

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)*

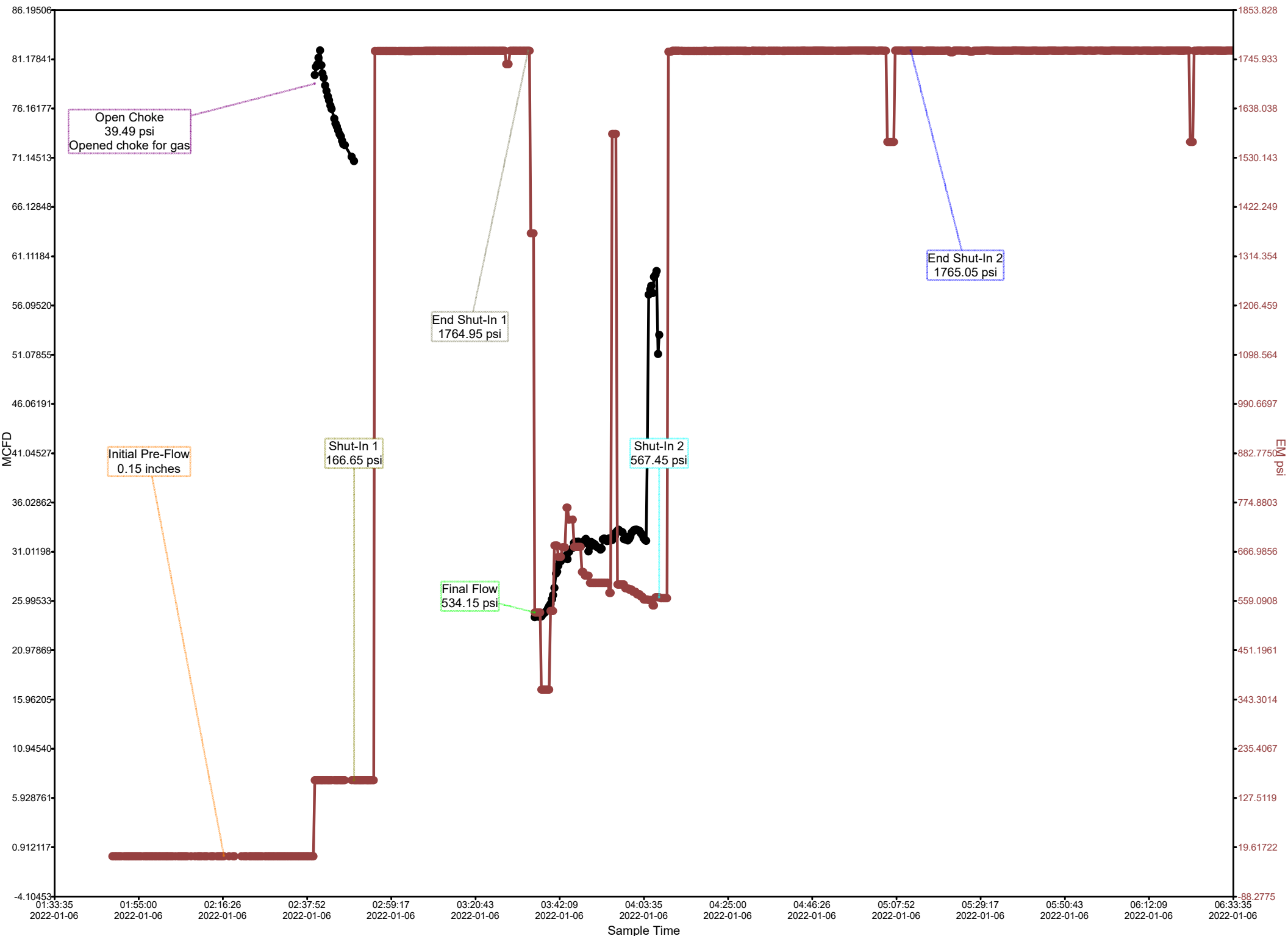
Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water 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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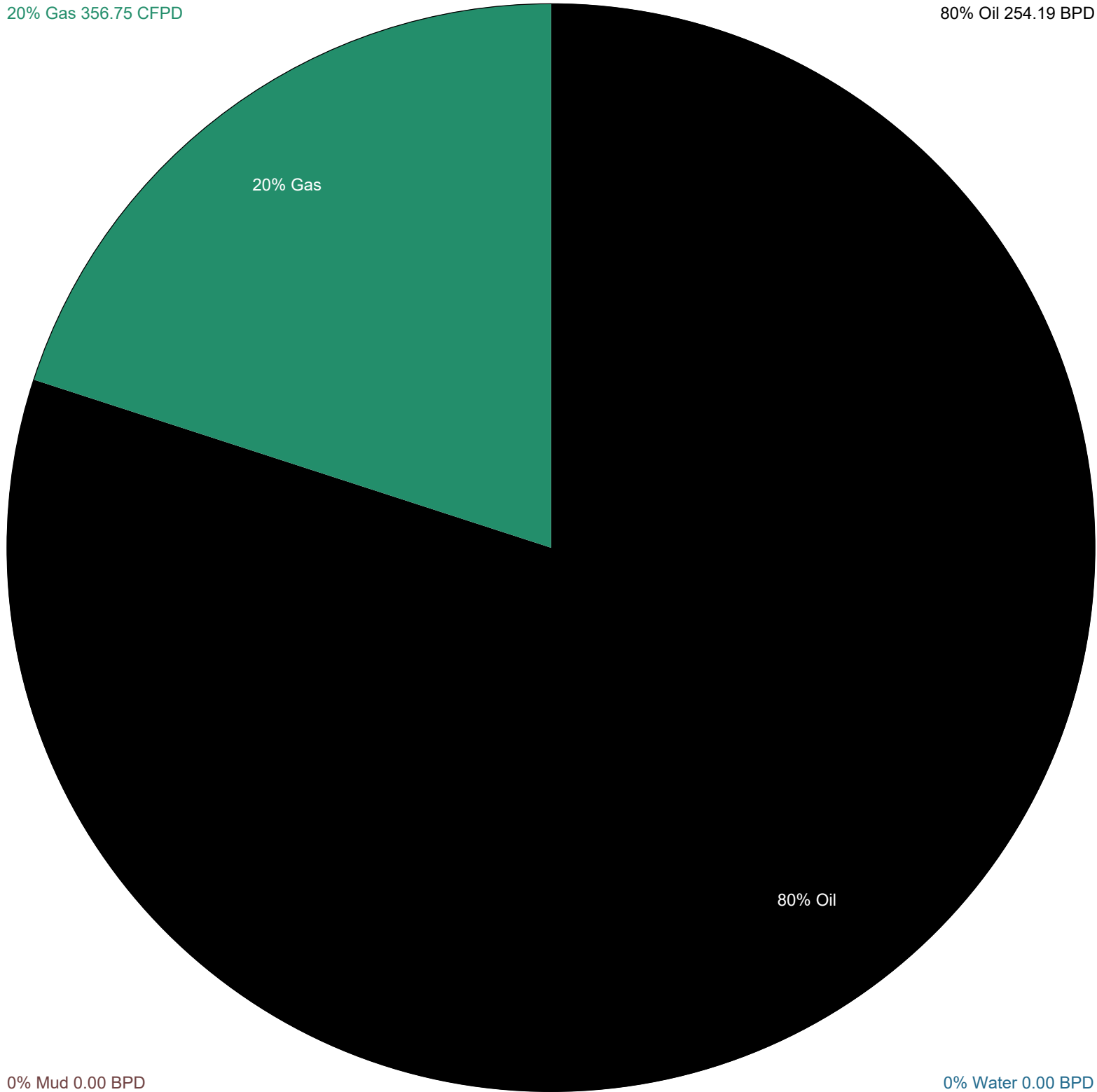
Gra Ex LLC - Graber 1 - DST 2



