

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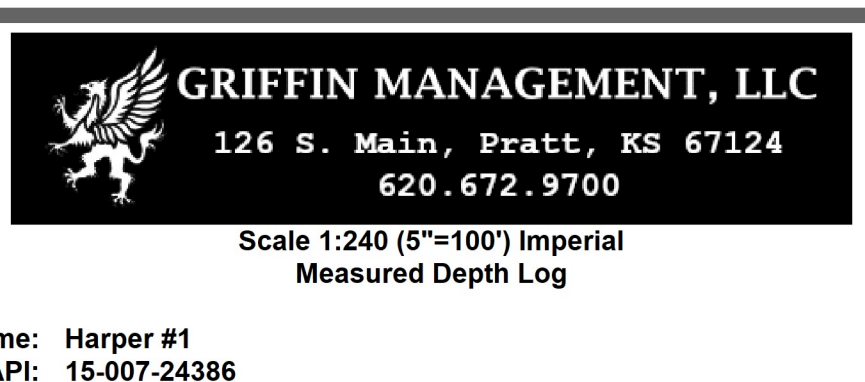
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	HARPER #1
Doc ID	1591493

Tops

Name	Top	Datum
Heebner	3916	-1901
Brown Lime	4088	-2073
Lansing	4112	-2097
Stark	4413	-2398
B/KC	4496	-2481
Pawnee	4558	-2543
Cherokee	4598	-2583
Viola	4644	-2629
Simpson Shale	4792	-2777



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

Well Name: Harper #1
API: 15-007-24386
Location: W2 SE NW
License Number: 33936
Spud Date: 8/23/2021
Surface Coordinates: 1980' FNL & 1650' FWL
Region: Barber Co.
Drilling Completed: 9/02/2021
Bottom Hole Vertical Wellbore
Coordinates: 2010' K.B. Elevation (ft): 2015'
Logged Interval (ft): 3800' To: 4865' Total Depth (ft): 4872'
Formation: Ordovician (Simpson) @ RTD
Type of Drilling Fluid: Mud-Co. Chemical Dispac. Displaced Mud @ 2729'-2770'
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

Table with 2 columns: Formation Name, Elevation (ft). Includes Heebner, Brown Lime, Lansing, Stark, BKC, Pawnee, Cherokee, Viola, Simp. Shale, RTD.

LOG TOPS

Table with 2 columns: Formation Name, Elevation (ft). Includes Heebner, Brown Lime, Lansing, Stark, BKC, Pawnee, Cherokee, Viola, Simp. Shale, RTD.

Drilling Report

Murfin Drilling, Rig #104
Tool Pusher: Scotty Pfland
Cell # 620-639-1843
8/23/2021 Spud @ 7:45 PM
9/24/2021 WOC @ 263'
9/25/2021 Drilling @ 1680'
Put on Bank @ 2094' SDF Covid Testing
9/26/2021 thru 8/29/2021 COVID
9/30/2021 TIH @ 7AM
Displace Hole @ 2729'-2770'
8/31/2021 Drilling @ 3080'
9/01/2021 Drilling @ 4145'
9/02/2021 Drilling @ 4740'
RTD @ 12:30 PM
Start Logging @ ~10PM
9/03/2021 LDDP
Run Casing
Release Rig @ 9:00 PM

Problems

8/23/2021 Shut Down For Covid @ 2094'
8/30/2021 Start Back Up, TIH & resume operations

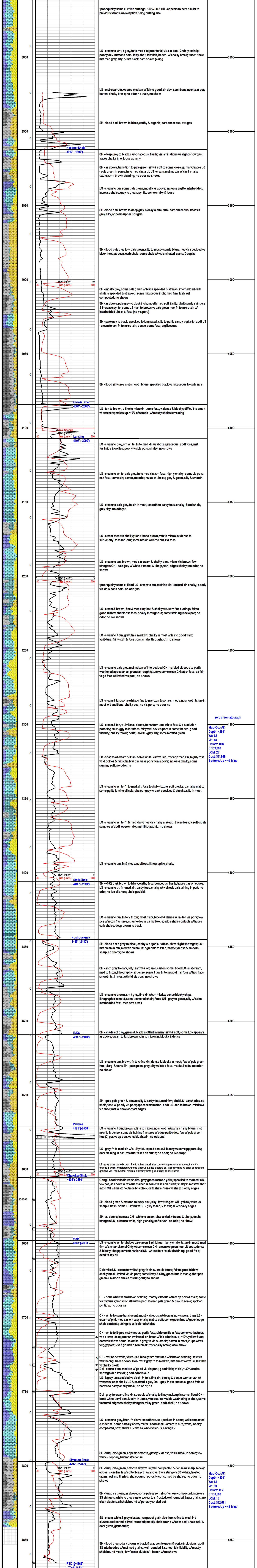
Pipe Setting

8.625" 23# @ 262' w/ 350 sxs.
5.5" 15.5# @ 4853' w/ 145 sxs.

ROCK TYPES

Legend for rock types: Anhy, Bent, Brecc, Cht, Cyst, Coal, Congl, Dol-cream, Dol, Gyp, Igne, Granite 2, Granite, Lmst tan, Lmst, Mrlst, Quartz, Salt, Shale 2, Shale gry, Shale 1, Shgly, Siltst, Ss, Till.

REFERENCE WELLS LOG TOPS table with columns for well names and elevation tops.



