

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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**TRILOBITE TESTING, INC**

# DRILL STEM TEST REPORT

Griffin Management, LLC

**32-29s-15w Pratt KS**

P.O. Box 347  
Pratt KS 67124

**REA #1**

Job Ticket: 66760

**DST#: 1**

ATTN: Eli Felts

Test Start: 2021.01.06 @ 02:11:59

## GENERAL INFORMATION:

Formation: **FT Scott/ Upper Cher**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 05:31:29

Time Test Ended: 11:00:59

Test Type: Conventional Bottom Hole (Initial)

Tester: Matt Smith

Unit No: 68

**Interval: 4594.00 ft (KB) To 4640.00 ft (KB) (TVD)**

Reference Elevations: 2034.00 ft (KB)

Total Depth: 4640.00 ft (KB) (TVD)

2024.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

**Serial #: 8931**

**Inside**

Press@RunDepth: 165.96 psig @ 4595.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2021.01.06

End Date: 2021.01.06

Last Calib.: 2021.01.06

Start Time: 02:12:04

End Time: 11:00:59

Time On Btm: 2021.01.06 @ 05:24:44

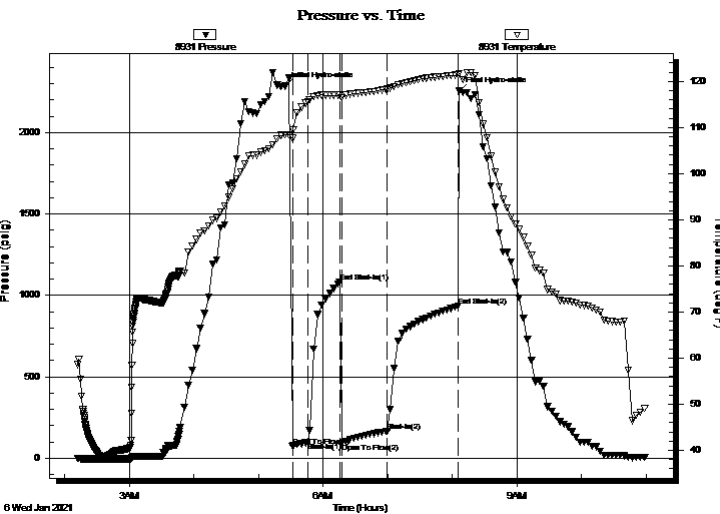
Time Off Btm: 2021.01.06 @ 08:05:59

**TEST COMMENT:** IF: Strong Blow . B.O.B. in 1 min. Built to 174".

IS: Weak Blow . Built to 1 1/8".

FF: Strong Blow . B.O.B. in 1 min. Built to 200.47". choked 1/8".

FS: Strong Blow . B.O.B. in 11 mins after Bleed Off. G.T.S. Built to 52.01".



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2284.77	108.42	Initial Hydro-static
7	71.88	107.66	Open To Flow (1)
22	97.18	115.64	Shut-In(1)
51	1082.88	117.00	End Shut-In(1)
53	92.74	116.51	Open To Flow (2)
95	165.96	118.33	Shut-In(2)
161	933.90	121.38	End Shut-In(2)
162	2254.06	121.68	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
120.00	GOCM 60%g 25%o 15%m	0.91
60.00	GOCM 55%g 33%o 12%m	0.51
128.00	GOCM 50%g 25%o 25%m	1.80
132.00	GOCM 60%g 39%o 1%m	1.85
0.00	G.T.S 100%g	0.00

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
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**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Griffin Management, LLC

**32-29s-15w Pratt KS**

P.O. Box 347  
Pratt KS 67124

**REA #1**

Job Ticket: 66760

**DST#: 1**

ATTN: Eii Felts

Test Start: 2021.01.06 @ 02:11:59

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

6600 ppm

Viscosity: 51.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.79 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 6600.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: ppm

Filter Cake: 0.20 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
120.00	GOCM 60%g 25%o 15%m	0.914
60.00	GOCM 55%g 33%o 12%m	0.508
128.00	GOCM 50%g 25%o 25%m	1.796
132.00	GOCM 60%g 39%o 1%m	1.852
0.00	G.T.S 100%g	0.000