Calculated Recovery Analysis - Gra Ex LLC - Graber 1 - DST 2

20% Gas 356.75 CFPD

80% Oil 254.19 BPD



20% Gas

80% Oil

0% Mud 0.00 BPD

0% Water 0.00 BPD



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Gra Ex, LLC
P.O. Box 32
Kingman, KS 67068
ATTN: Jeff Burk

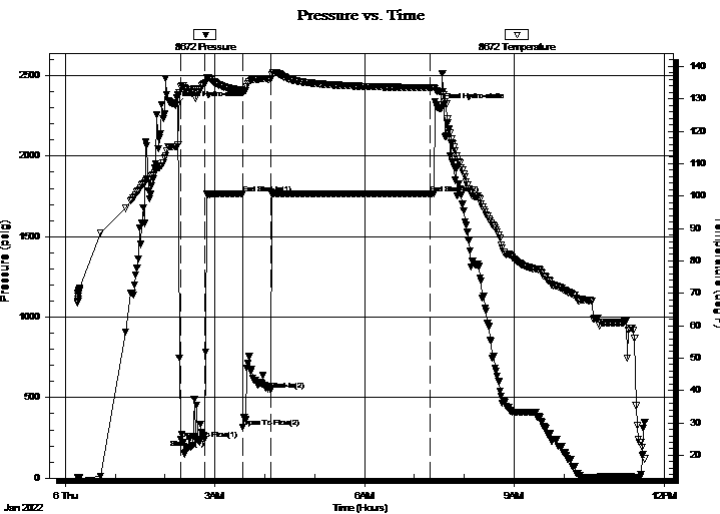
6/31/7
Graber 1
Job Ticket: 67836 **DST#: 2**
Test Start: 2022.01.06 @ 00:15:00

GENERAL INFORMATION:

Formation: **Viola**
Deviated: No Whipstock: 1622.00 ft (KB)
Time Tool Opened: 02:18:47
Time Test Ended: 11:36:47
Interval: **4732.00 ft (KB) To 4746.00 ft (KB) (TVD)**
Total Depth: 4744.00 ft (KB) (TVD)
Hole Diameter: 7.80 inches Hole Condition: Good
Test Type: Conventional Bottom Hole (Initial)
Tester: Chris Hagman
Unit No: 69
Reference Elevations: 1622.00 ft (KB)
1611.00 ft (CF)
KB to GR/CF: 11.00 ft

Serial #: 8672 Inside
Press@RunDepth: 549.36 psig @ 4733.00 ft (KB) Capacity: psig
Start Date: 2022.01.06 End Date: 2022.01.06 Last Calib.: 1899.12.30
Start Time: 00:15:01 End Time: 11:36:47 Time On Btm: 2022.01.06 @ 02:12:47
Time Off Btm: 2022.01.06 @ 07:27:02

TEST COMMENT: IF: 30 min., BOB 10 sec., strong building blow, 41 PSI
IS: 45 min., GTS as soon as vented, BOB immediately
FF: 30 min., BOB GTS ASAO, strong steady blow
FS: 60 min., blow back, BOB immediately



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2316.79	115.23	Initial Hydro-static
6	243.06	133.68	Open To Flow (1)
36	242.75	134.52	Shut-In(1)
81	1764.54	132.60	End Shut-In(1)
81	317.71	131.96	Open To Flow (2)
114	549.36	136.02	Shut-In(2)
306	1765.01	133.50	End Shut-In(2)
315	2300.00	132.38	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
931.00	Gassy Oil 20% gas 80% oil	13.06

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.25	7.16	34.20
Last Gas Rate	0.25	7.22	33.11
Max. Gas Rate	0.25	7.42	33.42



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Gra Ex, LLC
P.O. Box 32
Kingman, KS 67068
ATTN: Jeff Burk

6/31/7
Graber 1
Job Ticket: 67836 **DST#: 2**
Test Start: 2022.01.06 @ 00:15:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 48.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.99 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 5000.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
931.00	Gassy Oil 20% gas 80% oil	13.059

Total Length: 931.00 ft Total Volume: 13.059 bbl
Num Fluid Samples: 0 Num Gas Bombs: 1 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

