

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 |
|--|---|

| 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 |
|---|---|------------------------------------|

| 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 | AVA 1 |
| Doc ID | 1574767 |

Tops

| Name | Top | Datum |
|---------------|------|-------|
| Heebner | 3959 | -1928 |
| Brown Lime | 4122 | -2091 |
| Lansing | 4148 | -2117 |
| Stark | 4443 | -2412 |
| B/KC | 4528 | -2497 |
| Pawnee | 4596 | -2565 |
| Cherokee | 4636 | -2605 |
| Viola | 4690 | -2659 |
| Simpson Shale | 4824 | -2793 |
| Simpson Sand | 4855 | -2824 |



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

Well Name: Ava #1
API: 15-151-22527
Location: N2 - S2 - SE of Sec 23 29s 15w
Region: Pratt Co.
License Number: 33936
Spud Date: 2/25/2021
Surface Coordinates: Lat: 37.473034, Long: -98.979772
Bottom Hole Coordinates: Vertical Wellbore, .75 Degree Dev @ 4860'.
Ground Elevation (ft): 2020', K.B. Elevation (ft): 2031'
Logged Interval (ft): 3600', To: 4860', Total Depth (ft): 4864'
Formation: Ordovician @ RTD
Type of Drilling Fluid: Mud Co. Chemical Dispac. Displaced Mud @ 2761' (600 BBLs)
Printed by MudLog from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

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

GEOLOGIST

Name: Eli J. Felts
Company: Griffin Management, LLC
Address: ejfelts47@gmail.com
316.765.4070

Formation Tops

Table with columns: SAMPLE TOPS, LOG TOPS. Lists formation names and elevations for both sample and log tops.

Drilling Report

Murfen Drilling, Rig #114
Tool Pusher: Scott Piland
Cell # 620-639-1843
2/25/2021
Spud @ 8:30 PM
Lost Circulation @ 186'. Mix mud & LCM, gained returns but LC again. Lost 200 BBLs. Mix mud w/ 20# LCM
2/26/2021
TIH to continue drilling surface hole
TD surface hole @ 9:30 AM
2/27/2021
Drilling @ 1175'
2/28/2021
Drilling @ 2592'
Displace Mud @ 2917' - 600 bbls
3/01/2021
Call Depth @ 3600'
Geo on location @ -7AM
3/02/2021
Drilling @ 4700'
RTD @ 11:15 AM.
Short Trip to Surface Pipe
CTCH (2) Hours for Logs
See problems header for details.
3/3/2021
Run OH Logs
Set 5.7" Production Casing
Release Rig @ 9:15 PM

Problems

LC @ 186' Mix mud & LCM. Lost ~200 BBLs
Logs hit bridge @ 4380'
TIH w/ bit to knock out bridge & CTCH.
Second attempt to log was successful.

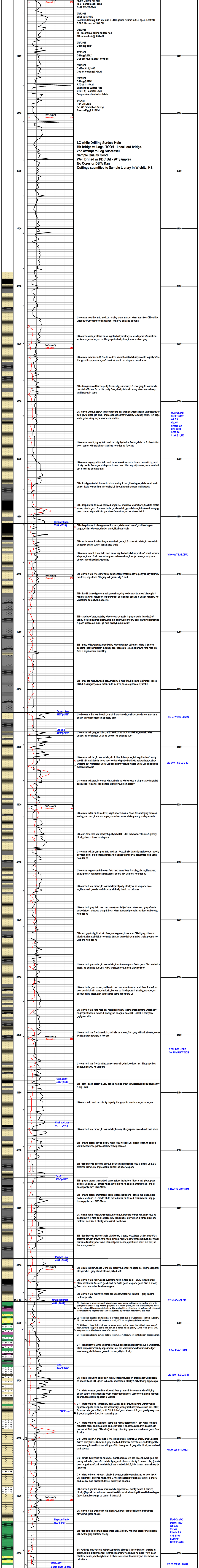
Pipe Setting

8.625" Set @ 235'. 290 sxs.
5.5" Set @ 4836'. 125 sxs.

ROCK TYPES

Legend for rock types: Anhy, Bent, Brecc, Chert, Clayst, Coal, Congl, Dol-cream, Dol, Igne, Granite 2, Granite, Lmst tan, Lmst, Meta, Mrst, Quartz, Salt, Shale 2, Shale 1, Shcol, Shgy, Siltst, Ss, Tll, TllH.

