

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) (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	MARLA #1
Doc ID	1636160

Tops

Name	Top	Datum
Heebner	3909	-1902
Brown Lime	4080	-2073
Lansing	4101	-2094
Stark	4403	-2396
B/KC	4486	-2479
Pawnee	4553	-2546
Cherokee	4590	-2583
Viola	4643	-2636
Simpson Shale	4792	-2785

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

Well Name: Marla #1
 API: 15-007-24397
 Location: T30S R15W Sec 5, NE NE NE SE
 License Number: 33936
 Spud Date: 11/29/2021
 Surface Coordinates: 2557' FSL, 40' FEL
 37.461638, -98.971848
 Bottom Hole: Vertical Wellbore
 Coordinates: Surveys .75 Degree @ 4900'
 Ground Elevation (ft): 2002' K.B. Elevation (ft): 2007'
 Logged Interval (ft): 3800' To: 4880' Total Depth (ft): 4880'
 Formation: Ordovician (Simpson Shale) @ RTD
 Type of Drilling Fluid: Mud-Co. Chemical Drispac. Displaced Mud @ 2859'-2906'
 Region: Barber Co.
 Drilling Completed: 12/5/2021
 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: efelds@griffinmgmt.com
 316.765.4070

Drilling Report

Murfin Drilling, Rig #104
 Tool Pusher: James Mayfield
 Cell # 785-269-7684

11/29/21
 Spud @ 8:30 PM

11/30/21
 WOC @ 264'

12/1/21
 Drilling @ 1968'

12/2/21
 Drilling @ 3000'

12/3/21
 Drilling @ 3840'

12/4/21
 Drilling @ 4430'

12/5/21
 CFS @ 4830'
 RTD @ 12:30 PM
 Drilled 50' More after Short Trip
 MW Wireline Logged Well 3:45 PM to 6:15 PM
 LDDP

12/6/21
 Run Casing
 Release Rig @ 12:45 PM

12/6/21

Problems

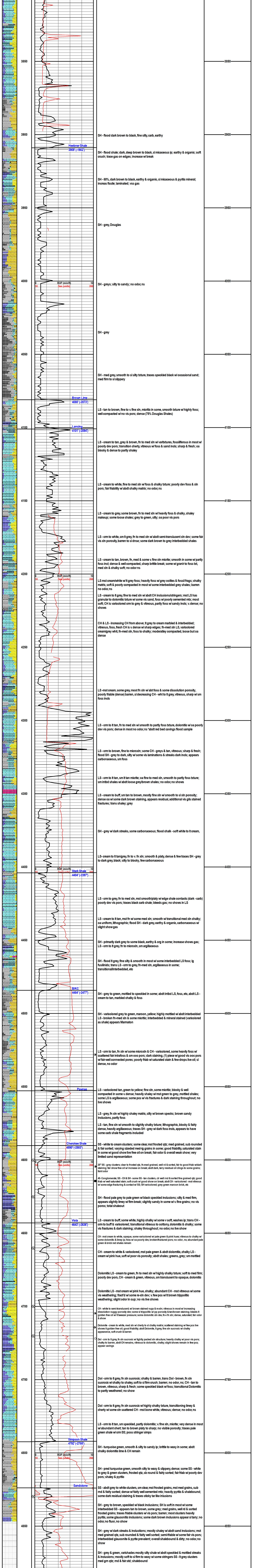
No Bit Trips
 No DSTs

Pipe Setting

8.625" Set @ 264'
 5.5" 15.5# set @ 4870' PBD @ 4770'

ROCK TYPES

Anhy	Congl	Granite	Salt	Siltst
Bent	Dol-cream	Lmst tan	Shale 2	Ss
Brec	Dol	Meta	Shale 1	Tilt
Cht	Gyp	Mrlst	Shol	
Clyst	Igne	Quartz	Shgy	
Coal	Granite 2			



QUALITY WELL SERVICE, INC.

