	20 cc		Flowseal		625 #										
Centralizers	1-2-3-4-5-6-7		Kol-Seal		1250 #										
Baskets			Mud CLR 48		500 GAL										
D/V or Port Collar			CFL-117 or CD110 CAF 38		141" C.16A										
Run 113 H's 4 1/2 10.5" CSG SETD 475546							Sand 58.75" CAIP CL-1 7 GAL								
START CSG ON Bottom & TAG							Handling 308								
Hook up to CSG & BREAK circ w/ RIG							Mileage 25 / 7700								
DROP Ball & Circ w/ RIG							4 1/2 FLOAT EQUIPMENT								
START Pumping 10 Bbl H ₂ O 12 Bbl MF 10 Bbl H ₂ O							Guide Shoe 1 EA H.M								
START Mix Pump 50 cc Plug R-M Holes							Centralizer 7 EA								
START Mix Pump 200 cc CSG @ 14.0 1/16"							Baskets								
SHUT DOWN Wash up tek RELEASE 4 1/2 LD							AFU Inserts								
START Diso w/ 2 1/2 KCL							Float Shoe 1 EA								
Lift psi 61 at 600 #							Latch Down 1 EA								
Plug Down 75.7 at 1100							SERVICE Spv 1 EA								
Pump up CSG 1500 #							LMV 25								
RELEASE HELD 1/2 Bbl BACK							Pumptrk Charge LS								
GOOD circ thru JOBS							Mileage 50								
THANK YOU							Tax								
PLEASE CALL AGAIN TOM MRS MATT							Discount								
Signature							Total Charge								