REFERENCE WELLS & LOG TOPS table with columns for well names, elevations, and log tops.



Geological Descriptions: Detailed text descriptions of rock layers, including lithology, color, texture, and fossil content. Includes notes on lost circulation and drilling issues.

DSTs/MudSurveys, etc.: Data for mud surveys, including mud weight, filtrate, LCM, and cost. Includes wellbore logs and other survey data.

QUALITY WELL SERVICE, INC.

7602

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 |
|---|------|-----------------------------|----------|---|-------|-------------|--------|
| 2-26-21 | 32 | 29S | 15W | PRATT | KS | | |
| Lease | AVA | | Well No. | *1 | | | |
| Contractor | | W/W D&G RIG #14 Mueftun | | Location | | | |
| Type Job | | SURFACE | | Owner | | | |
| Hole Size | | 12 1/4 | | 1/2 S to Tail Pathies W: S into | | | |
| Csg. | | 8 5/8 24" | | 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. | | | |
| Tbg. Size | | Depth | | Charge To | | | |
| Tool | | Depth | | Gaffin | | | |
| Cement Left in Csg. | | Shoe Joint | | Street | | | |
| Meas Line | | Displace | | City | | | |
| EQUIPMENT | | 290' Common | | State | | | |
| Pumptrk | | 8 No. | | The above was done to satisfaction and supervision of owner agent or contractor. | | | |
| Bulktrk | | 15 No. | | Cement Amount Ordered | | | |
| Bulktrk | | No. | | 290' Common | | | |
| Pickup | | No. | | 2 1/2 Gal 3 1/2 Gal 1/2" 1/2" 3" OWB | | | |
| JOB SERVICES & REMARKS | | Hulls | | Common 355 | | | |
| Rat Hole | | Salt | | Poz. Mix | | | |
| Mouse Hole | | Flowseal | | Gel. 545' | | | |
| Centralizers | | Kof-Seal | | Calcium 1001# | | | |
| Baskets | | Mud CLR 48 | | Hulls | | | |
| DV or Port Collar | | CFL-117 or CD110 CAF 38 | | Salt | | | |
| Run 5 1/2' 8 5/8 24" Csg SET 235' | | Sand | | Flowseal 145" | | | |
| START CSG Csg on Bottom couldn't get | | Handling | | Kof-Seal 37" OWB | | | |
| LAST JOINT GO DECLASS CMT RIGHT THERE | | Mileage | | Mud CLR 48 | | | |
| Hook up to Csg & Reel Csg w/ 216 | | Guide Shoe | | CFL-117 or CD110 CAF 38 | | | |
| start Pumping 5 1/4" H2O | | Centralizer | | Sand | | | |
| START MIX: Pump 290' Common | | Baskets | | Handling 380 | | | |
| 2 1/2 Gal 3 1/2 Gal 1/2" 1/2" 3" OWB 14.8 1/4 Gal | | AFU Inserts | | Mileage 25 / 9500 | | | |
| SHUT DOWN REFLECT 8 5/8 WOODEN Plug | | Float Shoe | | 8 5/8 FLOAT EQUIPMENT | | | |
| START D&G | | Latch Down | | Guide Shoe 14.7 1EA | | | |
| Fls 4 Down 14.99 44.04 | | SEALING Sp 1EA | | Centralizer 8 5/8 WOODEN Plug 1EA | | | |
| CLOSE VALVE ON CSG | | LMI 2C | | Baskets | | | |
| GOOD Csg thru JOBS Ditch Csg CMT | | Pumptrk Charge | | AFU Inserts | | | |
| W/C 45 JET CELLAR DIDN'T SEE ANYTHING | | Mileage | | Float Shoe | | | |
| TAG CMT 17' DOWN | | Tax | | Latch Down | | | |
| Run 40' Tin | | Discount | | SEALING Sp 1EA | | | |
| MIX: Pump 65' Common 3 1/2 Gal Csg CMT 145' | | Total Charge | | LMI 2C | | | |
| Signature | | THANK YOU PLEASE CALL US AT | | Pumptrk Charge Surface | | | |
| | | 4011 1011 | | Mileage 75 | | | |

