

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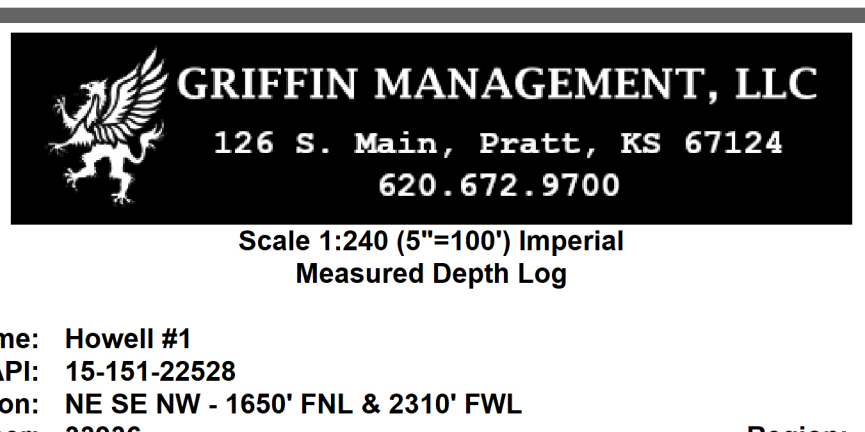
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	HOWELL 1
Doc ID	1574790

Tops

Name	Top	Datum
Heebner	3956	-1923
Brown Lime	4118	-2085
Lansing	4138	-2105
Stark	4438	-2405
B/KC	4524	-2491
Pawnee	4595	-2562
Cherokee	4628	-2595
Viola	4696	-2663
Simpson Shale	4828	-2795
Simpson Sand	4855	-2822



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

Well Name: **Howell #1**
 API: **15-151-22528**
 Location: **NE SE NW - 1650' FNL & 2310' FWL**
 License Number: **33936**
 Spud Date: **3/29/2021**
 Surface Coordinates: **Lat: 37.480339**
Long: -98.985732
 Bottom Hole **Survey 1 Degree @ 4880'**
 Coordinates: **Vertical Wellbore**
 Ground Elevation (ft): **2022'** K.B. Elevation (ft): **2033'**
 Logged Interval (ft): **3600'** To: **4880'** Total Depth (ft): **4880'**
 Formation: **Ordovician** @ **RTD**
 Type of Drilling Fluid: **Mud Co. Chemical Drispac.**
 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

SAMPLE TOPS	LOG TOPS
HEEBNER 3956 (1923)	HEEBNER 3956 (1923)
BROWN LIME 4118 (2086)	BROWN LIME 4118 (2086)
LANSING 4138 (2105)	LANSING 4138 (2105)
STARX 4438 (2405)	STARX 4438 (2405)
BLK 4524 (2491)	BLK 4524 (2491)
PAWNEE 4595 (2562)	PAWNEE 4595 (2562)
CHEROKEE 4628 (2595)	CHEROKEE 4628 (2595)
VIOLA 4732 (2699)	VIOLA 4732 (2699)
SIMP SHALE 4828 (2795)	SIMP SHALE 4828 (2795)
SIMP SAND 4880 (2825)	SIMP SAND 4880 (2825)
RTD 4880 (2847)	LTD 4880 (2847)

Drilling Report

Murfin Drilling, Rig #114
 Tool Pusher: Scott Piland
 Cell # 620-639-1843

3/29/2021
 Spud @ 7 PM
 Run Surface Casing

3/30/2021
 Plug Down @ 1:30 AM - Quality Cement - Did circulate
 WOC @ 7 AM
 Drilled ahead & LC - see "Problems" for details

3/31/2021
 WOC from 2nd attempt to plug off zone w/ cement
 Drill Ahead @ ~ 1pm.

