

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	AMBER #1
Doc ID	1638386

All Electric Logs Run

CNL/CDL
Dual Induction
Micro
RAG

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Well Name	AMBER #1
Doc ID	1638386

Tops

Name	Top	Datum
Heebner	3896	-1893
Brown Lime	4060	-2057
Lansing	4072	-2069
Stark	4380	-2377
B/KC	4462	-2459
Pawnee	4520	-2517
Cherokee	4552	-2549
Viola	4594	-2591
Simpson Shale	4735	-2732

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

Well Name: Amber #1
 API: 15-151-22540
 Location: T29S R15W Sec 28, SE SE NE
 License Number: 33936
 Spud Date: 1/28/2022
 Surface Coordinates: Lat: 37.493 Long: -98.958638
 Bottom Hole Coordinates: Vertical Wellbore
 Ground Elevation (ft): 1998 K.B. Elevation (ft): 2003
 Logged Interval (ft): 3500 To: 4820 Total Depth (ft): 4820
 Type of Drilling Fluid: Arbutckle Dolomite @ RTD
 Mud-Co. Chemical Drispac
 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+2711

GEOLOGIST

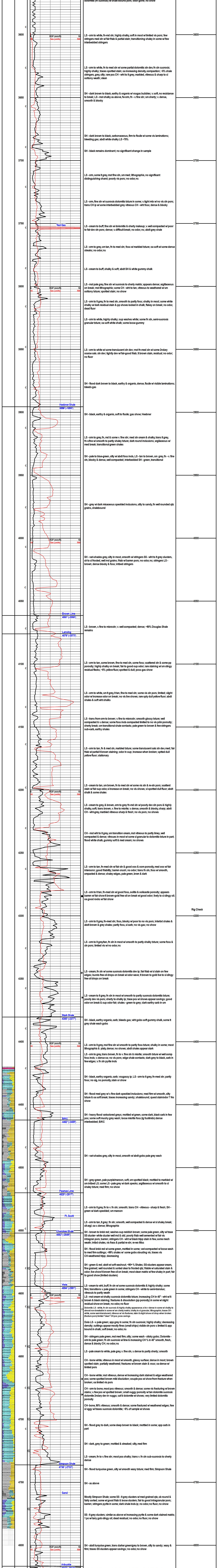
Name: Eli J. Felts
 Company: Griffin Management, LLC
 Address: 126 S. Main
 Pratt, KS 67124 + 2711

Drilling Report

1/28/2022
 Spud @ 3:45 PM
 1/29/2022
 Drilling @ 305'
 1/30/2022
 Drilling @ 2280'
 1/31/2022
 Drilling @ 3300'
 2/1/2022
 Drilling @ 4260'
 2/2/2022
 Drilling @ 4700'
 RTD @ 2:15 PM
 2/3/2022
 LDDP & Run Casing

Problems

No Bit Trips
 No DSTs
 Hit Bridge Logging @ 1150'. Closed Calipers
 RAG log only.



QUALITY WELL SERVICE, INC.

7879

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
1-28-22	23	29S	15W	Pratt	Ks		
Lease Amber	Well No. 1	Location CROFT, Kc S to 10th Rd 1/4 E					
Contractor MURFIN DELG RIG # 104	Owner S' E into			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.			
Type Job SURFACE	Hole Size 12 1/4			T.D. 256	Charge To GRIFFIN		
Csg. 85/B 233	Depth 255			Tbg. Size			
Tool	Depth			Street			
Cement Left in Csg.	Shoe Joint 25'			City			
Meas Line	Displace 14.75			State			
EQUIPMENT				2 1/2' FEL 3 1/2' CL 1/2" PS USED 260 CS			
Pumptrk 3 No.	Common 260 CS						
Bulktrk 12 No.	Poz. Mix						
Bulktrk No.	Gel. 489 #						
Pickup No.	Calcium 733 #						
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal 130 #			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
RW 7 H'S 85/B 23 CS6 SET 2				Sand			
START CS6 CS600 Bottom Hook up to CS6				Handling 230			
BREAL CIRC W/IRIG				Mileage 25 / 7000			
START Pumping H2O				FLOAT EQUIPMENT			
START H 1/2 Pump 260 CS Common				Guide Shoe			
2 1/2' GEL 3 1/2' CL 1/2" PS 2 14.8" GAL				Centralizer			
START DISO				Baskets			
Close valve on CCG				AFU Inserts			
14.75 350 out - 150'				Float Shoe			
Good circ thru JOB				Latch Down			
CIRC CMT TO PET				SERVICE Sp. 1 EA			
				LMV 2S			
				Pumptrk Charge Surface			
				Mileage 50			
THANK YOU				Tax			
PLEASE CALL AGAIN TOM M. KE. NATHAN				Discount			
Signature <i>[Signature]</i>				Total Charge			

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7881

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Office 620-727-3410
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Date	Sec.	Twp.	Range	County	State	On Location	Finish
02-3-22	20	29S	15W	PRATT	Ks		
Lease	Amber		Well No.	41			
Contractor	Munition Dels RIG # 104		Location	Q2FT Ks 3 to 100th rd 1/4 E			
Type Job	5/2 LS		Owner	SIE into			
Hole Size	7 7/8		T.D.	4820			
Csg.	5/2 15.5		Depth	4825.15			
Tbg. Size			Charge To	Griffin			
Tool			Street				
Cement Left in Csg.			City	State			
Meas Line			Shoe Joint	21.25			
EQUIPMENT			Displace	114.33			
Pumptrk	8 No.		Cement Amount Ordered	175x Proc. 21.6EL			
Bulktrk	10 No.		D/SALT 5 1/2 x Kolseal bit C16A 25% CAIP 25 1/2 #				
Bulktrk	No.		Common	175			
Pickup	No.		Poz. Mix				
JOB SERVICES & REMARKS			Gel.	32.9 #			
Rat Hole	30x		Calcium				
Mouse Hole			Hulls				
Centralizers	1-2-3-4-5-6-7		Salt	964 #			
Baskets			Flowseal	44 #			
D/V or Port Collar			Kol-Seal	875 #			
Run	H's 5/2 15.5' CSG SET d		Mud CLR 48	500 GAL			
START CSG CSG ON BOTTOM TAG			CFL-117-or-GD110-CAF-38	C16A 99'			
Hook into CSG & BREAK CIRC W/ RIG			Sand	CC-19 GAL CAIP 41 #			
DROP Ball & Circ w/ RIG			Handling	217			
START Pumping 10 Bbls H's 12 Bbls MF 10 Bbls H's			Mileage	25 / 5425			
Plug & Hole 30x			5/2 FLOAT EQUIPMENT				
Mix: Pump 145x Proc. d 14.8 #/GAL			Guide Shoe	H-M 1 EA			
SHUT DOWN WASH UP TEL RELEASE 5/2 LOP			Centralizer	7 EA			
START DISH W/ 2% KCL			Baskets				
HFT PSN 98 out 600 #			AFU Inserts	1			
Plug Down 114.33 out 1300 #			Float Shoe	1 EA			
PS up on CSG 1700 #			Latch Down	1 EA			
RELEASE HELD 1/2 Bbl BACK			SERVICE TOOL	1 EA			
(200 circ thru JOB			LMV 25				
THANK YOU			Pumptrk Charge	LS			
PLEASE CALL AGAIN TOM MILES			Mileage	50			
NARITAN DEZEK			Tax				
Signature: <i>J.M.</i>			Discount				
			Total Charge				