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7612

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| | | | | | | | | | | | | | | | |
|---------------------|----------------|----------|---|--|-------|--|--------------------------------|--------|-------|-------|----|-------------|--|--------|--|
| Date | 3-3-21 | Sec. | 32 | Twp. | 29S | Range | 15W | County | PRATT | State | Ks | On Location | | Finish | |
| Lease | AVA | Well No. | #1 | Location | | CROFT, Ks S to 10 th ST / E to 13 th | | | | | | | | | |
| Contractor | WWDale Rig #14 | | Mortin | | Owner | | 1/2 S to Jack Batters W/S into | | | | | | | | |
| Type Job | 5 1/2 L.S. | | 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. | 4864' | | | | | | | | | | | |
| Csg. | 5 1/2 155' | | Depth | 4036' | | | | | | | | | | | |
| Tbg. Size | | | Depth | Charge To GRIFFIN | | | | | | | | | | | |
| Tool | | | Depth | Street | | | | | | | | | | | |
| Cement Left in Csg. | | | Shoe Joint | 19.81 | | | | | | | | | | | |
| Meas Line | | | Displace | 114.63 | | | | | | | | | | | |
| | | | | The above was done to satisfaction and supervision of owner agent or contractor. | | | | | | | | | | | |
| | | | | Cement Amount Ordered 175# POC 2% GEL | | | | | | | | | | | |

EQUIPMENT

| | | | | | | | | | | | | | | | |
|---------|----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Pumptrk | 3 | No. | | 10% SAH 5 1/2 x Kol Seal .7% CIBA .25' CIP 1/4" PS | | | | | | | | | | | |
| Bulktrk | 15 | No. | | Common 175# | | | | | | | | | | | |
| Bulktrk | | No. | | Poz. Mix | | | | | | | | | | | |
| Pickup | | No. | | Gel. 329" | | | | | | | | | | | |
| | | | | Calcium | | | | | | | | | | | |

JOB SERVICES & REMARKS

| | | | | | | | | | | | | | | | |
|--|---------------|--|--|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Rat Hole | 30ss | | | Hulls | | | | | | | | | | | |
| Mouse Hole | 20ss | | | Salt 964" | | | | | | | | | | | |
| Centralizers | 1-2-3-4-5-6-7 | | | Flowseal 44" | | | | | | | | | | | |
| Baskets | | | | Kol-Seal 875" | | | | | | | | | | | |
| D/V or Port Collar | | | | Mud CLR 48 500 GAL | | | | | | | | | | | |
| Run 122 H's 5 1/2 155' Csg SET D 4836 | | | | CFL-117 or CD110 CAF 38 CIBA 115" | | | | | | | | | | | |
| START Csg Csg on Bottom & TAG | | | | Sand CC-1 8 GAL CIP 44 | | | | | | | | | | | |
| Hook up to Csg & Break circ w/ rig | | | | Handling 215 | | | | | | | | | | | |
| START Pumping 10 Bbls TP 12 Bbls MF 10 Bbls H ₂ O | | | | Mileage 25/5375 | | | | | | | | | | | |
| Plug R-M Holes 50# | | | | 5 1/2 FLOAT EQUIPMENT | | | | | | | | | | | |
| START NIK & Pump 125ss & Csg @ 14.8' GAL | | | | Grip shoe Plug Cont 1 EA | | | | | | | | | | | |
| SHOT down wash up tel & RELEASE 5 1/2 LOOP | | | | Centralizer 7 EA | | | | | | | | | | | |
| START Disp w/ 2 1/2 KCL | | | | Baskets | | | | | | | | | | | |
| LIFT PS 1000' at 550' | | | | AFU Inserts | | | | | | | | | | | |
| PLUG DOWN 1155' at 1200" | | | | Float Shoe 1 EA | | | | | | | | | | | |
| PS up 1700' | | | | Latch Down 1 EA | | | | | | | | | | | |
| RELEASE & HELD 1/2 Bbl BACK | | | | SERVICE Spv 1 EA | | | | | | | | | | | |
| Good circ thru JOB | | | | LMV 25' | | | | | | | | | | | |
| | | | | Pumptrk Charge L.S. | | | | | | | | | | | |
| | | | | Mileage 50 | | | | | | | | | | | |

THANK YOU
PLEASE CALL AGAIN
Signature: [Handwritten Signature]

DOO Mike
MATT

| | |
|--------------|--|
| Tax | |
| Discount | |
| Total Charge | |