GAS RATES

Gra Ex, LLC

6/31/7

P.O. Box 32
Kingman, KS 67068

Graber 1

Job Ticket: 67836

DST#: 2

ATTN: Jeff Burk

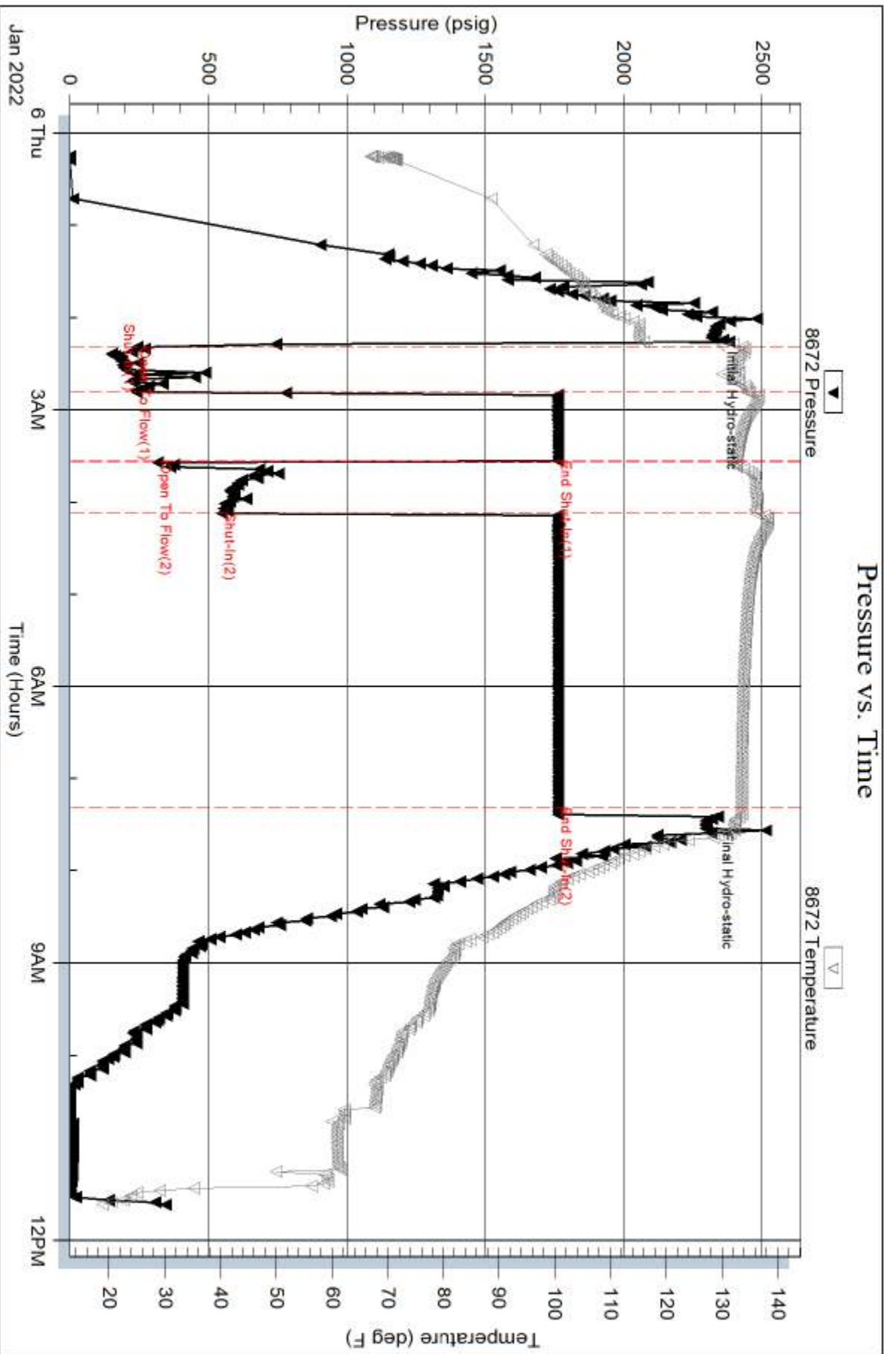
Test Start: 2022.01.06 @ 00:15:00

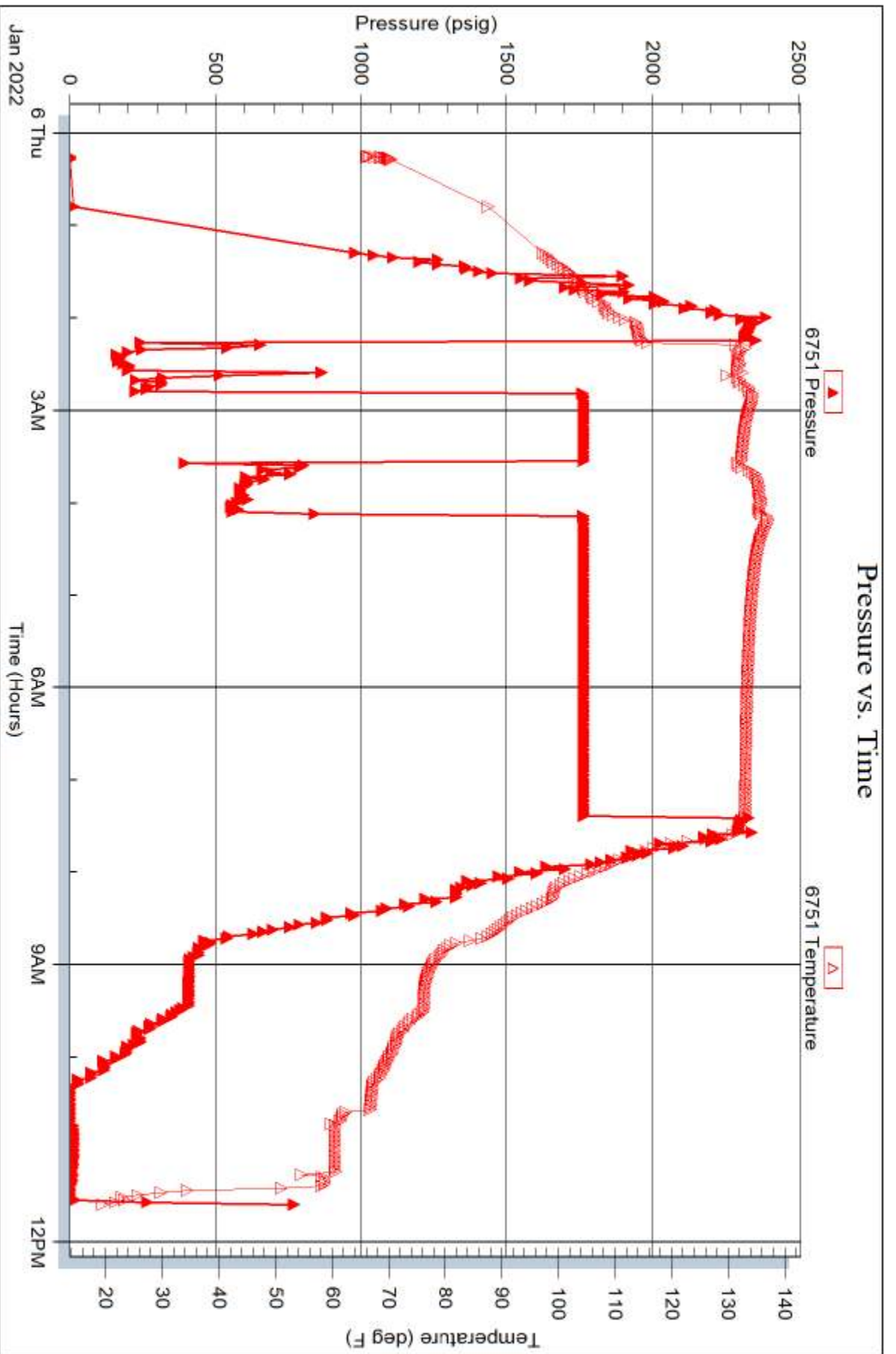
Gas Rates Information

Temperature: 59 (deg F)
Relative Density: 0.62
Z Factor: 0.9

