

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	OTTIE 1
Doc ID	1553687

All Electric Logs Run

CNL/CDL
Dual Induction
Micro
Sonic

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	OTTIE 1
Doc ID	1553687

Tops

Name	Top	Datum
King Hill	3664	-1673
Heebner	3874	-1883
Brown Lime	4045	-2054
Lansing	4065	-2074
Stark	4364	-2373
B/KC	4450	-2459
Pawnee	4513	-2522
Cherokee	4552	-2561
Viola	4602	-2611
Simpson Shale	4730	-2739









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

Well Name: Ottie #1
API: 15-151-22521
Location: SE - NW - NW - SE of Sec 33 29s 15w
License Number: 33936
Spud Date: 11/19/2020
Surface Coordinates: 2230' FSL
Bottom Hole Coordinates: 2005' FEL
Update Survey Location Data. Footages are correct on this form but need to file updated
Ground Elevation (ft): 1980'
Logged Interval (ft): 3600'
Formation: Ordovician
Type of Drilling Fluid: Mud Co. Chemical Drispac

OPERATOR

Company: Griffin Management, LLC
Address: P.O. Box 347
Pratt, KS 67124-0347

GEOLOGIST

Name: Eli J. Felts
Company: Griffin Management, LLC
Address: ejfelts@grm.com
316.204.5059

Formation Tops

Table with columns: SAMPLE TOPS, LOG TOPS. Lists various geological units like KINGHILL, HEEBNER, BROWN LIME, etc. with their corresponding elevations and depths.

Drilling Report

Murfen Drilling, Rig #114
Tool Pusher: Scott Pfland
Cell # 620-639-1843
11/18/2020 Spud @ 7 pm
11/19/2020 WOC @ 264'
11/20/2020 Drilling @ 2110'
11/21/2020 Call Depth @ 6 AM (3400')
Drilling @ 3425'
Resume Circulation @ 3439'
Geologist on location @ 3 pm (Depth on arrival 3600')

Problems

Lost Circulation @ 3439'
Pulled (10) stands & added tank of mud. Lost ~200 bbls total.
LC @ -6:30 AM. Back to Drilling @ -9:30 AM
Seeped until -3587'

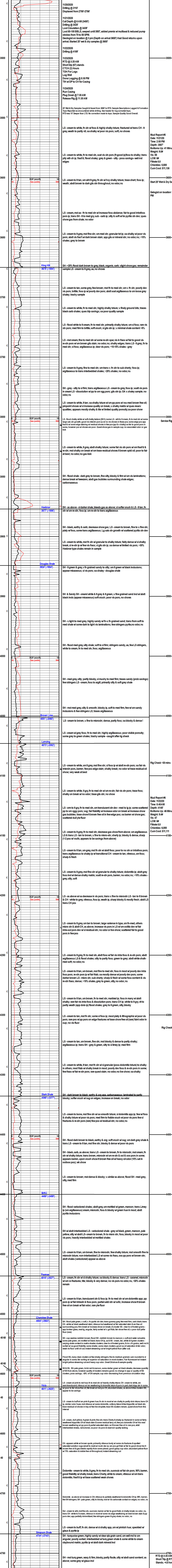
Pipe Setting

6 jts (new) 8.625" (23#) Surface @ 262'
120 jts (new & used) 5.5" (15.5#) Production @ 4772'

ROCK TYPES

Legend for rock types: Anhy, Bent, Brecc, Cht, Clst, Coal, Congl, Dol, Dol-cream, Dol, Gyp, Igne, Granite 2, Granite, Lmst, Lmst tan, Meta, Mrst, Mrst, Quartz, Salt, Shale 2, Shale grey, Shale, Shcol, Shgy, Stst, Tilt.

REFERENCE WELL LOG TOPS table with columns for well names and their corresponding elevations and depths.



Additional notes and data at the bottom of the log, including well completion details and contact information.