Total Length: 440.00 ft

Total Volume: 5.070 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: NONE

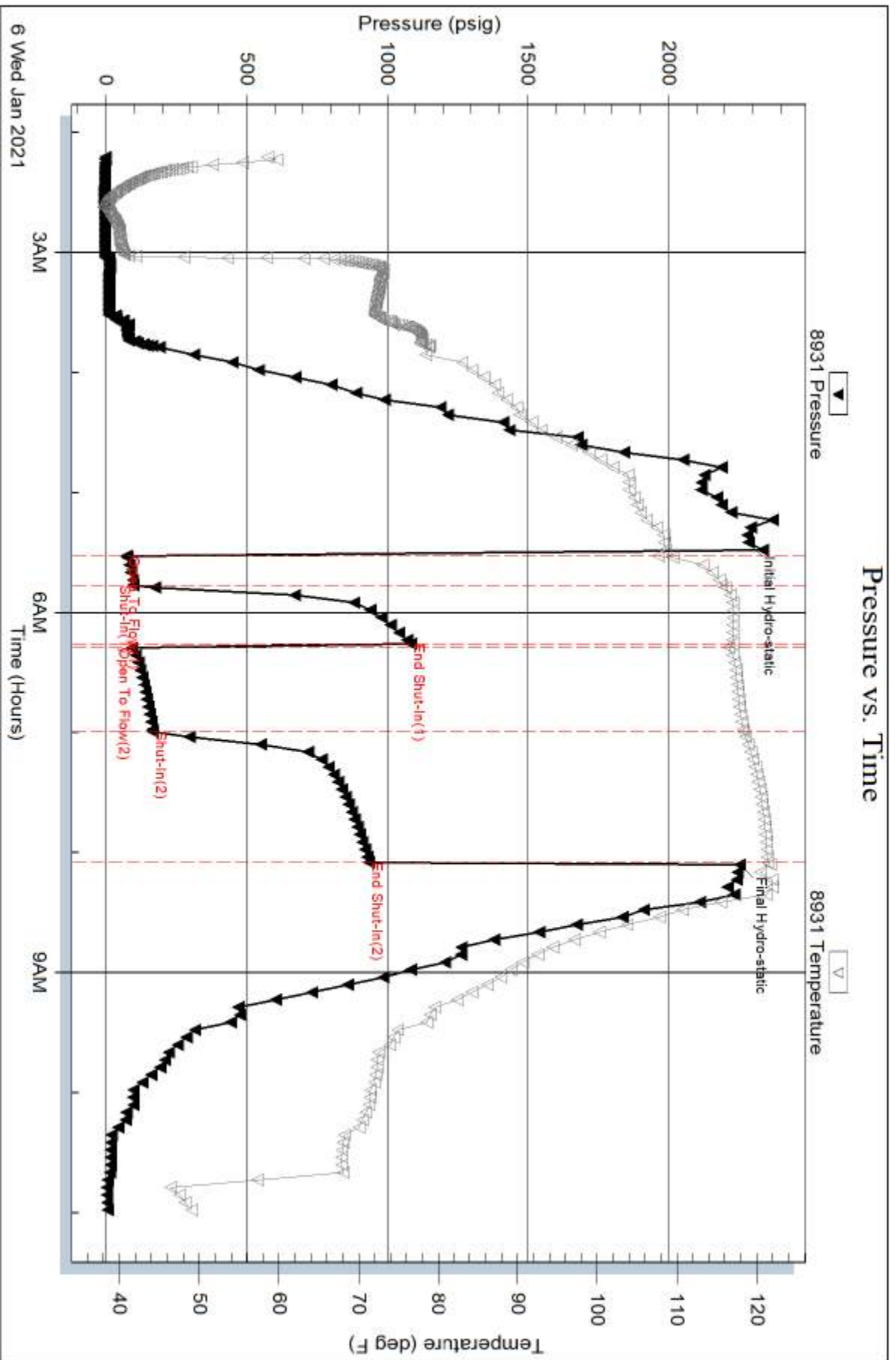
Laboratory Name:

Laboratory Location:

Recovery Comments: Gravity w as 35 @ 50 Degrees. Corrected 36 @ 60 Degrees.



