

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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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	CROMER 3-1-4
Doc ID	1636479

Tops

Name	Top	Datum
Heebner	3880	-1904
Brown Lime	4054	-2078
Lansing	4070	-2094
Stark	4380	-2404
B/KC	4448	-2472
Pawnee	4529	-2553
Cherokee	4568	-2592
Viola	4624	-2648
Simpson Shale	4760	-2784

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

Well Name: Cromer 3-1-4
 API: 15-007-24387
 Location: W2-E2-SW SW
 License Number: 33936
 Spud Date: 12/14/2021
 Surface Coordinates: 83' FSL & 1426' FWL
 Section 4-30S-15W
 Bottom Hole Coordinates: Vertical Wellbore
 Ground Elevation (ft): 1971
 Logged Interval (ft): 3800 To: 4800
 Formation: Simpson Shale @ RTD
 Type of Drilling Fluid: Mud-Co. Chemical Drispac
 Region: Barber County
 Drilling Completed: 12/20/2021
 K.B. Elevation (ft): 1976
 Total Depth (ft): 4796
 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

GEOLOGIST

Name: Eli J. Felts
 Company: Griffin Management, LLC
 Address: 126 S. Main
 Pratt, KS 67124

Drilling Report

12/14/2021
 Spud @ 4:45 PM
 12/15/2021
 Drilling @ 350'
 12/16/2021
 Drilling @ 2002'
 12/17/2021
 Drilling @ 2640'
 12/18/2021
 Drilling @ 3490'
 12/19/2021
 Drilling @ 4324'
 12/20/2021
 RTD @ 3:45 AM
 Short Trip @ 4796' (RTD)
 MW Wireline Logged Well 1:30 PM to 5:00 PM
 LDDP
 Run Casing
 12/21/2021
 Plug Down @ 5:45 AM
 Release Rig @ 9:45 AM

Problems

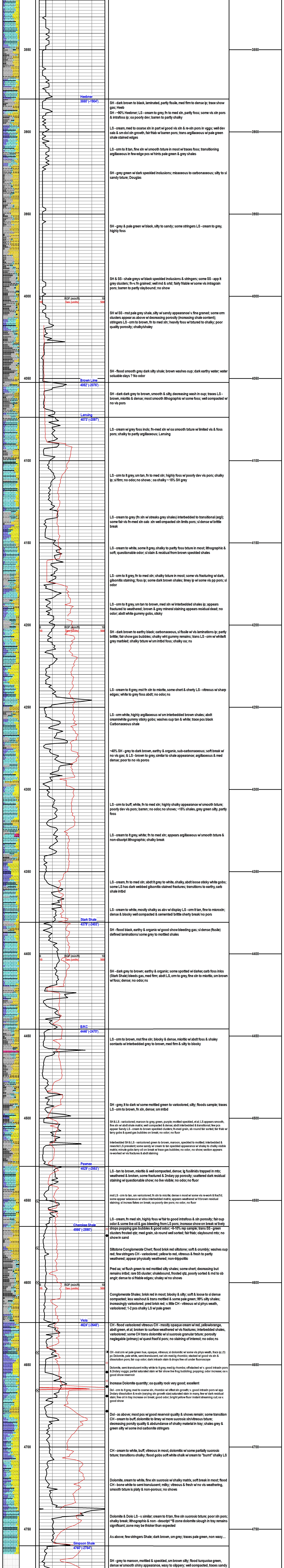
No Problems
 No Bit Trips or DSTs
 Short Trip #1 @ 4796' in 3.5 Hours

Pipe Setting

8.625" 23# Set @ 263'
 5.5" 15.5# Set @ 4794'

ROCK TYPES

Anhy	Bent	Brec	Cht	Clyst	Coal	Congl	Dol-cream	Dol	Gyp	Igne	Granite 2	Granite	Lmst tan	Lmst	Meta	Mrlst	Quartz	Salt	Shale 2	Shale grey	Shale 1	Shcol	Shgy	Siltst	Ss	Till
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QUALITY WELL SERVICE, INC.

