

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](mailto: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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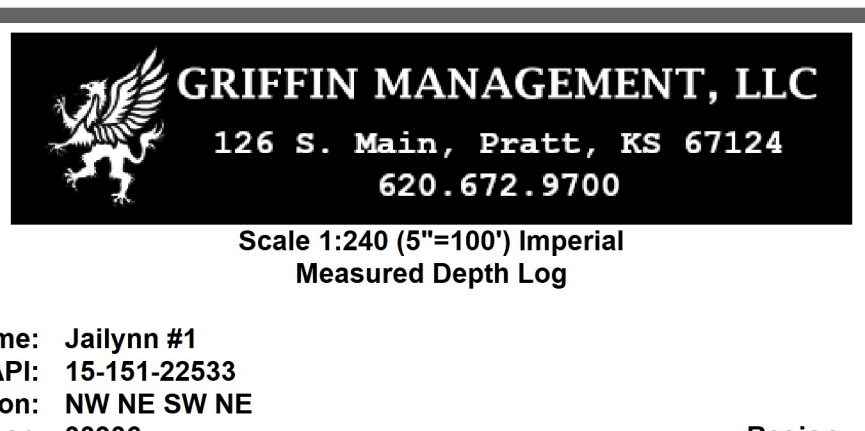
Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	JAILYNN 1
Doc ID	1587422

Tops

Name	Top	Datum
Heebner	3925	-1912
Brown Lime	4088	-2075
Lansing	4107	-2094
Stark	4408	-2395
B/KC	4495	-2482
Pawnee	4562	-2549
Cherokee	4598	-2585
Viola	4658	-2645
Simpson Shale	4796	-2783







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

Well Name: Jallynn #1  
API: 15-151-22533  
Location: NW NE SW NE  
License Number: 33936  
Spud Date: 7/30/2021  
Surface Coordinates: 1590' FNL & 1890' FEL  
Region: 8/04/2021  
Drilling Completed: 8/04/2021

Bottom Hole Coordinates: 2008' K.B. Elevation (ft): 2013'  
Ground Elevation (ft): 3800' To: 4860' Total Depth (ft): 4860'  
Logged Interval (ft): 3800'  
Formation: Ordovician (Shimposon) @ RTD  
Type of Drilling Fluid: Mud-Co. Chemical Dispac. Displaced Mud @ 2702'-2734'  
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@griffinmngmt.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

Murfin Drilling, Rig #104  
Tool Pusher: Scotty Piland  
Cell # 620-639-1843  
7/30/21 Spud @ 6:00 PM  
7/31/21 WOC @ 263'  
8/01/21 Drilling @ 1970'  
8/02/21 Drilling @ 2860'  
Displace Drilling Fluids  
Rig up iBall Gas Unit  
8/03/21 Drilling @ 3680'  
8/04/21 Drilling @ 4440'  
8/05/21 TD @ 3:30 AM  
CFS 60" - Short Trip to surface (74 stands) & CTCH 90"  
Pulled tight after short trip; ran additional short trip (37 stands)  
TOCH for Logs  
MW Wireline Logged (1) Pass  
Finish Logging  
TIH w/DP  
LDDP  
8/6/21 Start Running Casing @ 5:15 AM  
Cement w/ 145 sxs Pro C.  
Plug down @ 10:50 AM

Problems

Losing Fluid @ 1650' to 3000'. Mixed tank w/ "pills" of LCM and pumped down to cut losses; increased LCM to 6-8#/gallon. Slowed fluid loss. Lost ~450 bbls in 48 hours.  
Ran (2) short trips @ RTD before Logging. Pulled Tight after 1st.

Pipe Setting

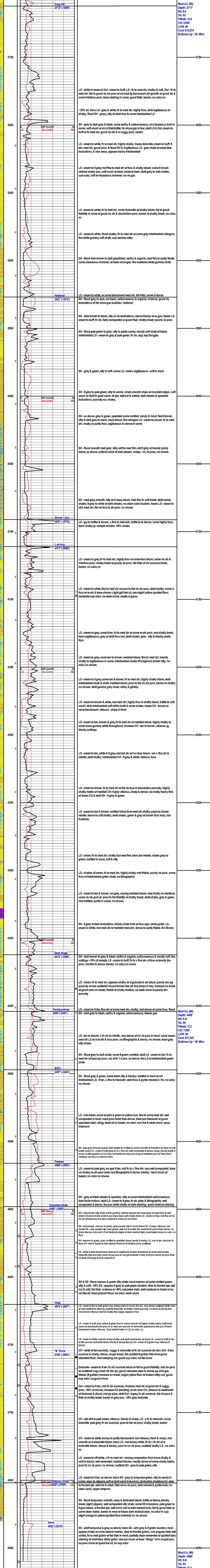
8.625" 23# @ 262' w/ 350 sxs.  
5.5" 17# @ 4858' w/ 145 sxs.

ROCK TYPES

Legend for rock types: Anhy, Bent, Brec, Cht, Clst, Coal, Congl, Dol-cream, Dol, Gyp, Igne, Granite 2, Granite, Lmst tan, Lmst, Meta, Mrlst, Quartz, Salt, Lmst tan, Shale 2, Shale 1, Shale gr, Shcol, Shgy, Sst, Ss, Tiltl.

REFERENCE WELLS LOG TOPS

Table with columns: FORMATION, Elevation (2013), Elevation (2014), Elevation (2015), Elevation (2016), Elevation (2017), Elevation (2018), Elevation (2019), Elevation (2020), Elevation (2021), Elevation (2022), Elevation (2023), Elevation (2024), Elevation (2025).