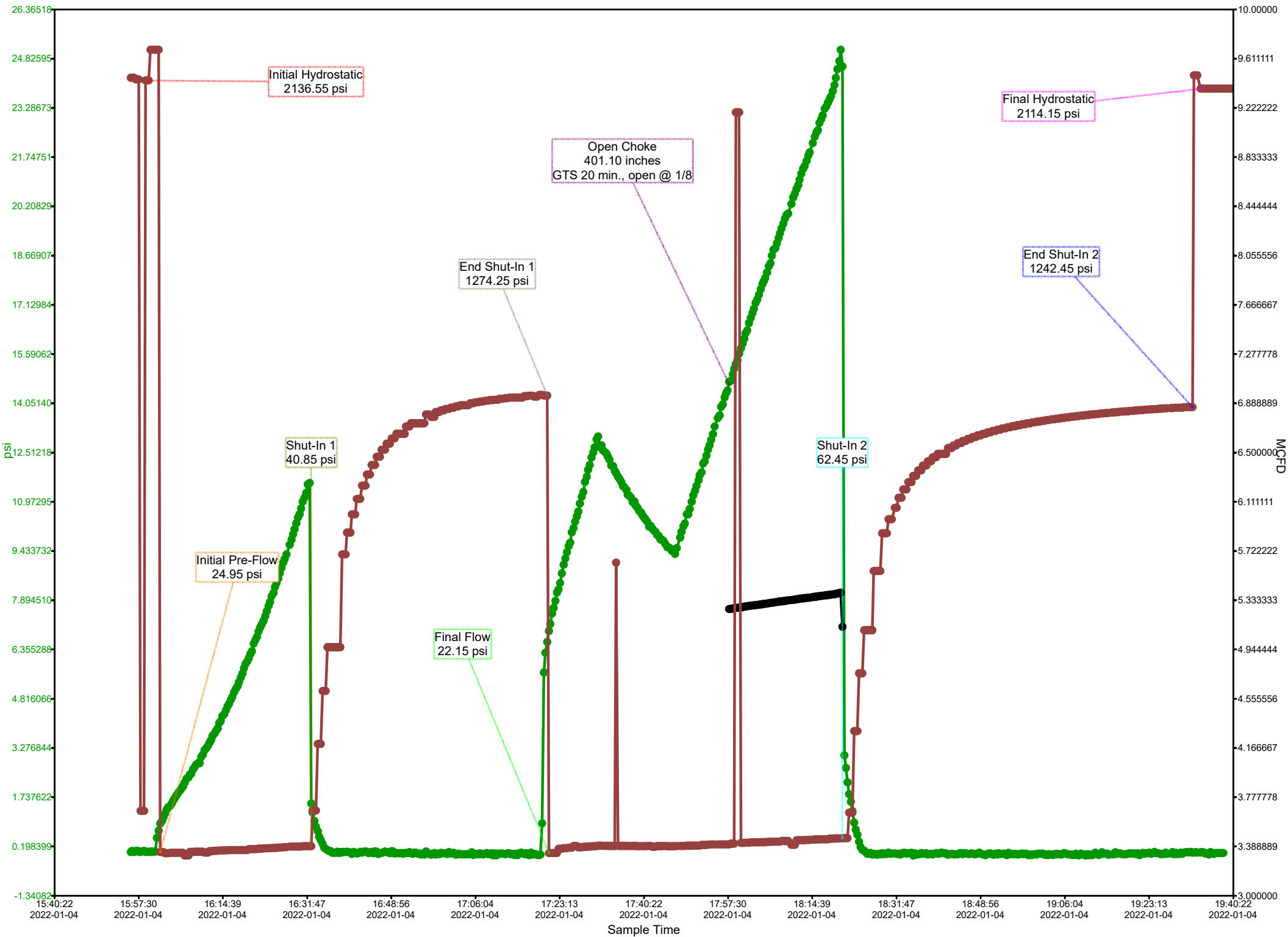
Gas Rates Table

Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
2	10	0.25	7.16	34.20
2	20	0.25	7.42	33.42
2	30	0.25	7.22	33.11





Gra Ex LLC - Graber 1 - DST1





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Gra Ex, LLC
P.O. Box 32
Kingman, KS 67068
ATTN: Jeff Burk

