

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
--	---

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				

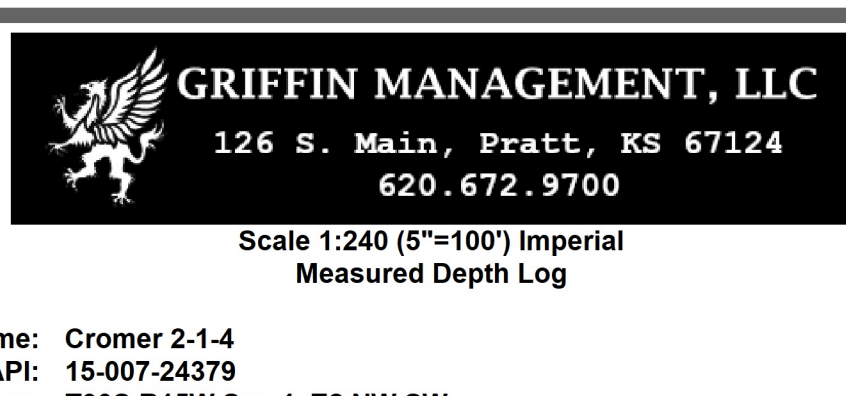
1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted 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:	
----------------	-------	---------	------------	--



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

Well Name: Cromer 2-14
 API: 15-007-24379
 Location: T30S R15W Sec 4, E2 NW SW
 License Number: 33956
 Spud Date: 7/15/2021
 Surface Coordinates: 1980 North, 990 East from SW corner
 37.461638, -98.971848
 Bottom Hole Vertical Wellbore
 Coordinates: Surveys .75 Degree @ 4900'
 Ground Elevation (ft): 2014' K.B. Elevation (ft): 2026'
 Logged Interval (ft): 3800' To: 4900' Total Depth (ft): 4900'
 Formation: Ordovician (Simpson Shale) @ RTD
 Type of Drilling Fluid: Mud-Co. Chemical Displacement Mud @ 2785'
 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: efelts@griffinmgmt.com
 316.765.4070

Formation Tops

SAMPLE TOPS		LOG TOPS	
HEEBNER	3833 (-1907)	HEEBNER	3932 (-1906)
BROWN LIME	4108 (-2082)	BROWN LIME	4104 (-2078)
LANSING	4127 (-2101)	LANSING	4126 (-2100)
STARK	4432 (-2406)	STARK	4430 (-2404)
BKC	4514 (-2488)	BKC	4514 (-2488)
PAWNEE	4579 (-2553)	PAWNEE	4576 (-2552)
CHEROKEE	4614 (-2588)	CHEROKEE	4620 (-2594)
VIOLA	4708 (-2680)	VIOLA	4706 (-2680)
SIMP SHALE	4811 (-2785)	SIMP SHALE	4808 (-2782)
SIMP SAND	4848 (-2822)	SIMP SAND	4844 (-2818)
RTD	4900 (-2874)	RTD	4900 (-2874)

Drilling Report

Fossil Drilling, Rig #3
 Tool Pusher: Jim Johnson
 Cell # 620-639-1843

7/15/21
 Spud @ ~3 PM

7/16/21
 Drilling @ 338'

7/17/21
 Drilling @ 1988'

7/18/21
 Drilling @ 2970'
 Setup iBall Unit

7/19/21
 Drilling @ 3745'
 Geo on Location

7/20/21
 Drilling @ 4440'

7/21/21
 RTD @ 4900' ~3 AM

Problems

Pipe Setting

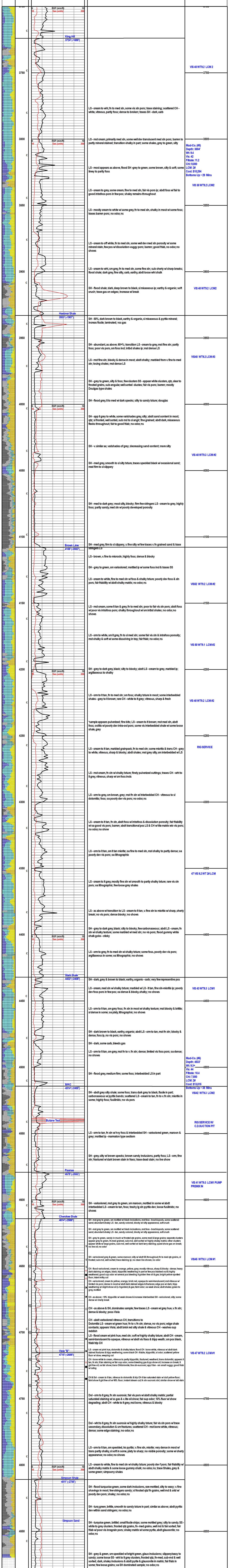
8.625" Set @ 247'
 5.5" 17# set @ 4898' PBTD @ 4877'

ROCK TYPES

Anhy	Congl	Granit	Salt	Siltst
Bent	Dol-cream	Lmst tan	Shale 2	Ss
Brec	Dol	Lmst	Shale grey	Till
Chl	Gyp	Meta	Shale 1	
Clyst	Igne	Mrlst	Shng	
Coal	Granite 2	Quartz	Shcol	

Quick Structural Reference

Formation	Delta #1	Cromer 1-14	Judith #1	Delta #1
King Hill	(-4.0)	(-4.0)	+5.0	+5.0
Heebner	(-2.0)	(-6.0)	+9.0	+3.0
Brown Lime	+0.0	(-10.0)	+9.0	+6.0
Lansing	+1.0	(-8.0)	+1.0	(-1.0)
Stark	+0.0	(-13.0)	+1.0	+0.0
Base KC	+0.0	(-12.0)	+3.0	(-1.0)
Pawnee	+5.0	(-12.0)	+5.0	+5.0
Cherokee	+2.0	(-16.0)	+5.0	+1.0
Viola	(-28.0)	(-45.0)	+28.0	(-37.0)
Simpson	+6.0	(-10.0)		+5.0



QUALITY WELL SERVICE, INC.