# Pressure vs. Time

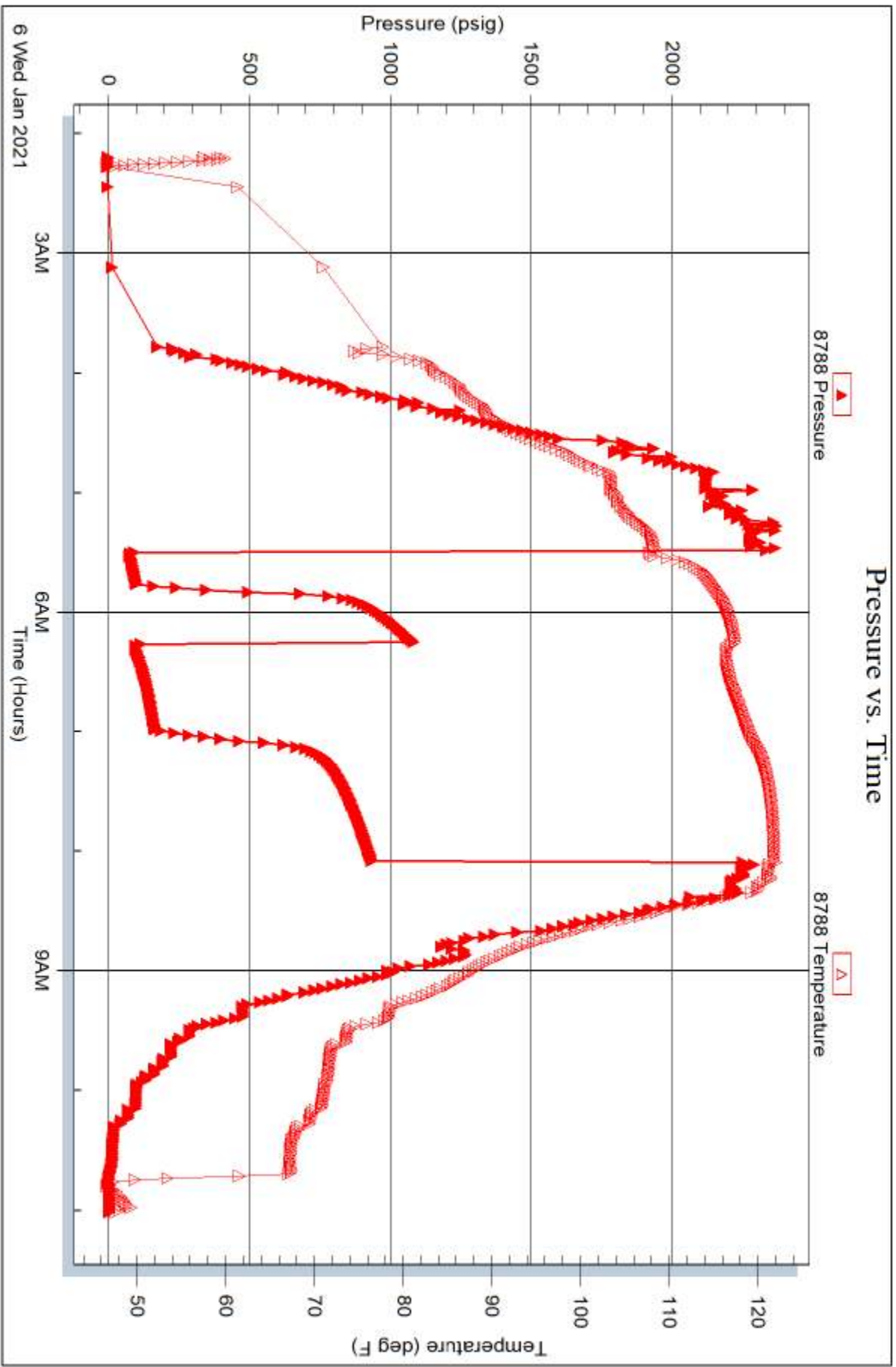


Serial #: 8788

Outside Griffin Management, LLC

REA #1

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 66760

Printed: 2021.01.06 @ 16:10:25



# QUALITY WELL SERVICE, INC.

7566

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	
1-1-21	32	29S	15W	Pratt	Ks.			
Lease	REA	Well No. #1	Location					Cross Ks S to 110th St 1/2 to 130th
Contractor	W.W. Dala Z.R. #14 More Fin			Owner				S to Tank Battery W. S into
Type Job	SURFACE			To Quality Well Service, Inc.				
Hole Size	12 1/4	T.D.	264'	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.				
Csg.	35/8 24"	Depth	263"	Charge To	Gallen			
Tbg. Size	Depth		Street					
Tool	Depth		City State					
Cement Left in Csg.	Shoe Joint		15"	The above was done to satisfaction and supervision of owner agent or contractor.				
Meas Line	Displace		15.77	Cement Amount Ordered				290 sk Common
<b>EQUIPMENT</b>				2 1/2 GAL 3% CC 1/2" PS				
Pumptrk	8	No.		Common				230
Bulktrk	15	No.		Poz. Mix				
Bulktrk		No.		Gel.				526#
Pickup		No.		Calcium				790#
<b>JOB SERVICES &amp; REMARKS</b>				Hulls				
Rat Hole				Salt				
Mouse Hole				Flowseal				140
Centralizers				Kol-Seal				
Baskets				Mud CLR 48				
D/V or Port Collar				CFL-117 or CD110 CAF 38				
Run 6 1/2" 35/8 24" CSG SET @ 263'				Sand				
START CSG CSG ON BOTTOM				Handling				301
Hook up to CSG & Break circ w/ rig				Mileage				25/ 7525
START Pumping 10 Bbls H2O				<b>35/8 FLOAT EQUIPMENT</b>				
START MK' Pomo 200 sk Common				Guide-Shoe				35/8 WOODEN PLOG
2 1/2 GAL 3% CC 1/2" PS @ 14.8 1/4 GAL				Centralizer				PLOG CONT.
SHOT DOWN RELEASE 35/8 WOODEN PLOG				Baskets				
START DISPO				AFU Inserts				
15.77 Bbls out PLOG DOWN				Float Shoe				
Close Valve on CSG 150 #				Latch Down				
GOOD CIRC THIS JOB				SERVICE Supt				1 EA
Circ CUT TO AIR				LMV				25
THANK YOU				Pumptrk Charge				SURFACE
PLEASE CALL AGAIN				Mileage				50
TODD MILLEN, MATT								