6/31/7
Graber 1
Job Ticket: 67835 **DST#: 1**
Test Start: 2022.01.04 @ 13:44:00

GENERAL INFORMATION:

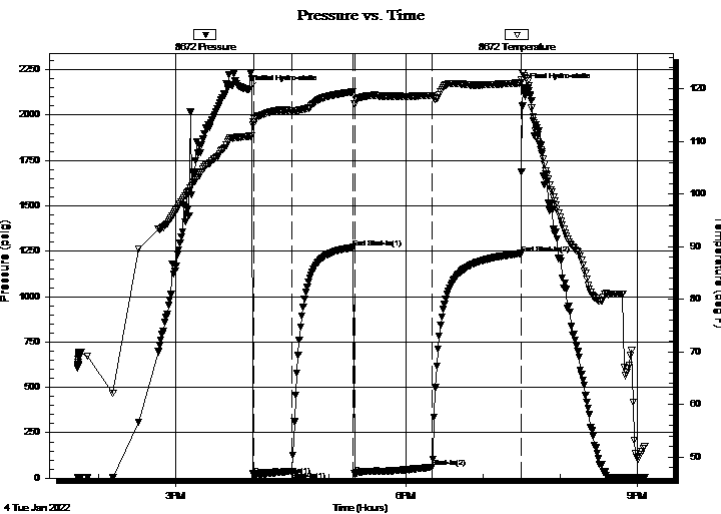
Formation: **Miss.**
Deviated: No Whipstock: 1622.00 ft (KB)
Time Tool Opened: 16:01:02
Time Test Ended: 21:06:02
Interval: **4365.00 ft (KB) To 4385.00 ft (KB) (TVD)**
Total Depth: 4385.00 ft (KB) (TVD)
Hole Diameter: 7.80 inches Hole Condition: Good
Test Type: Conventional Bottom Hole (Initial)
Tester: Chris Hagman
Unit No: 69
Reference Elevations: 1622.00 ft (KB)
1611.00 ft (CF)
KB to GR/CF: 11.00 ft

Serial #: 8672

Inside

Press@RunDepth: 59.22 psig @ 4367.00 ft (KB) Capacity: psig
Start Date: 2022.01.04 End Date: 2022.01.04 Last Calib.: 1899.12.30
Start Time: 13:44:01 End Time: 21:06:02 Time On Btm: 2022.01.04 @ 15:57:32
Time Off Btm: 2022.01.04 @ 19:31:02

TEST COMMENT: IF: 30 min., BOB 20 sec., strong building blow , 315 inches
IS: 45 min., No blow back
FF: 60 min., BOB ASAO, GTS 20 min., strong building blow , 686 inches
FS: 70 min., No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2140.57	110.96	Initial Hydro-static
4	17.88	113.80	Open To Flow (1)
34	39.05	115.88	Shut-In(1)
81	1270.93	119.41	End Shut-In(1)
83	23.03	117.07	Open To Flow (2)
143	59.22	118.66	Shut-In(2)
212	1237.63	121.17	End Shut-In(2)
214	2148.75	122.96	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
63.00	gassy mud 5%G,95%M	0.88

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.13	14.73	10.90
Last Gas Rate	0.13	25.11	13.73
Max. Gas Rate	0.13	25.11	13.73



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Gra Ex, LLC
P.O. Box 32
Kingman, KS 67068
ATTN: Jeff Burk

6/31/7
Graber 1
Job Ticket: 67835 **DST#: 1**
Test Start: 2022.01.04 @ 13:44:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 48.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.79 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 8000.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
63.00	gassy mud 5%G,95%M	0.884

Total Length: 63.00 ft Total Volume: 0.884 bbl
Num Fluid Samples: 0 Num Gas Bombs: 1 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments: 4277' GIP