7708

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		
7-15-21	4	30S	15W	BARBER	KC				
Lease	CROMER		Well No	2-1-4				Location	CROFT, KS S + 110" R0 1 + to 135" 11
Contractor	FOSSIL D/LG			Owner	L.B S + 40 R/G				
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.	263'					
Csg.	8 5/8 23"		Depth	247'					
Tbg. Size			Depth						
Tool			Depth	City _____ State _____					
Cement Left in Csg.			Shoe Joint	25					
Meas Line			Displace	14.2 Bbl					
EQUIPMENT				2 1/2" CEL 3 1/2" CL 1/2" P1 USED 280 SS					
Pumptrk	8	No.		Common 280					
Bulktrk	12	No.		Poz. Mix					
Bulktrk		No.		Gel. 526 lb					
Pickup		No.		Calcium 790 lb					
JOB SERVICES & REMARKS				Hulls					
Rat Hole				Salt					
Mouse Hole				Flowseal 140"					
Centralizers				Kol-Seal 10					
Baskets				Mud CLR 48					
D/V or Port Collar				CFL-117 or CD110 CAF 38					
Run 6 1/2" 8 5/8 23" CSG SET 2				Sand					
START CSG CSG ON Bottom				Handling 305					
Hook up to CSG & BREAK Circ w/rig				Mileage 251 7625					
START Pumping 10 Bbls 1120				FLOAT EQUIPMENT					
START mix! Pump 280g Common				Guide Shoe					
2 1/2" CEL 3 1/2" CL 1/2" P1 2 H.B. 1/2" GAL				Centralizer					
START Disp				Baskets					
Plog down 14.2 Bbls				AFU Inserts					
CLOSE Valve on CSG				Float Shoe					
GOOD Circ thro JOB				Latch Down					
Circ OUT TO P. +				SERVICE Spv 1 EA					
				LMV 25					
THANK YOU				Pumptrk Charge SURFACE					
PLEASE Call AGAIN				Mileage 50					
				Tax					
				Discount					
				Total Charge					
TOM MIKE HADSON									
Signature Paul Prozzo									

JUL 22 2021

QUALITY WELL SERVICE, INC.

7726

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	7-22-21	Sec.	4	Twp.	30S	Range	15W	County	Bahece	State	Ks	On Location		Finish	
Lease	Cramer	Well No.	2-1-4		Location CROFTIKS S to 110 th Rd 1E to 130 th Rd										
Contractor	Fossil D.16				Owner L. J. S. Binto										
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.		4900										
Csg.	5 1/2		Depth		4904.56										
Tbg. Size			Depth		Charge To										
Tool			Depth		Custin										
Cement Left in Csg.			Shoe Joint		21.15										
Meas Line			Displace		113.29										
EQUIPMENT											Cement Amount Ordered				
Pumptrk	8	No.			175 ^{sc} Proc 2 1/2 GAL										
Bulktrk	10	No.			10% SA 1 1/2 5 1/2 KOLSEAL .6% C/GA .28% CAIP 25 ^{PS}										
Bulktrk		No.			Common Proc 175 ^{sc}										
Pickup		No.			Poz. Mix										
JOB SERVICES & REMARKS											Gel. 329 [#]				
Rat Hole	30 ^{sc}				Calcium										
Mouse Hole	20 ^{sc}				Hulls										
Centralizers	1-2-3-4-5-6-7				Salt 964 [#]										
Baskets					Flowseal 44 [#]										
D/V or Port Collar					KOL-SEAL 875 [#]										
Run	H's 5 1/2 *CSG SET d				Mud CLR 48 500 GAL										
START CSG	CSG ON Bottom & TAG				CFL-117 or CD110 CAF 38 C/GA 99 [#]										
Hook up to CSG	& Break Circ w/ rig				Sand CC-1 10 GAL CAIP 41 [#]										
Drop Ball	1/2 Circ w/ rig				Handling 217										
START Pumping	10 Bbl H2O 12 Bbl MF 10 Bbl H2O				Mileage 25 / 5425										
Plug R-M HOLES					5 1/2 FLOAT EQUIPMENT										
Mix: Pump	145 ^{sc} Proc d 14.8 [#] /GAL				Guide Shoe H & M 1 EA										
SHUT DOWN	washup tek & RELEASE 5 1/2 LD				Centralizer 7 EA										
START disp	w/ 2% KCL				Baskets										
Lift psi	100 out 650 [#]				MFO Inserts										
Plug DOWN	113.30 out 1100 [#]				Float Shoe 1 EA										
PS up	CSG 1600 [#]				Latch Down 1 EA										
RELEASE	HELD 1/2 Bbl BACK				SERVICE Sepu 1 EA										
Good Circ	thru JOBS				LMV 25										
THANK YOU					Pumptrk Charge LS										
PLEASE Call AGAIN	7000 miles HURSON				Mileage 50										
Signature					Tax										
											Discount				
											Total Charge				