

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 Recompletion Date \_\_\_\_\_ 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.

7895

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
2-20-22	8	30S	15W	Barber	Ks		
Lease	LITTLE		Well No.	1			
Location							
Contractor Foss. / Dalg RIG				Owner			
Type Job Surface				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 12 1/4		T.D. 260'		Charge To Griffin			
Csg. 35/3		Depth 251		Street			
Tbg. Size		Depth		City			
Tool		Depth		State			
Cement Left in Csg.		Shoe Joint 20		The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line		Displace 14.35		Cement Amount Ordered 275 & Common			
<b>EQUIPMENT</b>				2' GEL 3' CL 1/2' PS			
Pumptrk 3	No.			Common 275 &			
Bulktrk 12	No.			Poz. Mix			
Bulktrk	No.			Gel. 517 #			
Pickup	No.			Calcium 776 #			
<b>JOB SERVICES &amp; REMARKS</b>				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal 13.3'			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
Run to this 95/3 23" csg. SET @ 250'				Sand			
START csg. csg. on Bottom Hook up to CV.				Handling 299			
: BREAK csg. with RIG				Mileage 25 / 7475			
START Running H2O				<b>FLOAT EQUIPMENT</b>			
START mix # Pump 275 & Common				Guide Shoe			
2' GEL 3' CL 1/2' PS @ 14.3 #/cyl				Centralizer			
START DISO				Baskets			
Close Valve on csg. 14.35 3bl. 150 #				AFU Inserts			
Gono circ thro 303				Float Shoe			
circ CMT TO PIT				Latch Down			
THANK YOU				SERVICE Srs 1 FA			
PLEASE CALL AGAIN				LML 25'			
Tom Milic NATHAN				Pumptrk Charge Surface			
				Mileage 50			
				Tax			
				Discount			
				Total Charge			
X Signature G.A. Nathan							

# QUALITY WELL SERVICE, INC.

7901

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
3-2-22	8	30S	15W	BARBER	KS		
Lease	Whitley		Well No.	* 1			
Contractor	Fossil Drilling R.G. # 3			Location CROFT, KS 3 S to 4 E thru COTTLE GUARD			
Type Job	5 1/2 L.S.			Owner to tank BOTTLE S' W into			
Hole Size	7 7/8		T.D.	4340'			
Csg.	15 1/2 15.5		Depth	4330'			
Tbg. Size			Depth	Street			
Tool			Depth	City State			
Cement Left in Csg.			Shoe Joint	21.14			
Meas Line			Displace	114.45			
EQUIPMENT				5 1/2 KOLCAL 6 1/2 C16A .25% CAIP 25 1/2 K PS			
Pumptrk	3	No.		Common 175x			
Bulktrk	10	No.		Poz. Mix			
Bulktrk		No.		Gel. 329"			
Pickup		No.		Calcium			
JOB SERVICES & REMARKS				Hulls			
Rat Hole	305x			Salt 964#			
Mouse Hole	205x			Flowseal			
Centralizers	1-2-3-4-5-6-7			Kol-Seal 875"			
Baskets				Mud CLR 48 500 GAL			
D/V or Port Collar				CFL-117 or CD110 CAF 38 C16A 99#			
Ran	At 15 1/2 15.5" CSG SET @			Sand CC-19 GAL CAIP 41"			
	START CSG CSG ON Bottom & TAG			Handling 217			
	Hook up to csg & BREAK circ w/ RIG			Mileage 25 / 5425			
	DROP BALL! circ w/ RIG			5 1/2 FLOAT EQUIPMENT			
	START Pumping 10 Bbls H2O 12 Bbls MF 10 Bbls H2O			Guide: Shoe H: M 1 EA			
	START Plug B-M Holes 505x			Centralizer 7 EA			
	START mic! Pump 125x PROC & CSG @ 14.9 1/2 GAL			Baskets			
	SHUT DOWN wash up tck RELEASE 5 1/2 L O PLUG			AFU Inserts			
	START DISP w/ 2 1/2 KCL			Float Shoe 1 EA			
	LIFT PSI 100 Bbls out 600"			Latch Down 1 EA			
	Plug Down 114.5 Bbls 1300"			SERVICE SURV 1 EA			
	Psi up csg 1300"			LMV 25			
	RELEASE! HELD 1/2 Bbl BACK			Pumptrk Charge LS			
	Good circ thru JOB			Mileage 50			
	THANK YOU			Tax			
	PLEASE CALL AGAIN TOMORROW mike Nathan			Discount			
Signature				Total Charge			

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

Well Name: **Whitley #1**  
 API: **15-007-24403**  
 Location: **N2 NE NE of Sec 8 T30S R15W**  
 License Number: **33936**  
 Spud Date: **2/20/2022**  
 Surface Coordinates: **Lat: 37.455699 Long: -98.976473**  
 Bottom Hole Coordinates: **Vertical Wellbore**  
 Ground Elevation (ft): **1979'**  
 Logged Interval (ft): **3800'** To: **4840'** Total Depth (ft): **4842'**  
 Formation: **Ordovician (Simpson Shale) @ RTD**  
 Type of Drilling Fluid: **Mud-Co. Chemical Drispac.**  
 Region: **Barber Co.**  
 Drilling Completed: **3/02/2022**  
 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: Gayle  
 Cell # 620-639-1843

**Pipe Setting**

8.625" Set @ .5# Set @ 4848'. PBDT 4829' ~145 sxs.

**ROCK TYPES**