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

GAS RATES

Gra Ex, LLC

6/31/7

P.O. Box 32
Kingman, KS 67068

Graber 1

Job Ticket: 67835

DST#: 1

ATTN: Jeff Burk

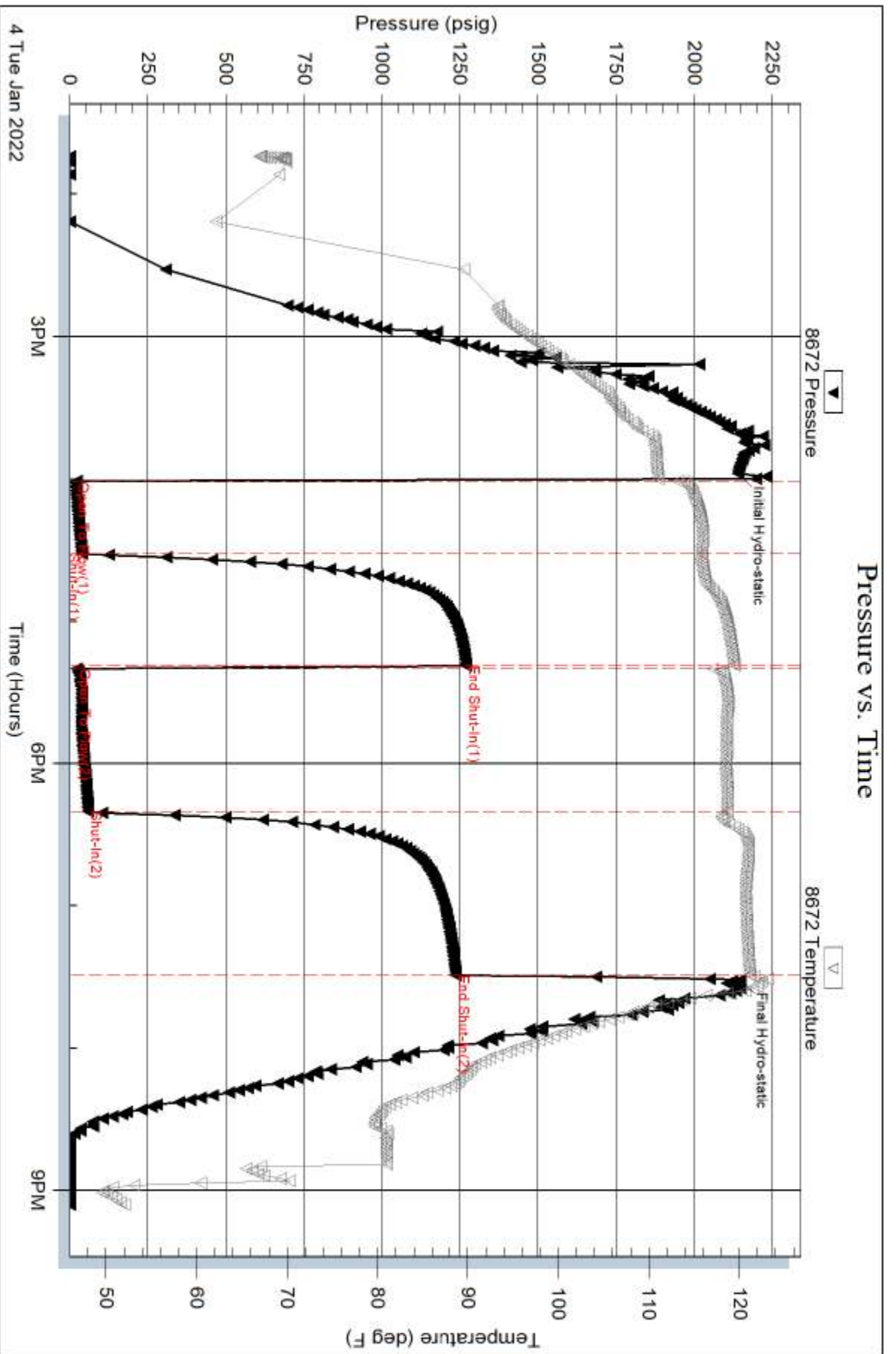
Test Start: 2022.01.04 @ 13:44:00

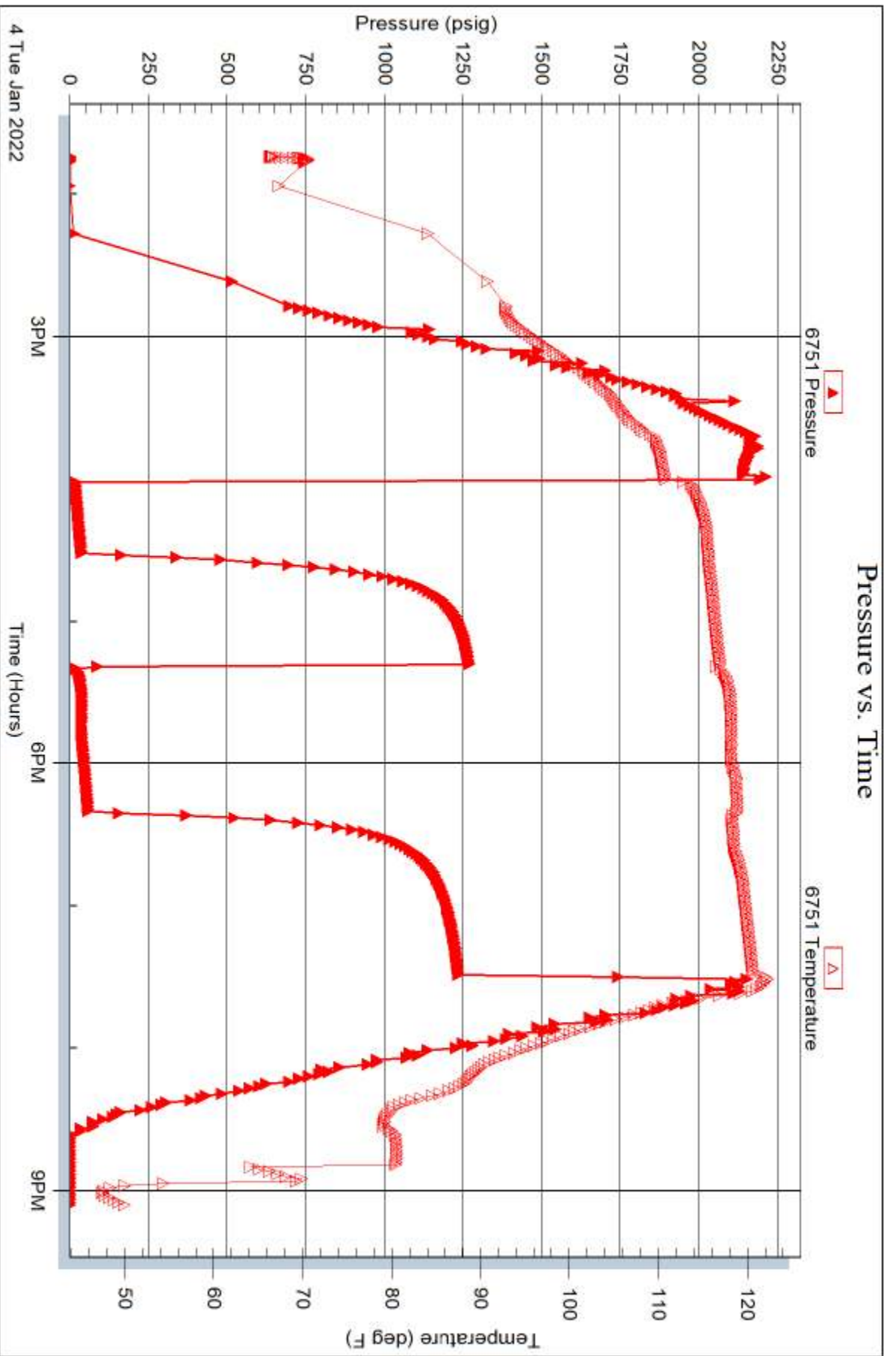
Gas Rates Information

Temperature: 59 (deg F)
Relative Density: 0.67
Z Factor: 0.9

Gas Rates Table

Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
2	20	0.13	14.73	10.90
2	30	0.13	14.73	10.13
2	40	0.13	15.78	10.49
2	50	0.13	21.05	12.32
2	60	0.13	25.11	13.73





