

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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QUALITY WELL SERVICE, INC.

7882

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
2-6-22	5	37S	15W	BARBER	KS		
Lease <i>Maola</i>	Well No. <i># 2</i>		Location <i>CROSS K1 S 40 & E ACROSS CATTLE GRASS</i>				
Contractor <i>FOSSIL DRILL RIG #</i>				Owner <i>F to P. in S into</i>			
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>260'</i>					
Csg. <i>5/8 23'</i>	Depth	<i>252'</i>		Charge To	<i>Griffin</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>14.53</i>		Cement Amount Ordered		<i>400 sq Common</i>		
EQUIPMENT				<i>2 1/2 GAL 3 1/2 CC 1/2" PS - USED 270 SC</i>			
Pumptrk <i>3</i> No.			Common <i>270</i>				
Bulktrk <i>12</i> No.			Poz. Mix				
Bulktrk No.			Gel. <i>502</i>				
Pickup No.			Calcium <i>761</i>				
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal <i>135</i>			
Centralizers -				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
<i>Run 6 H's 8 5/8 23" CSG SET d 252'</i>				Sand			
<i>START CSG CSG ON Bottom</i>				Handling <i>293</i>			
<i>Work into CSG - BREAK circ w/ rig</i>				Mileage <i>251 7325</i>			
<i>Run 1 star Pumping 10 Bbls H2O</i>				FLOAT EQUIPMENT			
<i>START mix Pump 270 sq. Common</i>				Guide Shoe			
<i>2 1/2 GAL 3 1/2 CC 1/2" PS d 14.8 1/2 GAL</i>				Centralizer			
<i>START DISO</i>				Baskets			
<i>Close Valve on CSG 150" 14.53 Bbls</i>				AFU Inserts			
<i>Good Circ thru JDS</i>				Float Shoe			
<i>Circ CMT TO DET</i>				Latch Down			
				<i>SERVICE SUP 1 FA</i>			
				<i>IMV 25</i>			
				Pumptrk Charge <i>SURFACE</i>			
				Mileage <i>50</i>			
<i>THANK YOU</i>				Tax			
<i>PLEASE CALL AGAIN</i>				Discount			
<i>TOO Mike! Nathan</i>				Total Charge			
Signature				<i>Bob Thompson</i>			

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Date	Sec.	Twp.	Range	County	State	On Location	Finish
2-14-22	5	30S	15W	Barber	Ks		
Lease <i>Mazda</i>	Well No. <i>2</i>		Location <i>CROFT, K) S to Y E 1 mile through Callie</i>				
Contractor <i>Fossil D216 RC</i>				Owner <i>G. Ad to D.G.</i>			
Type Job <i>5 1/2 L.S.</i>				To Quality Well Service, Inc.			
Hole Size <i>7 7/8</i>	T.D. <i>4331</i>		You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.				
Csg. <i>5 1/2</i>	Depth <i>4324.19</i>		Charge To <i>G. Ad</i>				
Tbg. Size	Depth		Street				
Tool	Depth		City State				
Cement Left in Csg.	Shoe Joint <i>21.16</i>		The above was done to satisfaction and supervision of owner agent or contractor.				
Meas Line	Displace <i>114.31</i>		Cement Amount Ordered <i>175cc Proc 2 1/2 GAL 10 1/2 SAIT</i>				
EQUIPMENT				<i>5 1/2 Kol Seal .61 CIA .25% CAIP .25 1/2 PS</i>			
Pumptrk <i>3</i> No.			Common <i>175 cc</i>				
Bulktrk <i>10</i> No.			Poz. Mix				
Bulktrk No.			Gel. <i>329"</i>				
Pickup No.			Calcium				
JOB SERVICES & REMARKS				Hulls			
Rat Hole <i>355</i>			Salt <i>91A"</i>				
Mouse Hole <i>2055</i>			Flowseal <i>44"</i>				
Centralizers <i>1-2-3-4-5-6-7</i>			Kol-Seal <i>875"</i>				
Baskets			Mud CLR 48 <i>500 GAL</i>				
D/V or Port Collar			CFL-117-or-CD110-GAF-38 <i>C16A 99"</i>				
<i>Ran this 5 1/2 155" csg. set</i>			Sand <i>CC-1 9 GAL CAIP 41"</i>				
<i>START csg. csg on Bottom i' TAA</i>			Handling <i>217</i>				
<i>Hook up to csg & BREAK csg w/ 216</i>			Mileage <i>251.5425</i>				
<i>DROP BALL! csg w/ 216</i>			5 1/2 FLOAT EQUIPMENT				
<i>START RUNNING 10 1/2 H2 12 1/2 H2 12 1/2 H2</i>			Guide Shoe <i>H: M 1 EA</i>				
<i>START PULI B-H 3055 - 175 cc</i>			Centralizer <i>7 EA</i>				
<i>START mix! Pump 1 2555 Proc. 0 1/4 8" / gal</i>			Baskets				
<i>SHUT DOWN, wash up talk RELEASE 5 1/2 L.O 11/10</i>			AFU Inserts				
<i>START DISP w/ 216 KILL</i>			Float Shoe <i>1 EA</i>				
<i>LIFT ps: 93 out 600"</i>			Latch Down <i>1 EA</i>				
<i>PULI DOWN 114.31 out 1200"</i>			SERVICE SPD <i>1 EA</i>				
<i>PS. on csg. 1700"</i>			LMV 25				
<i>RELEASE! HELD 1/2 351 back</i>			Pumptrk Charge <i>LS</i>				
<i>(1000) csg thru JOB</i>			Mileage <i>50</i>				
<i>THANK YOU</i>			Tax Discount Total Charge				
<i>PLEASE CALL AGAIN TOMM MIKE NATHAN</i>							
X Signature <i>[Signature]</i>							

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

Well Name: Marla #2
 API: 15-007-24400
 Location: T30S R15W Sec 5, E2 E2 SE
 License Number: 33936
 Spud Date: 2/6/2021
 Surface Coordinates: 1320 FSL, 330 FEL
 Long: -98.976424
 Bottom Hole Vertical Wellbore
 Coordinates: Surveys .75 Degree @ 4900'
 Ground Elevation (ft): 1985' K.B. Elevation (ft): 1997'
 Logged Interval (ft): 2800' To: 4830' Total Depth (ft): 4830'
 Formation: Ordovician (Simpson Shale) @ RTD
 Type of Drilling Fluid: Mud-Co. Chemical Drispac. Displaced Mud @ ~2700'
 Region: Barber Co.
 Drilling Completed: 2/13/2022
 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: efelts@griffinmgmt.com
 316.765.4070

Drilling Report

Fossil Drilling, Rig #3
 Tool Pusher: Gale
 Cell # 620-388-5696

Pipe Setting

8.625" Set @ 252'
 5.5" 15.5# set @ 4823'

ROCK TYPES