Geo on Location 8312021-9 PM
Mud-Co. (#6) Depth: 4293' Wt: 9.3 Vls: 48 Filtrate: 10.8 LCM: 5,000 Cost: \$11,969 Bottoms Up - 40 Mins
Mud-Co. (#7) Depth: 4803' Wt: 9.4 Vls: 80 Filtrate: 11.2 Cost: \$12,571 Bottoms Up - 44 Mins

QUALITY WELL SERVICE, INC.

7755

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	8-24-21	Sec.	4	Twp.	30S	Range	15W	County	JEFFERSON	State	KS	On Location		Finish									
Lease	HARDEL		Well No.		1										Location	CROFT, KS S to 110' N 1 E 10/30"							
Contractor	MORTON DELG RIG # 104							Owner								1.35' E into							
Type Job	SURFACE							To Quality Well Service, Inc.								You are hereby requested to rent cementing equipment and furnish							
Hole Size	12 1/4		T.D.		123' 263'										cement and helper to assist owner or contractor to do work as listed.								
Csg.	85/8 23		Depth		123' 263'										Charge To		Grafton						
Tbg. Size			Depth												Street								
Tool			Depth												City		State						
Cement Left in Csg.			Shoe Joint		25										The above was done to satisfaction and supervision of owner agent or contractor.								
Meas Line			Displace		15.2										Cement Amount Ordered		350 cc (common)						
EQUIPMENT												2 1/2 GEL 3 1/2 CL 1 1/2 PPS USED 245 cc											
Pumptrk	8	No.			Common								245 cc										
Bulktrk	7	No.			Poz. Mix																		
Bulktrk		No.			Gel.								401 #										
Pickup		No.			Calcium								651 #										
JOB SERVICES & REMARKS												Hulls											
Rat Hole												Salt											
Mouse Hole												Flowseal				123 #							
Centralizers												Kol-Seal											
Baskets												Mud CLR 48											
D/V or Port Collar												CFL-117 or CD110 CAF 38											
Rm 6 1/2" 85/8 23" CSG SET @ 263												Sand											
START CSG Csg on Bottom												Handling				264							
Hook up to Csg + Break Circ with G												Mileage				251 6600							
START Pumping H2O												FLOAT EQUIPMENT											
START mic Pump & Common												Guide Shoe											
2 1/2 GEL 3 1/2 CL 1 1/2 PPS @ 14.8 #/gal												Centralizer											
START DISO												Baskets											
PLOG DOWN 15.2 gals total												AFU Inserts											
CLOSE VALVE ON CSG 150 #												Float Shoe											
GOOD CIRC THRU JOBS												Latch Down											
CIRC CNT TO PIT												SERVICE Sump				1 EA							
												LMV				25'							
												Pumptrk Charge				SURFACE							
												Mileage				50							
																Tax							
																Discount							
X Signature																Total Charge							

QUALITY WELL SERVICE, INC.

7761

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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
9-3-21	A	30S	15W	Baker	K		
Lease	HARPER		Well No.	1			
Contractor	MURFIN DRILLING RIG #104		Location	CROFT, KS S to 110th E to 130th			
Type Job	5 1/2 LS		Owner	I. S. S. E. INTO			
Hole Size	7 7/8		T.D.	4865			
Csg.	5 1/2 17'		Depth	4853			
Tbg. Size			Depth				
Tool			Depth				
Cement Left in Csg.			Shoe Joint	21.80			
Meas Line			Displace	112.08			
EQUIPMENT			10% SALT 5 1/2" KOLSEAL 6" C16A 2 1/2" C11P 2 1/2" P				
Pumptrk	8	No.	Common 1755x				
Bulktrk	10	No.	Poz. Mix				
Bulktrk		No.	Gel. 329"				
Pickup		No.	Calcium				
JOB SERVICES & REMARKS			Hulls				
Rat Hole	30x		Salt 964"				
Mouse Hole			Flowseal 44"				
Centralizers	1-2-3-4-5-6-7		Kol-Seal 875"				
Baskets			Mud CLR 48 500 GAL				
D/V or Port Collar			GFL 117 or OD 110 CAF 88 - C16A - 99"				
Run 4 1/2" 5 1/2" "CSG SET @			Sand CC-1 9 GAL C 41P 41"				
START CSG CSG ON BOTTOM TAG			Handling 217				
HOOK UP TO CSG & BREAK CIR WIRING			Mileage 25 / 5425				
DROP BALL & CIR WIRING			5 1/2" FLOAT EQUIPMENT				
START PUMPING 10 BBL HR 12 BBL MR 10 BBL HR			Guide Shoe H! M 1 EA				
PLUG R-HOLE 30x			Centralizer 7 EA				
MIX 1 POMP 145 x POC @ 14.8 1/4 GAL			Baskets				
SHUT DOWN WASH UP TEL! RELEASE STICK UP PUMP			Inserts				
START DISP W/ 2 1/2" KCL			Float Shoe 1 EA				
LIFT PSI 96 OUT 650*			Latch Down 1 EA				
PLUG DOWN 1/2 OUT 1200"			SERVICE SUPV 1 EA				
PSI UP CSG 1600*			LMV 25				
RELEASE & HELD 1/2 BBL BACK			Pumptrk Charge LS				
GOOD CIR THW JOB			Mileage 50				
THANK YOU							
PLEASE CALL AGAIN TOMORROW			Richard				
Signature			Tax				
			Discount				
			Total Charge				