

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.

7900

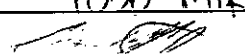
Federal Tax I.D. # 481187368

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		
3-1-22	9	30S	15W	PARBER	KS				
Lease STACY	Well No. 3	Location CROFT Kc S to ? F thru cattle post cattle pens							
Contractor Morfin DZLG RG RM				Owner S: W into					
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.	275'							
Csg. 35/3	Depth	275'		Charge To	Griffin				
Tbg. Size	Depth	Street							
Tool	Depth	City			State				
Cement Left in Csg.	Shoe Joint	70		The above was done to satisfaction and supervision of owner agent or contractor.					
Meas Line	Displace	16.3		Cement Amount Ordered 400 sx Common					
EQUIPMENT				2 1/2 GEL 3 1/2 CC 1/2" PS					
Pumptrk 8 No.				Common 215 sx					
Bulktrk 12 No.				Poz. Mix					
Bulktrk No.				Gel. 400 #					
Pickup No.				Calcium 1000 #					
JOB SERVICES & REMARKS				Hulls					
Rat Hole				Salt					
Mouse Hole				Flowseal 103					
Centralizers				Kol-Seal					
Baskets				Mud CLR 48					
D/V or Port Collar				CFL-117 or CD110 CAF 38					
Run 7 H's 8 5/8 23" CSG SET @ 275'				Sand					
START CSG CSG ON Bottom Work up to				Handling 233					
CSG # BREAK ca 1.0 rig				Mileage 25 / 5325					
START Pumping H2O				FLOAT EQUIPMENT					
START MIX: Pono 215 sx Common				Guide Shoe					
2 1/2 GEL 3 1/2 CC 1/2" PS 7 1/4 3 1/2 gal				Centralizer					
START DISP				Baskets					
CLOSE VALVE ON CSG 16.3 150'				AFU Inserts					
Good Circ. thru #03				Float Shoe					
Circ. CMT TO PIT				Latch Down					
				SERVICE SUPV 1 EA					
				LMV 25					
				Pumptrk Charge SURFACE					
				Mileage 50					
THANK YOU PLEASE CALL AGAIN TODD MIKE NATHAN									
								Tax	
								Discount	
X Signature 								Total Charge	

QUALITY WELL SERVICE, INC.

7904

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
3-6-22	9	30S	15W	Barber	Ks		
Lease	STACY		Well No. #3	Location			
Contractor	Murtin Oil Rig #104			Owner			
Type Job	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. 4760 4764				
Csg.	5/2 15.5'		Depth 4751.23	Charge To Griffen			
Tbg. Size			Depth	Street			
Tool			Depth	City State			
Cement Left in Csg.			Shoe Joint 20.53	The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line			Displace 112.59	Cement Amount Ordered 175cc Pac 2% Gel 10% Salt 5% Kol Seal			
EQUIPMENT				6' C16A .25' CAIP 25" x PS			
Pumptrk	8	No.		Common 175cc			
Bulktrk	10	No.		Poz. Mix			
Bulktrk		No.		Gel. 329'			
Pickup		No.		Calcium			
JOB SERVICES & REMARKS				Hulls			
Rat Hole	37 cc			Salt 96A'			
Mouse Hole				Flowseal 44'			
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'			
Rig	H's 5/2 15.5' csg set			Sand CC-1 9 GAL CAIP 41'			
	START CSG CSG ON BOTTOM Hook up to CSG			Handling 217			
	BREAK CIRCULAR DEEP BALL CIRCULAR			Mileage 25/5425			
	START PUMPING 10 BBL H ₂ O 12 BBL MF 10 BBL H ₂ O			5/2 FLOAT EQUIPMENT			
	START MIX 30 cc R. HOLE			Guide Shoe H' M 1 EA			
	START MIX Pump 145 cc Pac & CSG @ 14 3/4 GAL			Centralizer 7 EA			
	SHUT DOWN WITH CHECK RELEASE 5/2 LD PLUG			Baskets			
	START M.S. W/ 2% KLL			AFU Inserts			
	LIFT AS 96 600"			Float Shoe 1 EA			
	PLUG DOWN 113 out 1400"			Latch Down 1 EA			
	D/V on csg 1300"			SERVICE GUN 1 EA			
	RELEASE HELD 1/2 way BACK			LMV 25			
	GOOD CIRC. thru JOB			Pumptrk Charge LS			
	THANK YOU			Mileage 50			
	PLEASE CALL AGAIN						
	Tom M. Nathan						
X Signature	[Signature]						
				Tax			
				Discount			
				Total Charge			

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

Well Name: Stacy #3
 API: 15-007-24399
 Location: S2 SE SW NW - 2340' FNL & 990' FWL
 License Number: 33936
 Spud Date: 3/1/2022
 Surface Coordinates: Lat: 37.449769 Long: -98.971856
 Bottom Hole: Vertical Wellbore
 Coordinates: 1926' K.B. Elevation (ft): 1931'
 Ground Elevation (ft): 3800' To: 4760' Total Depth (ft): 4760'
 Logged Interval (ft): 3800'
 Formation: Ordovician (Simpson Shale) @ RTD
 Type of Drilling Fluid: Mud-Co. (Chemical Drispac. Displaced Mud @ 2861-87' 700 bbls
 Region: Barber Co.
 Drilling Completed: 3/5/2022
 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

Murfin 104
 James Mayfield
 3/1/22
 Spud @ 11:15 AM
 Set Surface
 3/2/2022
 Drilling @ 731'
 3/3/2022
 Drilling @ 2734'
 3/4/2022
 Drilling @ 3885'
 3/5/2022
 Drilling @ 4600'
 RTD @ 3:45 PM
 3/6/2022
 Start Logging @ 12:30 AM to 3:30 AM
 Run Casing
 Release Rig @ 8:45 PM

Problems

None - No Bit Trips - No DSTs
 Short Trip @ 4760' 3.5 Hours

Pipe Setting

8.625" Set @ 275'. 215 sxs.
 5.5" 15.5# Set @ 4751'. 175 sxs.

ROCK TYPES

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