

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 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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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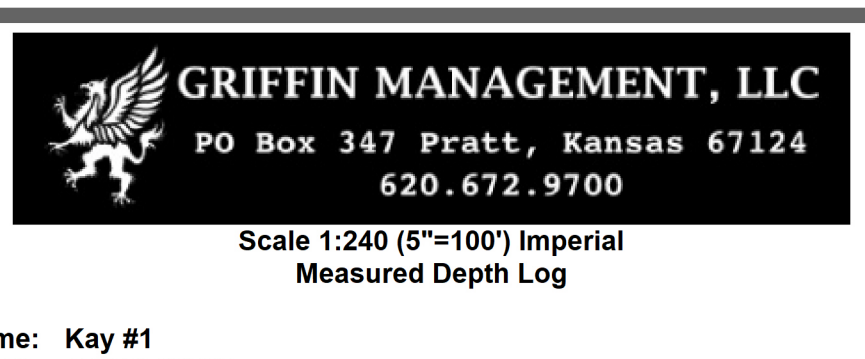
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	KAY 1
Doc ID	1574780

Tops

Name	Top	Datum
Heebner	3940	-1916
Brown Lime	4106	-2082
Lansing	4122	-2098
Stark	4424	-2400
B/KC	4512	-2488
Pawnee	4576	-2552
Cherokee	4614	-2590
Viola	4658	-2634
Simpson Shale	4808	-2784
Simpson Sand	4846	-2822



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

Well Name: Kay #1
API: 15-151-22525
Location: S2 S2 NE of Sec 32 29s 15w
License Number: 33936
Spud Date: 2/18/2021
Surface Coordinates: Lat: 37.47852, Long: -98.979963
Bottom Hole Coordinates: Vertical Wellbore, 1.25 Degree Dev @ 4640'
Ground Elevation (ft): 2023', K.B. Elevation (ft): 2034'
Logged Interval (ft): 3800' To: 4860' Total Depth (ft): 4862'
Formation: Ordovician (Simpson) @ RTD
Type of Drilling Fluid: Mud Co. Chemical Dispac. Displaced Mud @ 2751' (600 BBLs)
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: ejfelts47@gmail.com
316.765.4070

Formation Tops

Table with 2 columns: SAMPLE TOPS and LOG TOPS. Lists formation names and depths for both sample and log tops.

Drilling Report

Murfin Drilling, Rig #114
Tool Pusher: Scott Piland
Cell # 620-639-1843
2/18/2021
Move Murfin Rig #114 to Rea #1. Spud @ 5:00 pm.
Run Casing for Surface. Plug Down @ 11:15 PM
2/19/2021
WOC @ 7 AM.
Drilled out plug @ 7:15 AM
2/20/2021
Drilling @ 1799'
Displace Drilling Fluids @ ~2800'
2/21/2021
Drilling @ 3100'
Call Depth
Geo on location ~ midnight
2/22/2021
Drilling @ 4140'
2/23/2021
RTD @ -5 AM
CTCH for Short Trip
Short trip to Surface pipe
Start Logging @ ~4pm
Done Logging @ ~7:20pm
2/24/2021
Set Production Casing.
Release Rig @ 1 PM

Problems

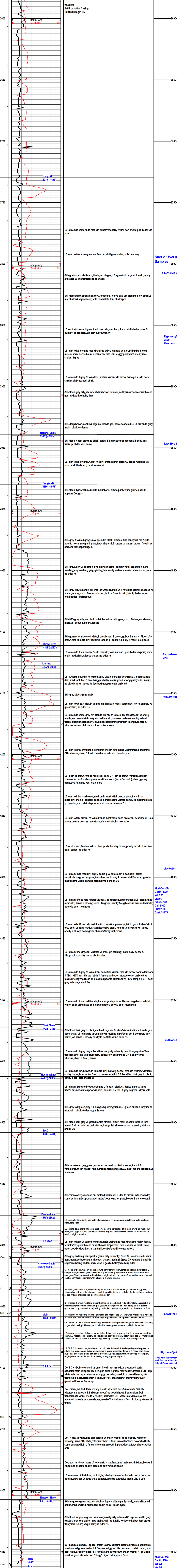
Pipe Setting

8.625" Set @ 260'. 275 sxs.
5.5" Set @ 4856'. 125 sxs.

ROCK TYPES

Legend for rock types including Anhy Bent, Brec, Cht, Cyst, Coal, Congl, Dol, Dol, Gyp, Igne, Granite 2, Granite, Lmst tan, Lmst, Meta, Quartz, Salt, Shale 2, Shale 1, Shole, Shgy, Sst, Ss, Tilt.

