

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	ANDREA #1
Doc ID	1638389

Tops

Name	Top	Datum
Heebner	3952	-1920
Brown Lime	4114	-2082
Lansing	4129	-2097
Stark	4432	-2400
B/KC	4518	-2486
Pawnee	4586	-2554
Cherokee	4624	-2592
Simpson Shale	4844	-2812

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

Well Name: Andrea #1
 API: 15-151-22539
 Location: SW SE SW of 29 29s 15w
 License Number: 33936
 Spud Date: 1/12/2022
 Surface Coordinates: Lat: 37.485781
 Long: -98.988154
 Bottom Hole Coordinates: Same as surface coordinates
 Ground Elevation (ft): 2027' K.B. Elevation (ft): 2032'
 Logged Interval (ft): 3800' To: 4862' Total Depth (ft): 4862'
 Formation: Ordovician (Simpson) @ RTD
 Type of Drilling Fluid: 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: ejfelts47@gmail.com
 316.765.4070

Drilling Report

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

1/12/2022
 Spud @ 4:45 PM

1/13/2022
 Drilling @ 520'

1/14/2022
 Drilling @ 2319'

1/15/2022
 Drilling @ 3272'

1/16/2022
 Drilling @ 4150'

1/17/2022
 CFS @ 4755'
 RTD @ 4862' - 11:45 AM
 Start Logging @ 11:30 PM

1/18/2022
 Done Logging @ 2:45 AM
 LDDP
 Run Casing - Plug Down @ 5:30 PM
 Released Rig @ 9:30 PM

Problems

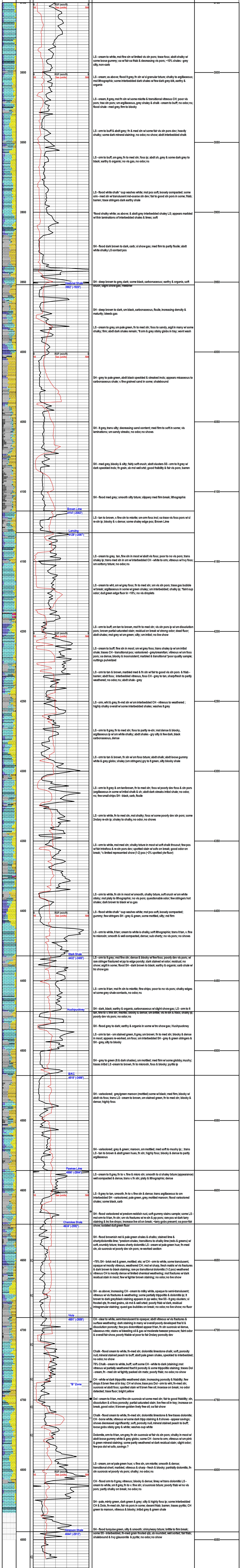
No Major Problems
 Short Trip #1 - 73 Stands in 5 Hours
 Short Trip #2 - 15 Stands in 1 Hour

Pipe Setting

8.625" (23#) Surface @ 264'
 5.5" (15.5#) Production @ 4859'

ROCK TYPES

Anhy	Congl	Granite	Salt	Shgy
Bent	Dol-cream	Lmst tan	Shale 2	Siltst - gre
Brec	Dol	Lmst	Sh - maroon	Siltst
Cht	Gyp	Meta	Shale grey	Ss
Clyst	Igne	Mrlst	Shale 1	Till
Coal	Granite 2	Quartz	Shcol	



QUALITY WELL SERVICE, INC.