Signature								
						Tax		
						Discount		
						Total Charge		

# QUALITY WELL SERVICE, INC.

7568

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
1-8-12	32	29S	15W	PRATT	KS		
Lease REA		Well No. #1		Location HWY 281 S. CROSS BLK TOP 5 to 11th ST			
Contractor WWD DELARCA #14 MURFIN				Owner LEA to 130th 1/2 S to Tank Battery W 5 into			
Type Job 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. 4860'		Charge To GR. FIN			
Csg. 5 1/2 15.5'		Depth 4847		Street			
Tbg. Size		Depth		City State			
Tool		Depth		City State			
Cement Left in Csg.		Shoe Joint 19.48		The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line		Displace 114.89		Cement Amount Ordered: 175 SS PROL 2% GEL			
<b>EQUIPMENT</b>				10% SALT 5 1/2" KOSEAL 7% C16A 2.5% C4IP 25" PS			
Pumptrk 8 No.				Common 175			
Bulktrk 15 No.				Poz. Mix			
Bulktrk No.				Gel. 329#			
Pickup No.				Calcium			
<b>JOB SERVICES &amp; REMARKS</b>				Hulls			
Rat Hole 33 ss				Salt 964#			
Mouse Hole 20 ss				Flowseal 44#			
Centralizers 1-2-3-4-5-6-7				Kol-Seal 975#			
Baskets				Mud CLR 48 500 GAL			
D/V or Port Collar				CFL-117 or CD110 CAF 38 115# C16A			
Run 4 1/2 5 1/2 15.5' CSG SET 24847				Sand CC-1 9 C4IP 41#			
START CSG CSB ON Bottom Hookup to				Handling 178			
CSG BREAK CIRC W/ RIG DROP BALL CIRC				Mileage 25			
START Pumping 10 Bbls H2O 12 Bbls MF 10 Bbls H2O				5 1/2 FLOAT EQUIPMENT			
START PLUG B-M HOLES 50 ss				Guide Shoe 1 EA HEAD & MAIN HOLD			
START Mix & Pump 125 SS & CSG 2 14.64 GAL				Centralizer 7 EA			
SHOT DOWN RELEASE 5 1/2 LLD PLUG				Baskets			
Wash up tck				AFU Inserts			
START Disp w/ 2% KEL				Float Shoe 1 EA			
Lift PSI 1000 out 600#				Latch Down 1 EA			
PLUG DOWN 115 1/2 out 1100'				SERVICE SUpV 1 EA			
PSI + 1500#				LMV 25			
RELEASE & HELD 1/2 Bbl BACK				Pumptrk Charge LS			
GOOD CIRC thru H2O				Mileage 50			
THANK YOU				Tax Discount Total Charge			
PLEASE Call AGAIN MILCEMATT							
Signature JRM							