7849

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.	Twsp.	Range	County	State	On Location	Finish
12-14-21	4	30S	15W	Barber	KS		
Lease <u>CEMER</u>	Well No. <u>3-1-4</u>		Location				
Contractor <u>Martin DelG. Rig # 104</u>				Owner			
Type Job <u>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 <u>12 1/4</u>	T.D. <u>263'</u>		Charge To <u>Goffin</u>				
Csg. <u>B/S 23"</u>	Depth <u>262'</u>		Street				
Tbg. Size	Depth		City				
Tool	Depth		State				
Cement Left in Csg.	Shoe Joint <u>25'</u>		The above was done to satisfaction and supervision of owner agent or contractor.				
Meas Line	Displace <u>15.2</u>		Cement Amount Ordered <u>400g Common</u>				
EQUIPMENT				<u>2 1/2" CEL 3 1/2" 1 1/2" PS USED 2554</u>			
Pumptrk <u>3</u> No.			Common <u>255</u>				
Bulktrk <u>12</u> No.			Poz. Mix				
Bulktrk No.			Gel. <u>479#</u>				
Pickup No.			Calcium <u>719#</u>				
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal <u>120"</u>			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
DV or Port Collar				CFL-117 or CD110 CAF 38			
<u>Ran 6 hrs 25/0 23" Csg set @ 262'</u>				Sand			
<u>START Csg. Csg on Bottom</u>				Handling <u>274</u>			
<u>Hook up to Csg & BREAK CIRCUIT W/ 216</u>				Mileage <u>25 / 6850</u>			
<u>START Pumping 10 Bbls H2O</u>				FLOAT EQUIPMENT			
<u>START Mix Pump 255 &</u>				Guide Shoe			
<u>Common 2 1/2" CEL 3 1/2" 1 1/2" PS & 14 3 1/2" CEL</u>				Centralizer			
<u>START DISP</u>				Baskets			
<u>Close Valve on Csg 15.2 Bbls 150#</u>				AFU Inserts			
<u>Flow Circ thru JBS</u>				Float Shoe			
<u>Circ Off to Det</u>				Latch Down			
				<u>SERVICE Spv 1 FA</u>			
				<u>LMV 25'</u>			
				Pumptrk Charge <u>Surface</u>			
				Mileage <u>50</u>			
<u>THANK YOU</u>				Tax			
<u>PLEASE CALL AGAIN</u>				Discount			
<u>TOO! MIKE x 2</u>				Total Charge			
Signature <u>[Signature]</u>							

QUALITY WELL SERVICE, INC.

7852

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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	
12-21-21	4	30S	15W	BARBER	Ks			
Lease	Cromer		Well No.	31-4				Location
Contractor	Muefin Delg. Rig # 124			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.	4797					
Csg.	5 1/2	Depth	4794					
Tbg. Size		Depth	Charge To Griffin					
Tool		Depth	Street					
Cement Left in Csg.		Shoe Joint	2097					
Meas Line		Displace	113.6					
EQUIPMENT			Cement Amount Ordered 1755c Prol 21/2 Fel 10% Salt					
Pumptrk	8	No.	5 1/2 Kalsol .6% C16A .25% CAIP 25 1/2 P.					
Bulktrk	10	No.	Common 175					
Bulktrk		No.	Poz. Mix					
Pickup		No.	Gel. 329 #					
JOB SERVICES & REMARKS			Calcium					
Rat Hole	30sc		Hulls					
Mouse Hole			Salt 964 #					
Centralizers	1-2-3-4-5-6-7		Flowseal 44 #					
Baskets			Kol-Seal 875 #					
D/V or Port Collar			Mud CLR 48 500 GAL					
Rat Hole 30sc			CFL-117 or CD-110-CAF-38 C16A 99 #					
START CS6 CS6 on Bottom TAG			Sand CC-1 9 GAL CAIP 41 #					
Hook into CS6 Break circ within			Handling 217					
Drop Ball circ within			Mileage 25 / 5425					
START Pumping 10 bbls H2O 12 bbls MF 10 bbls H2O			5 1/2 FLOAT EQUIPMENT					
Plug R. Hole 30sc			Guide Shoe 1 1/2 117 1 EA					
START mix 145cc Prol 14.8% CAL + CS6			Centralizer 7 EA					
SHUT down Washup tek Release 5 1/2 LO Plug			Baskets					
START DISJ W/ 2% KLL			AFU Inserts					
LEFT PSI 78 bbls out 600 #			Float Shoe 1 EA					
Plug Down 113.6 bbls out 1500 #			Latch Down 1 EA					
Plug up CS6 1700 #			SERVICE SUPV 1 EA					
RELEASE! HELD 1/2 bbl Back			LMV 25					
1000 circ thru JO3			Pumptrk Charge LS					
Thank You			Mileage 50					
PLEASE Call Muefin TOOD Mike & Chad			Tax					
Signature			Discount					
			Total Charge					