4/1/2021
 Drilling @ 1525'

4/2/2021
 Drilling @ 2700'

4/3/2021
 Call Depth @ 4:30 AM
 Drilling @ 3672' (40.57' hour avg last 24)
 Geo On Loc - Samples @ 3800'

4/4/2021
 Drilling @ 4545'
 RTD @ ~7 PM
 CTCH 1 Hour
 Short trip to Surface Pipe
 CTCH 90'
 TOOCH for Loggers

4/5/2021
 Logging Well

4/6/2021
 Run Casing
 Release Rig @ 1:45 AM

Problems

LC @ 350' Mix mud & LCM. Lost ~650-700 BBLS
 Set 1st plug @ 475'. Pumped 125 sxs, waited 4 hours. Plug did not hold. Drill 60' to 533'; Pumped 150 sxs.

Pipe Setting

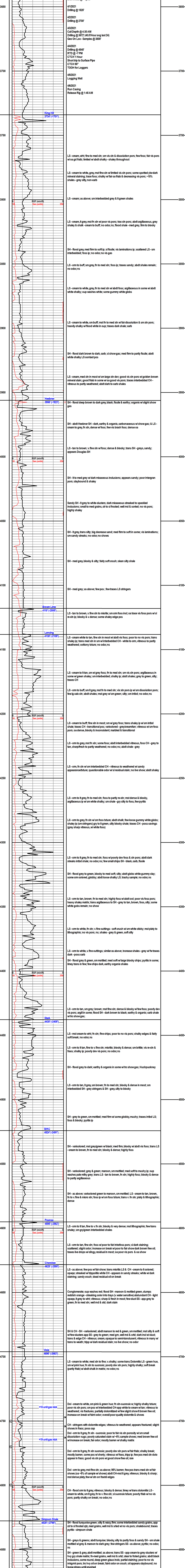
8.625" Set @ 259'. 275 sxs.
 5.5" (17") Set @ 4832'. 175 sxs.

ROCK TYPES

Anhy	Dol-cream	Granite	Salt	Siltst
Bent	Dol	Lmst tan	Shale 2	Ss
Brec	Gyp	Lmst	Shale gry	TIll
Cht	Igne	Mrlst	Shole	
Clyst	Granite 2	Quartz	Shgy	

REFERENCE WELLS LOG TOPS

FORMATION	Griffin Management, LLC	Murfin Drilling Co.	Griffin Management, LLC	Griffin Management, LLC	Griffin Management, LLC	Griffin Management, LLC
King Hill	3756	-1801	222	3740	-1701	2277
Heebner	3956	-1823	100	3961	-1810	219
Brown Lime	4118	-2086	20	4122	-2083	18
Lansing	4138	-2105	200	4141	-2102	18
Starx	4438	-2405	88	4443	-2404	88
Blk	4524	-2491	71	4529	-2490	88
Pawnee	4595	-2562	33	4600	-2560	38
Cherokee	4628	-2595	68	4633	-2594	68
Viola	4732	-2699	112	4745	-2698	112
Simp Shale	4828	-2795	27	4833	-2794	27
Simp Sand	4880	-2825	25	4870	-2823	27
RTD	4880	-2847	4880	4880	-2847	4880



QUALITY WELL SERVICE, INC.