7859

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
1-12-22	29	29S	15W	Pratt	Ks		
Lease Andlea	Well No. 1	Location CROFT Ks S to 112 nd rd 1/2 E					
Contractor Mufw Dr/G R/a 104	Owner N.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 05/B	Hole Size 12 1/4			T.D. 269	Charge To 05/B		
Csg. 05/B 23	Tbg. Size			Depth 263	Street		
Tool	Depth			City	State		
Cement Left in Csg.	Shoe Joint 20			The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line	Displace 15.5			Cement Amount Ordered 290 sl Common			
EQUIPMENT				21 GEL 3 1/2" (1/2" P)			
Pumptrk 9 No.	Common 270						
Bulktrk 15 No.	Poz. Mix						
Bulktrk No.	Gel. 509 #						
Pickup No.	Calcium 761						
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			
R. b. H's 05/B 22' csg str 763'				Sand			
Csg on Bottom Hook up to Csg!				Handling 290			
BREAK PIC W/CIG				Mileage 25 / 7250			
START PUMPING 10 Bbls Hr.				FLOAT EQUIPMENT			
START 11" P. W 270 SL				Guide Shoe			
Common 2 1/2 GEL 3 1/2" (1/2" P) 0 1/4 B/bl				Centralizer			
START DIS				Baskets			
Close Valve on Csg 15.5 Bbl 150'				AFU Inserts			
Add CIG thru JOBS				Float Shoe			
CIG OUT TO RAT				Latch Down			
				SERVICE Spn 1 EA			
				LMV 25'			
				Pumptrk Charge 5x FAC			
I HANK YOU				Mileage 50			
PLEASE CALL AGAIN							
DODD Mike Richard							
Signature				Tax			
				Discount			
				Total Charge			

QUALITY WELL SERVICE, INC.

7869

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
1-18-77	29	29S	15W	Pratt	Ks		
Lease Andrea		Well No. 1		Location CROFT, K1 S to 110 th Ed 1/3 E 1/4 E 1/4			
Contractor Muffin Dels Rig + 104				Owner			
Type Job 5/2 LS				To Quality Well Service, Inc.			
Hole Size 77/8				You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Csg. 5' 15.5		T.D. 4863		Depth 4864.13		Charge To Griffin	
Tbg. Size		Depth		Street			
Tool		Depth		City		State	
Cement Left in Csg.		Shoe Joint 18.25		The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line		Displace 115.33		Cement Amount Ordered 175g P.C. 2 1/2 FEL 10% SA 14 5 1/2 V. GAL			
EQUIPMENT				6 1/2 C16A 25% C41P 25 1/2 PS			
Pumptrk 3	No.			Common 175			
Bulktrk 10	No.			Poz. Mix			
Bulktrk	No.			Gel. 329"			
Pickup	No.			Calcium			
JOB SERVICES & REMARKS				Hulls			
Rat Hole 30x				Salt 96A ^F			
Mouse Hole				Flowseal 44 ^B			
Centralizers 1-2-3-4-5-6-7				Kol-Seal 875 ^F			
Baskets				Mud CLR 48 500 GAL			
D/V or Port Collar				CFE-117-or-GD110-CAF-38 C16A 99 ^F			
Run 11' 5' 15.5" Csg. SET @ 4859				Sand CC-1 9 GAL C41P 41 [#]			
START CSG CSG on Bottom! TAG				Handling 217			
Hook onto Csg & BREAK CIRCULAR				Mileage 2515425			
DOSP Ball! CIRCULAR				5/2 FLOAT EQUIPMENT			
START Pumping 10 Bbls H2O 12 Bbls MF 10 Bbls H2O				Guide Shoe H!M 1EA			
Plug B-Hole 30x				Centralizer 7EA			
Mix! Pump 145g P.C. & CSG @ 14.8"/GAL				Baskets			
SHUT DOWN WASHUP tek Release SKLN PLS.				AFU Inserts			
START DISC W/ 2 1/2 K.L.				Float Shoe 1EA			
LIFT PS 99 out 600'				Latch Down 1EA			
Plug DOWN 115.33 out 1200'				SERVICE SP. 1EA			
PS on 22 Csg 1700'				LAV 25			
RELEASE & HELD 1/2 Bbl BACK				Pumptrk Charge LS			
Good CIRCULAR THIS JOB				Mileage 50			
THANK YOU							
PLEASE CALL AGAIN - TODD MAKE KIRK							
Signature <i>[Signature]</i>				Tax			
				Discount			
				Total Charge			