7831

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
11-30-21	5	30S	15W	Barber	Ks		
Lease <i>Marta</i>	Well No. <i>1</i>		Location				
Contractor <i>Murphy D/LG B/G 104</i>				Owner			
Type Job <i>Surface</i>				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 <i>12 1/4</i>	T.D. <i>264'</i>						
Csg. <i>8 5/8</i>	Depth <i>263'</i>			Charge To <i>Gu. flow</i>			
Tbg. Size	Depth			Street			
Tool	Depth			City State			
Cement Left in Csg.	Shoe Joint <i>25'</i>			The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line	Displace <i>15.2 Bbl</i>			Cement Amount Ordered <i>4500 (Common)</i>			
EQUIPMENT				<i>2 1/2" CEL 3 1/2" CL 1/2" PS USFO 3005</i>			
Pumptrk <i>8</i> No.				Common <i>3000</i>			
Bulktrk <i>7</i> No.				Poz. Mix			
Bulktrk No.				Gel. <i>5604</i>			
Pickup No.				Calcium <i>840</i>			
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
DV or Port Collar				CFL-117 or CD110 CAF 38			
<i>Run to H's 8 5/8 23" CSG SET @ 263'</i>				Sand			
<i>START CSG CSG ON BOTTOM</i>				Handling <i>323</i>			
<i>Hook up to CSG ! BREAK CIL W/AG</i>				Mileage <i>25 / 3075</i>			
<i>START PUMPING H2O</i>				FLOAT EQUIPMENT			
<i>START MIX 11" Pump 300 v Common</i>				Guide Shoe			
<i>2 1/2" CEL 3 1/2" CL 1/2" PS @ 14.3 #/CAL</i>				Centralizer			
<i>START DISO</i>				Baskets			
<i>Close Valve on CSG 150' 15.2 Bbl</i>				AFU Inserts			
<i>0.000 CIL thru JOB</i>				Float Shoe			
<i>CIL CIL TO BIT</i>				Latch Down			
<i>[Signature]</i>				<i>SERVICE SON 1 EA</i>			
				<i>LMV 25'</i>			
<i>THANK YOU</i>				Pumptrk Charge <i>Surface</i>			
<i>PLEASE CALL W/AG</i>				Mileage <i>50</i>			
<i>TOO'S MIKE RICHARD!</i>							
X Signature				Tax			
				Discount			
				Total Charge			

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7839

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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
12-6-21	5	30S	15W	BARCEL	Ks		
Lease	MARLA		Well No. #1	Location			
Contractor	MURFIN DELG. R.G. # 104			Owner			
Type Job	5 1/2 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.	4879			
Csg.	5 1/2		Depth	4874			
Tbg. Size			Depth	Charge To			
Tool			Depth	Griffin			
Cement Left in Csg.			Shoe Joint	215			
Meas Line			Displace	115.50			
EQUIPMENT				The above was done to satisfaction and supervision of owner agent or contractor.			
Pumptrk	8 No.		Cement Amount Ordered				
Bulktrk	10 No.		17550 POC 2 1/2 GAL 10% SAIT				
Bulktrk	No.		5 1/2 KOLSEAL .6% C16A .25% CAIP 25% PS				
Pickup	No.		Common 175 5x				
JOB SERVICES & REMARKS				Poz. Mix			
Rat Hole	30 5x		Gel. 329#				
Mouse Hole			Calcium				
Centralizers	1-2-3-4-5-6-7		Hulls				
Baskets			Salt 964#				
D/V or Port Collar			Flowseal 44#				
Ronka H's	5 1/2 " CSG SET @ 4874		Kol-Seal 975#				
START CSG	CSG ON Bottom 1' TNG		Mud CLR 48 500 GAL				
Hook up to CSG	BREAK CIRC w/ 2IG		CFL-117 or CD110 CAF-38- C16A 99#				
DROP Ball	CIRC w/ 2IG		Sand CC-1 9 GAL CAIP 41#				
START Pumping	10 BBL H ₂ O 1246 MF 10 BBL H ₂ O		Handling 217				
PLUG R-H	30 5x		Mileage 2515425				
START mix	13mp 145 5x CSG @ 148		5 1/2 FLOAT EQUIPMENT				
SWT down way	pck RELEAS 5/4 L O PLUG		Guide Shoe H.M 1 EA				
START Diso	w/ 2 1/2 KCL		Centralizer 7 EA				
LIFT PSI	99 out 600#		Baskets				
Plot down	115.50 out 1200#		AFU Inserts				
PSI up	CSG 1700#		Float Shoe 1 EA				
RELEASE HELP	3/4 Bbl BACK		Latch Down 1 EA				
GOOD CIRC	THRU JOB		SERVICE Spv 1 EA				
THANK YOU			LAV 25				
PLEASE CALL AGAIN	TODD Mike x 2		Pumptrk Charge LS				
Signature			Mileage 50				
						Tax	
						Discount	
						Total Charge	