7636

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	
4-5-21	32	29S	15W	Pratt	KS			
Lease	Howell	Well No.	#1	Location				CROFT, 12) S to 110 th IE to 130 th
Contractor	WW Dalg R.B. #114			Martin	Owner			1/2 S to tank batteries 1/2 W N'w into
Type Job	5 1/2 L.S.			To Quality Well Service, Inc.				You are hereby requested to rent cementing equipment and furnish
Hole Size	7 7/8			T.D.	4880			cement and helper to assist owner or contractor to do work as listed.
Csg.	5 1/2			Depth	4857			Charge To
Tbg. Size				Depth				Griffin
Tool				Depth				Street
Cement Left in Csg.				Shoe Joint	25.90			City
Meas Line				Displace	112.5			State
EQUIPMENT				The above was done to satisfaction and supervision of owner agent or contractor.				
Pumptrk	8	No.		Cement Amount Ordered				175 ^{ss} Pro C 21.6 ^{EL}
Bulktrk	10	No.		10% salt 5 1/2 Koberal .7% C16A 25% C411 25 1/2 PJ				
Bulktrk		No.		Common				175 ^{ss}
Pickup		No.		Poz. Mix				
JOB SERVICES & REMARKS				Gel.				329 ^{ss}
Rat Hole	3) ss			Calcium				
Mouse Hole	2) ss			Hulls				
Centralizers	1-2-3-4-5-6-7			Salt				96A*
Baskets				Flowseal				44*
D/V or Port Collar				Kol-Seal				875*
Ran 110 ft's 5 1/2 17" CSG SET @ 4857				Mud CLR 48				500 GAL
START CSG CS6 ON BOTTOM TAG				CFL-117 or CD110 CAF 38C16A 115 ^{ss}				
Hook up to CSG & Break Circ wire				Sand				CC-110 GAL C41P44'
Drop Ball & Circ wire				Handling				215
START Pumping 10 Bbl H ₂ O 12 Bbl MF 10 Bbl H ₂ O				Mileage				251 5375
START M.C. Pump 50 ^{ss} Plug B-M Holes				5 1/2				FLOAT EQUIPMENT
START M.C. Pump 125 ^{ss} + CSG @ 19.0 1/4 GAL				Guide Shoe				H.M 1 EA
SHUT DOWN Wash up tek & Release 5 1/2 LD Plug				Centralizer				7 EA
START Disp 2-1 KCL				Baskets				
LIFT PSI 98 out 650"				AFU Inserts				
Plug down 112.5 out 1100"				Float Shoe				1 EA
PS. up CSG 1700 ^{ft}				Latch Down				1 EA
RELEASE HELD 1/2 Bbl BACK				Service Sep				1 EA
GOOD Circ thru JOB				LWD				25
THANK YOU				Pumptrk Charge				LS.
PLEASE CALL AGAIN				Mileage				50
TODD MCGE				Tax				
MART				Discount				
Signature				Total Charge				
				Andrew M				

QUALITY WELL SERVICE, INC.

7631

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

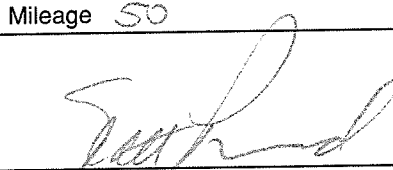
Mailing Address P.O. Box 468

Office 620-727-3410

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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		
3-30-21	32	29S	15W	Pratt	Ks				
Lease	Howell		Well No.	41				Location	CROFTKI S to 10 th E to 13 th 1/2 S to full
Contractor	WW DELG RIG 14 mofin			Owner				Bilgee w: n 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.	260				Charge To	Griffin
Csg.	85/8 24"		Depth	260'				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	15				Cement Amount Ordered	
Meas Line			Displace	1558				275 & Common	
EQUIPMENT							2% GEL 3% CL 1/2" PS		
Pumptrk	9	No.		Common				275	
Bulktrk	15	No.		Poz. Mix					
Bulktrk		No.		Gel.				517 ⁺	
Pickup		No.		Calcium				776 ⁺	
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		
Run to H's 85/8 24" CSG SETD							Sand		
START CSG. CSG ON BOTTOM							Handling		295
Hook up to CSG & Break Circ w/ 1/16							Mileage		25 / 7375
Run 10 Bbls H ₂ O AHEAD							85/8 FLOAT EQUIPMENT		
START MIX! Pump 275 & Common							Guide Shoe		H.M 1 EA
2% GEL 3% CL 1/2" PS @ 14.8"/GAL							Centralizer		85/8 WOODEN PLUG 1 EA
SHUT DOWN RELEASE 85/8 W/ PLUG							Baskets		
START DIS							AFU Inserts		
PLUG DOWN 15.6 Bbls							Float Shoe		
Close Valve on Csg 150 ^A							Latch Down		
GOOD CIRC thru JDR							Service Spv		1 EA
CIRC CMT TO PIT							LMV		25
							Pumptrk Charge		Surface
							Mileage		50
THANK YOU									Tax
PLEASE CALL AGAIN									Discount
TOM MIKE MATT									Total Charge
X Signature									