COPELAND

Acid & Cement

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

PO BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

INVOICE NUMBER:
C60484-IN

BILL TO:
GRA-EX, LLC
PO BOX 32
KINGMAN, KS 67068

LEASE: GRABER #1 NEW WELL

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
12/30/2021	60484		12/29/2021	GRABER #1 NEW WELL	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
45.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	4.00	180.00
1.00	EA	PUMP CHARGE SURFACE		0.00	1,100.00	1,100.00
225.00	SK	60/40 POZ MIX 2% GEL		0.00	12.25	2,756.25
12.00	SK	CALCIUM CHLORIDE		0.00	40.00	480.00
237.00	EA	BULK CHARGE		0.00	1.25	296.25
469.26	MI	BULK TRUCK - TON MILES		0.00	1.10	516.19
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		5,328.69
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		HARCO Sales Tax:		210.36
		NET 30 DAYS		Invoice Total:		5,539.05

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas



HURRICANE SERVICES INC

Remit To: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202
316-303-9515

Customer:

GRA EX, LLC
PO BOX 32
3321 SE 100TH ST
KINGMAN, KS 67068

Invoice Date: 1/7/2022
Invoice #: 0358150
Lease Name: Graber
Well #: 1 (New)
County: Harper, Ks
Job Number: WP2286
District: Pratt

Date/Description	HRS/QTY	Rate	Total
Longstring-New Well	0.000	0.000	0.00
H-LD Cement Blend	125.000	44.390	5,548.75
H-Plug	75.000	11.960	897.00
Gas Block	354.000	2.760	977.04
5 1/2" Floatshoe-Flapper AFU	1.000	345.000	345.00
5 1/2" LD Plug & Baffle	1.000	322.000	322.00
5 1/2" Turbolizers	10.000	73.600	736.00
Rotating scratcher 5 1/2"	24.000	75.440	1,810.56
Super Flush	500.000	2.530	1,265.00
Liquid KCL Substitute 2	1.000	18.400	18.40
Light Eq Mileage	55.000	1.840	101.20
Heavy Eq Mileage	55.000	3.680	202.40
Ton Mileage	498.000	1.380	687.24
Cement Blending & Mixing	200.000	1.288	257.60
Depth Charge 4001'-5000'	1.000	2,300.000	2,300.00
Cement Data Acquisition	1.000	230.000	230.00
Casing Swivel	1.000	0.000	0.00
Cement Plug Container	1.000	230.000	230.00

Total 15,928.19

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

SALES TAX: Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

WE APPRECIATE YOUR BUSINESS!



Customer	GRA EX LLC	Lease & Well #	GRABER #1	Date	1/7/2022
Service District	PRATT	County & State	HARPER KS	Legals S/T/R	6-31S-07W
Job Type	LONGSTRING	<input type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> No
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			

912	MATTAL	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
523/522	OSBORN	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
182/256	WHITFIELD	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations
		<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input type="checkbox"/> Overhead Hazards	<input type="checkbox"/> Muster Point/Medical Locations
		<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	

Comments

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
CP014	H-LD Cement Blend	sack	125.00	\$5,548.75
CP055	H-Plug	sack	75.00	\$897.00
CP155	Gas Block	lb	354.00	\$977.04
FE145	5 1/2" Float Shoe - AFU Flapper Type	ea	1.00	\$345.00
FE170	5 1/2" Latch Down Plug & Baffle	ea	1.00	\$322.00
FE135	5 1/2" Turbolizer	ea	10.00	\$736.00
FE190	5 1/2" Cement Scratchers Rotating Type	ea	24.00	\$1,810.56
CP173	Super Flush	gal	500.00	\$1,265.00
AF056	Liquid KCL Substitute 2	gal	1.00	\$18.40
M015	Light Equipment Mileage	mi	55.00	\$101.20
M010	Heavy Equipment Mileage	mi	55.00	\$202.40
M020	Ton Mileage	tm	498.00	\$687.24
9999	Blending Charge	SK	200.00	\$257.60
D015	Depth Charge: 4001'-5000'	job	1.00	\$2,300.00
C050	Cement Plug Container	job	1.00	\$230.00
C035	Cement Data Acquisition	job	1.00	\$230.00
C040	Casing Swivel	job	1.00	\$0.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?

Total Taxable		\$ -	Tax Rate:	Net:	\$15,928.19
Based on this job, how likely is it you would recommend HSI to a colleague?		State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.		Sale Tax:	\$ -
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Total:	\$ 15,928.19
Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely		HSI Representative: <i>Mike Mattal</i>			

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 7/8% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**



CEMENT TREATMENT REPORT

Customer:	GRA EX LLC	Well:	GRABER 1	Ticket:	WP2286
City, State:	DUQUOIN KS	County:	HARPER KS	Date:	1/7/2022
Field Rep:	JEFF BURK	S-T-R:	6-31S-07W	Service:	LONGSTRING

Downhole Information	
Hole Size:	7 7/8 in
Hole Depth:	4805 ft
Casing Size:	5 1/2 in
Casing Depth:	ft
Tubing /Liner:	in
Depth:	4805 ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	113.8 bbls