# QUALITY WELL SERVICE, INC.

7551

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	11-19-20	Sec.	33	Twp.	29S	Range	15W	County	Pratt	State	KI	On Location		Finish	
Lease	Ottie		Well No.	#1		Location KRAFT, KI 1 S 1 E 1/4 N E 1/4									
Contractor	M. J. Fin							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.	264		Charge To M. J. Fin									
Csg.	B5/B 23'		Depth	263		Street									
Tbg. Size			Depth			City									
Tool			Depth			State									
Cement Left in Csg.			Shoe Joint	20		The above was done to satisfaction and supervision of owner agent or contractor.									
Meas Line			Displace	155 Bbl		Cement Amount Ordered 270 @ Common									
<b>EQUIPMENT</b>												2 1/2" GEL 3% CC 1/2" PI used 270			
Pumptrk	B	No.		Common 270											
Bulktrk	15	No.		Poz. Mix											
Bulktrk		No.		Gel. 508#											
Pickup		No.		Calcium 762#											
<b>JOB SERVICES &amp; REMARKS</b>												<b>FLOAT EQUIPMENT</b>			
Rat Hole												Hulls			
Mouse Hole												Salt			
Centralizers												Flowseal 135			
Baskets												Kol-Seal			
D/V or Port Collar												Mud CLR 48			
Run to top B5/B 23' then set 263												CFL-117 or CD110 CAF 38			
START CSG CSG on Bottom												Sand			
Hook up to CSG & BREAK CIR w/ rig												Handling 290			
START Pumping Hz												Mileage 251			
START mix! Pump 270 @ Common															
2 1/2" GEL 3% CC 1/2" PI @ 14.81/GAL												Guide Shoe			
SHUT DOWN RELEASE B5/B WOODS FLO												Centralizer			
START DISG												Baskets			
PLUG DOWN												AFU Inserts			
Close Valve on CSG 150'												Float Shoe			
Good circ thru top												Latch Down			
Circ out to PIT												SERVICE Spd 1FA			
THANK YOU												LMV 25'			
PLEASE CALL AGAIN												Pumptrk Charge Surface			
TOO MICHAEL MATT												Mileage 50			
Signature												Tax			
												Discount			
												Total Charge			

# QUALITY WELL SERVICE, INC.

7553

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	11-24-23	Sec.	33	Twp.	29S	Range	15W	County	PROTT	State	Ks	On Location		Finish			
Lease	OLHIE	Well No.	#1	Location KROTT, KS Sta 110 <sup>th</sup> ST 1 E to 130 <sup>th</sup>													
Contractor	MURFIN RIG #14	Owner 1/2 S 1/2 E into															
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.	4700'	Charge To												Geoffin	
Csg.	5 1/2 15.5 #	Depth	4772'	Street													
Tbg. Size		Depth		City												State	
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.													
Cement Left in Csg.		Shoe Joint	19.71	Cement Amount Ordered												2005 PAC 2 1/2 GAL 10% SAH	
Meas Line		Displace	113	EQUIPMENT												5 3/8 KOL SEAL 6% C16A 1/4" PS 25% C41P	
Pumptrk	8	No.		Common												200 SA	
Bulktrk	10	No.		Poz. Mix													
Bulktrk		No.		Gel.												376 #	
Pickup		No.		Calcium													
JOB SERVICES & REMARKS														Hulls			
Rat Hole	30 2S	Salt												1101 #			
Mouse Hole	20 SA	Flowseal												50 #			
Centralizers	1-2-3-4-5-6-7	Kol-Seal												1000 #			
Baskets		Mud CLR 48												500 GAL			
D/V or Port Collar		CFL-117 or CD110 CAF 38												C16A 112.0 #			
Run	It's 5 1/2 15.5 # CSG SET	Sand												CC-1 7 GAL C41P 47 #			
	START CSG CSG ON BOTTOM & TAG	Handling												246			
	Hook up to CSG & BREAK C12G DEED BALL	Mileage												25/6/50			
	CIA	5 1/2												FLOAT EQUIPMENT			
	START Pumping 5Bbls H2O 12Bbls MF 5Bbls H2O	Guide Shoe												HEAD & MANIFOLD 1 EA			
	START MIX & Pump 50 SA Plug B-M Holes	Centralizer												7 EA			
	START MIX & Pump 150 SA 1 CSG 2 1/4 @ 1 1/2 GAL	Baskets															
	SHUT DOWN wash up to L RELEASE 5 1/2 LD PL	CAFU Inserts															
	START DISD w/ 2% KCL	Float Shoe												1 EA			
	LIFT PSI 96 out 700"	Latch Down												1 EA			
	Plug Down 115.5 out 1100"	SERVICE SPV												1 EA			
	PLUG CSG 1500 #	LMV												25			
	RELEASE! HELD 3/4 BBL BACK	Pumptrk Charge												LS			
	Good CIA thru 203	Mileage												50			
Thank you														Tax			
PLEASE CALL AGAIN														Discount			
TEOD														Total Charge			
MIKE MART																	
Signature																	