Mud-Co. (88)  
Depth: 4860'  
Wt: 84  
Filtrate: 11.2  
Chi: 6.00  
LCM: 2#  
Cost: \$17,323  
Bottoms Up - 48 Mins



# QUALITY WELL SERVICE, INC.

7741

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
7-30-21	32	29	15	PRATT	KS		
Lease <u>JANKYAN</u>	Well No. <u>1</u>		Location <u>CROFT 1/2 S 1/2 E S 1/2 T10</u>				
Contractor <u>MURFIN 104</u>				Owner			
Type Job <u>8 5/8 SURFACE</u>				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		T.D.		Charge To <u>GRIFFIN MANAGEMENT</u>			
Csg. <u>8 5/8</u>		Depth <u>2632</u>		Street			
Tbg. Size		Depth		City			
Tool		Depth		State			
Cement Left in Csg. <u>25'</u>		Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line		Displace <u>153</u>		Cement Amount Ordered <u>350 5x Common 38cc</u>			
<b>EQUIPMENT</b>				<u>2% Gel 14</u>			
Pumptrk <u>8</u> No.	<u>8</u>			Common <u>350</u>			
Bulktrk <u>12</u> No.	<u>7</u>			Poz. Mix			
Bulktrk No.				Gel. <u>658</u>			
Pickup No.				Calcium <u>987</u>			
<b>JOB SERVICES &amp; REMARKS</b>				Hulls			
Rat Hole				Salt <u>1</u>			
Mouse Hole				Flowseal <u>145</u>			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
<u>Run 8 5/8 csg to 2632</u>				Sand			
<u>Break cir with Rig Pump</u>				Handling <u>366</u>			
<u>10 1/16 H<sup>2</sup>/6 Pumped 350 cc Common</u>				Mileage <u>25</u>			
<u>2% Gel 38 cc 1/2# PS Displaced with 15.3 11K H<sup>2</sup>/6 circulated cement to pit</u>				<b>FLOAT EQUIPMENT</b>			
				Guide Shoe			
				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				<u>LMV 25</u>			
				<u>Service Supervisor</u>			
				Pumptrk Charge <u>PTA</u>			
				Mileage <u>50</u>			
				Tax			
				Discount			
				Total Charge			
X Signature <u>DAV. Mike Hudson</u>							

AUG 05 2021

# QUALITY WELL SERVICE, INC.

7735

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
8-6-21	32	29S	15W	Pratt	Ks		
Lease <u>JAILYN</u>	Well No. <u>#1</u>		Location <u>CROFT, KS 1 1/2 S 1/2 E Sinto</u>				
Contractor <u>Murphy Drilling RIG #104</u>				Owner			
Type Job <u>LS</u>				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 <u>7 7/8</u>	T.D. <u>4360'</u>		Charge To <u>Griffin</u>				
Csg. <u>5 1/2 17"</u>	Depth <u>4858'</u>		Street				
Tbg. Size	Depth		City				
Tool	Depth		State				
Cement Left in Csg.	Shoe Joint <u>21</u>		The above was done to satisfaction and supervision of owner agent or contractor.				
Meas Line	Displace <u>112.22</u>		Cement Amount Ordered <u>175 Sx Pro C 21.6L 10% Salt</u>				
<b>EQUIPMENT</b>				<u>5 1/2 Kolsbeal .6% C16A .25% C4IP 25 1/2 PS</u>			
Pumptrk <u>8</u> No.				Common <u>175 Sx</u>			
Bulktrk <u>10</u> No.				Poz. Mix			
Bulktrk No.				Gel. <u>329"</u>			
Pickup No.				Calcium			
<b>JOB SERVICES &amp; REMARKS</b>				Hulls			
Rat Hole <u>30 Sx</u>				Salt <u>964'</u>		AUG 10 2021	
Mouse Hole				Flowseal <u>44"</u>			
Centralizers <u>1-2-3-4-5-6-7-8</u>				Kol-Seal <u>875"</u>			
Baskets				Mud CLR 48 <u>500 GAL</u>			
D/V or Port Collar				CFL-117 or CD110 CAF 38 <u>C16A 99"</u>			
<u>Run 121 ft's 5 1/2 17" CSG SET @ 4858</u>				Sand <u>CG-110 GAL C4IP 41"</u>			
<u>START CSG CSG ON Bottom &amp; TAG</u>				Handling <u>217</u>			
<u>Hookup to CSG &amp; Break circ w/ rig</u>				Mileage <u>25/5425</u>			
<u>DROP Ball &amp; circ w/ rig</u>				<u>5 1/2</u> FLOAT EQUIPMENT			
<u>START Pumping 6 10 Bbls @ 12 Bbls min 10 Bbls @ 12</u>				Guidance <u>4 1/2 M 1 EA</u>			
<u>PLUG R- HOLE 30 Sx</u>				Centralizer <u>7 EA</u>			
<u>Mix! Pump 145 Sx Pro C @ 14.0%/GAL</u>				Baskets			
<u>SHUT DOWN Wash up tek &amp; Release 5 1/2 LLO</u>				Inserts			
<u>START Disp w/ 2 1/2 KLL</u>				Float Shoe <u>1 EA</u>			
<u>LIFT PSI 96.3 Bbls out 600'</u>				Latch Down <u>1 EA</u>			
<u>PLUG DOWN 112.22 out 1100'</u>				<u>SERVICE Spv 1 EA</u>			
<u>PS up CSG 1600'</u>				<u>LMV 25</u>			
<u>RELEASE! HEAD 1/2 Bbl back</u>				Pumptrk Charge <u>LS</u>			
<u>Good circ thru job</u>				Mileage <u>50</u>			
<u>THANK YOU</u>				Tax			
<u>PLEASE CALL AGAIN TOM WERNER DECK</u>				Discount			
X Signature <u>AL Smith</u>				Total Charge			