Table with 4 columns: FORMATION, Elevation (2023), Elevation (2034), and Elevation (2040). Lists various geological formations and their elevations.



Log check @ 4687'
Flood while gummy clay globes likely well from transition into porous Dolomite - note caliper above 4700'

QUALITY WELL SERVICE, INC.

7600

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
7-24-21	32	29S	15W	PRATT	KC		
Lease Kay	Well No. #1	Location Cross K. St 10 th 1E to 13 th 1E					
Contractor W.W. Dole RC 114 m2 fill	Owner 1/2 S to Tank Bottom W. 1/2 10 th			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.			
Type Job 5 1/2 I.S.	Hole Size 7 7/8	T.D. 4867'	Charge To Giffin				
Csg. 5 1/2 15.5	Depth 4857.94	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 25.45	Cement Amount Ordered 1754 POC 21.62L					
Meas Line	Displace 115.01	10% SPT 5 1/2 Kol-Seal 71 Clnr .25' Clnr .25' P3					
EQUIPMENT		Common 1754					
Pumptrk 8 No.	Poz. Mix						
Bulktrk 10 No.	Gel. 329"						
Bulktrk No.	Calcium						
Pickup No.	Hulls						
JOB SERVICES & REMARKS		Rat Hole 50'					
Mouse Hole 20'	Salt 964'						
Centralizers 1-2-3-4-5-6-7	Flowseal 43.75						
Baskets	Kol-Seal 375"						
D/V or Port Collar	Mud CLR 48 -03 41						
114 5/8 15.5" Csg. 4857.94	CFL-117 or CD110 CAF 38 Clnr 12"						
114 5/8 15.5" Csg. 4857.94	Sand 2-1 Clnr 41"						
114 5/8 15.5" Csg. 4857.94	Handling 215						
114 5/8 15.5" Csg. 4857.94	Mileage 25/3375'						
FLOAT EQUIPMENT		Guide Shoe 1 1/2 11" 100# 12"					
114 5/8 15.5" Csg. 4857.94	Centralizer 7 EA						
114 5/8 15.5" Csg. 4857.94	Baskets						
114 5/8 15.5" Csg. 4857.94	AFU Inserts						
114 5/8 15.5" Csg. 4857.94	Float Shoe 1 EA						
114 5/8 15.5" Csg. 4857.94	Latch Down 1 EA						
114 5/8 15.5" Csg. 4857.94	Mud 25'						
114 5/8 15.5" Csg. 4857.94	Pumptrk Charge LS						
114 5/8 15.5" Csg. 4857.94	Mileage 20						
T.M. 1000						Tax	
T.M. 1000						Discount	
T.M. 1000						Total Charge	
Signature							

QUALITY WELL SERVICE, INC.

7596

Federal Tax I.D. # 481187368

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Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	Sec.	Twp.	Range	County	State	On Location	Finish
2-19-21	32	29S	15W	PRATT	K		
Lease	Well No.		Location				
KAY	41		CROSS K ₁ S to 11 th St. IC to 13 th				
Contractor				Owner			
W.D. OZGA R.G. 141 MUCKIN				S to TAYLOR RATHERS W. 1/4 into			
Type Job	To Quality Well Service, Inc.			You are hereby requested to rent cementing equipment and furnish			
Hole Size	T.D.			cement and helper to assist owner or contractor to do work as listed.			
Csg.	Depth			Charge To			
12 1/4	261'			Gaffin			
Tbg. Size	Depth			Street			
				City			
Tool	Depth			State			
Cement Left in Csg.	Shoe Joint			The above was done to satisfaction and supervision of owner agent or contractor.			
15'	15'						
Meas Line	Displace			Cement Amount Ordered			
	15.6			2300 Common			
EQUIPMENT				21/2" CEL 31/11 12' PL JSTW 275#			
Pumptrk	No.			Common 275#			
Bulktrk	No.			Poz. Mix			
Bulktrk	No.			Gel. 517#			
Pickup	No.			Calcium 276#			
JOB SERVICES & REMARKS				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			
D/V				Sand			
SAND				Handling 296			
Mileage				5173			
				FLOAT EQUIPMENT			
STAC				Guide-Shoe 273 WYFFS P111			
21/2" CEL 31/11 12' PL JSTW 275#				Centralizer 273 P111 G.L			
SAND				Baskets			
STAC				AFU Inserts			
P111				Float Shoe			
LATCH DOWN				LATCH DOWN			
SERVICE CHARGE				SERVICE CHARGE 150			
MILEAGE				MILE 25			
Pumptrk Charge				Pumptrk Charge 200.00			
Mileage				Mileage 0			
Signature W.D. OZGA R.G. 141 MUCKIN				Tax			
				Discount			
				Total Charge			