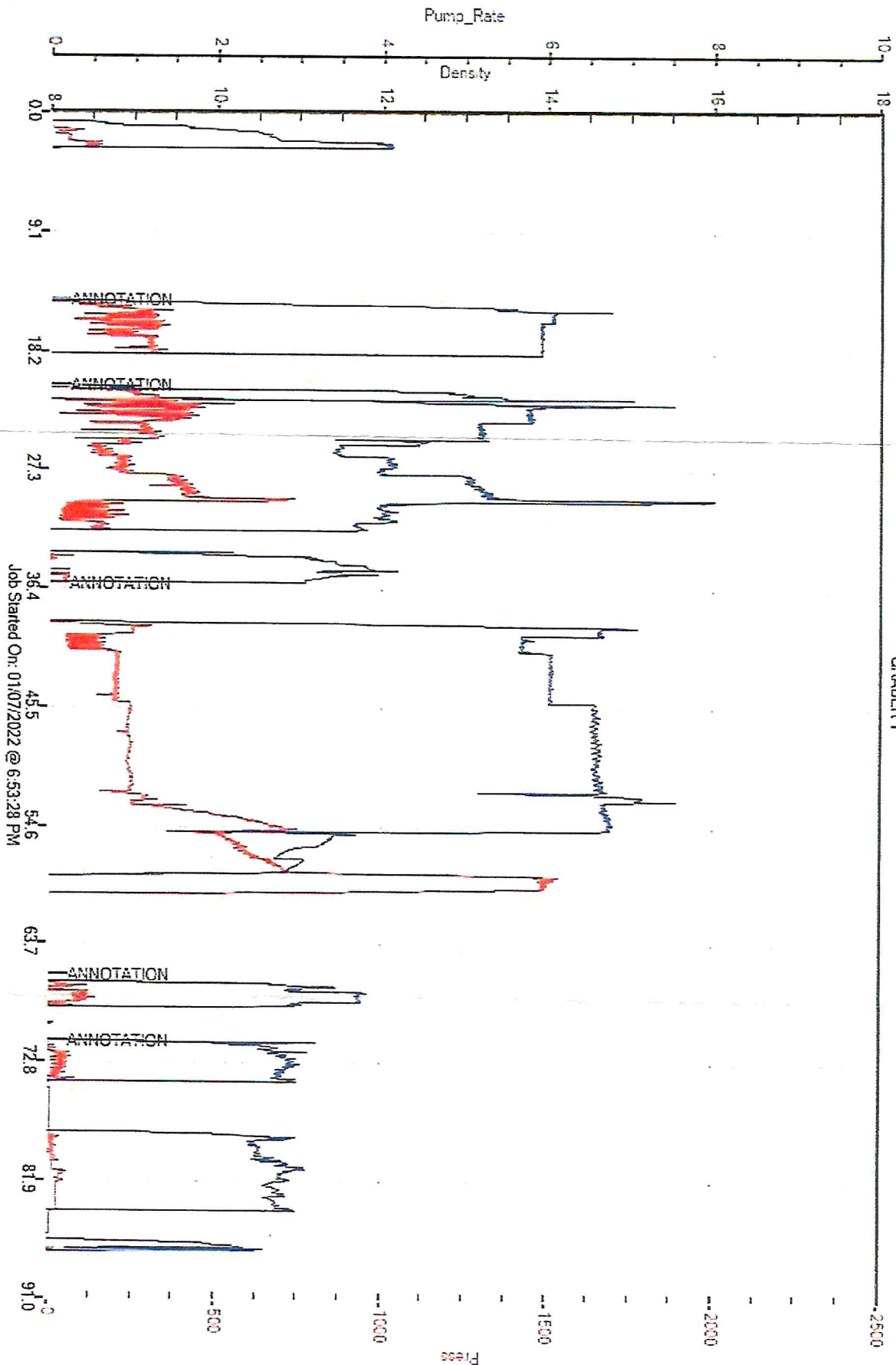
Calculated Slurry - Lead	
Blend:	H-LD
Weight:	15.0 ppg
Water / Sx:	5.9 gal / sx
Yield:	1.49 ft ³ / sx
Annular Bbls / Ft:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	33.0 bbls
Total Sacks:	125 sx

Calculated Slurry - Tail	
Blend:	H-PLUG
Weight:	13.78 ppg
Water / Sx:	6.9 gal / sx
Yield:	1.43 ft ³ / sx
Annular Bbls / Ft:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	19.0 bbls
Total Sacks:	75 sx

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
12:00 PM			-	-	ON LOCATION
2:30 PM				-	RUN 5 1/2 CASING , 21 FT SHOE JOINT
				-	TURBOS ON 1,2,3 5, 9,10.11.16,19
4:20 PM				-	CASING ON BOTTOM
4:37 PM				-	HOOK TO CASING, BREAK CIRCULATION WITH RIG
5:52 PM	4.0	120.0	5.0	5.0	PUMP 5 BBL KCL
6:05 PM	6.0	290.0	12.0	17.0	PUMP 500 GALLON SUPERFLUSH
6:07 PM	6.0	250.0	10.0	27.0	PUMP 10 BBL KCL
6:12 PM	5.0	270.0	6.0	33.0	MIX 25 SKS SCAVENGER
6:14 PM	6.0	410.0	33.0	66.0	MIX 125 SKS H-LD
6:25 PM	3.0	50.0	4.0	70.0	WASH PUMP AND LINE, DROP PLUG
6:30 PM	6.5	240.0		70.0	START DISPLACEMENT
6:44 PM	6.5	500.0	90.0	160.0	LIFT PRESSURE
6:46 PM	3.5	540.0	103.0	263.0	SLOW RATE
6:50 PM		1,500.0		263.0	RELEASED AND HELD
6:50 PM	1.0	50.0	7.0	270.0	MIX 30 SKS H-PLUG FOR RAT HOLE
7:00 PM	1.0	50.0	5.0	275.0	MIX 20 SKS FOR MOUSE HOLE
					LOST CIRCULATION AFTER DROPPING PLUG, RETURNED IN 20 BBL
				-	LOST CIRCULATION AT 80 BBL FOR 10 BBL AND IT RETURNED
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	

CREW		UNIT	SUMMARY		
Cementer:	MATTAK	912	Average Rate	Average Pressure	Total Fluid
Pump Operator:	OSBORN	176/522	4.4 bpm	356 psi	275 bbls
Bulk #1:	WHITFIELD	182/256			
Bulk #2:					

GRA EX
GRABER 1



Gra Ex, LLC

PO Box 32 Kingman, KS 67068

Office Phone (620)532-2644

graex@sbcglobal.net

February 25, 2022

Kansas Corporation Commission
Conservation Division
130 S Market, Room 2078
Wichita, KS 67202

RE: Graber 1
SW NE NE NE
Sec 6-31S-7W
Harper County, KS
API# 15-077-22188-00-00

To Whom It May Concern:

Please hold any information on the ACO-1 'Well Completion' and CP-4 'Well Plugging Record' forms for the above referenced well in CONFIDENTIAL for the maximum time as prescribed in K.A.R. 82-3-107 (e)

Thank you –

Don Graber, Owner/Operator
Gra Ex LLC

