

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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	WHITLEY #2
Doc ID	1660658

Tops

Name	Top	Datum
Heebner	3898	-1916
Brown Lime	4070	-2089
Lansing	4088	-2106
Stark Shale	4398	-2416
B/KC	4480	-2498
Pawnee	4546	-2564
Cherokee Shale	4588	-2606
Viola	4650	-2668
Simpson Shale	4792	-2810

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

Well Name: Whitley #2
 API: 15-007-24414
 Location: E2 SW NE NE of Sec 8 T30S R15W
 License Number: 33936
 Spud Date: 5/10/2022
 Surface Coordinates: Lat: 37.453523 Long: -98.978206
 Bottom Hole Coordinates: Vertical Wellbore
 Ground Elevation (ft): 1977' K.B. Elevation (ft): 1982'
 Logged Interval (ft): 3800' To: 4834' Total Depth (ft): 4834'
 Formation: Ordovician (Simpson Shale) @ RTD
 Type of Drilling Fluid: Mud-Co. Chemical Drispac. - Displaced 2863'-2889'
 Region: Barber Co.
 Drilling Completed: 5/15/2022
 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 #1104
 Tool Pusher: James Mayfield
 Cell # 785-269-7684

5/10/2022
 Spud @ 8:30 PM

5/11/2022
 WOC @ 263'

5/12/2022
 Drilling @ 1800'

5/13/2022
 Drilling @ 2836'

5/14/2022
 Drilling @ 3660'

5/15/2022
 Drilling @ 4440'
 RTD @ 8:45 PM
 Short Trip

5/16/2022
 MW Wireline Logged 3:45 to 6:45 AM
 Run Casing - Plug Down @ 7:30 PM
 Release Rig @ 11:30 PM

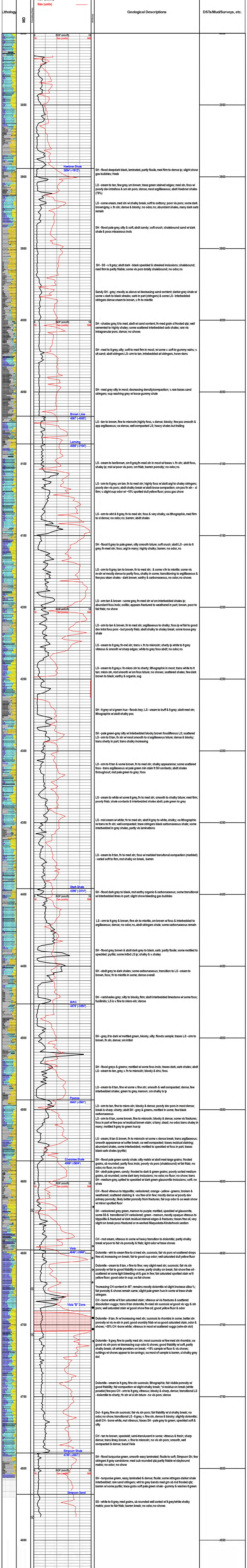
Problems

Plugged Bit @ 2926' (3 Hours)
 No Bit failures.
 No DSTs.

OA slower ROP uphole; picked up speed w/ depth

Pipe Setting

8.625" 23# Set @ 263' w/280 sxs.
 5.5" 15# Set @ 4832' PBD 4809' w/175 sxs.



QUALITY WELL SERVICE, INC.

7957

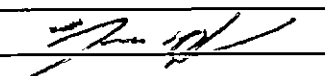
Federal Tax I.D. # 481187368

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	5-11-22	Sec.	B	Twp.	30S	Range	15W	County	Barber	State	KS	On Location		Finish	
Lease	Whitley	Well No.	#2	Location Crest, KS S to Y E thru cattle gate to Tank #120											
Contractor	Martin Dalg P.A. #104	Owner S.W. ml													
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.	263'												
Csg.	85/8	Depth	263'	Charge To	Patin										
Tbg. Size		Depth		Street											
Tool		Depth		City State											
Cement Left in Csg.		Shoe Joint	25	The above was done to satisfaction and supervision of owner agent or contractor.											
Meas Line		Displace	15.2	Cement Amount Ordered 400# Common											
EQUIPMENT				2 1/2" CEL 3 1/2" LL 1/2" PS USED 2:00pm											
Pumptrk	3 No.	Common-										230g			
Bulktrk	12 No.	Poz. Mix													
Bulktrk	No.	Gel.										526 #			
Pickup	No.	Calcium										790'			
JOB SERVICES & REMARKS				Hulls											
Rat Hole		Salt													
Mouse Hole		Flowseal										140			
Centralizers		Kol-Seal													
Baskets		Mud CLR 48													
D/V or Port Collar		CFL-117 or CD110 CAF 38													
Run to this 35/8 23" CSG SET @ 263'				Sand											
START CSG CSG ON BOTTOM				Handling 30A											
Hook up to CSG & Break Circ W/210				Mileage 25 / 7600'											
START Pumping H2O				FLOAT EQUIPMENT											
START Mix & Pump 2:00pm Common				Guide Shoe											
2 1/2" CEL 3 1/2" LL 1/2" PS @ 14.8" KAL				Centralizer											
START MISO				Baskets											
Plug Down 15.2 136'				AFU Inserts											
Close Valve on CSG				Float Shoe											
Good Circ thru JOB				Latch Down											
PICK UP TO PIT				SERVICE Sp 1 EA											
				EMV 25'											
				Pumptrk Charge SURFACE											
				Mileage 50											
				Tax											
				Discount											
				Total Charge											
THANK YOU PLEASE CALL AGAIN TODD MIKE				Signature 											

QUALITY WELL SERVICE, INC.

7961

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						
5-16-22	8	30S	15W	Barber	Ks								
Lease	Whitley		Well No.	2				Location	CROSS 1/1 S to 4 1.2 E to Tank BATTERIES the corner				
Contractor				Muffin Dr. RIG # 104		Owner		1/2 S into					
Type Job				5 1/2 L.S		To Quality Well Service, Inc.							
Hole Size				7 7/8		T.D.		4839'		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 1/2		Depth		4832		Charge To		Gaffin	
Tbg. Size						Depth				Street			
Tool						Depth				City		State	
Cement Left in Csg.						Shoe Joint		21.74		The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line						Displace		115.		Cement Amount Ordered		1754 Pcn. 21 GAL 10% CAH	
EQUIPMENT										5 1/2 KAL .6% .16A .25% CAIP 25% PS			
Pumptrk				8 No.						Common		1754	
Bulktrk				10 No.						Poz. Mix			
Bulktrk				No.						Gel.		329"	
Pickup				No.						Calcium			
JOB SERVICES & REMARKS										Hulls			
Rat Hole				30"						Salt		96"	
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										GEL-117 or CD110 CAE-38		C16A 99"	
Run in Hole				5 1/2 15.5" Csg. (Set) 4832'						Sand		CC-1 9 Gal CAIP 41"	
START Csg. Csg. on Bottom TAG										Handling		217	
Hole in to Csg. BREAK CIRC. 1.2 RIG										Mileage		251 5425	
DROP BALL CIRC. 1.2 RIG										5 1/2 FLOAT EQUIPMENT			
START Pump. 100 PSI. H2O 12 Bbls MF 10 Bbls H2O										Guide-Shoe		H.M 1 FA	
Plog R-H 30SS										Centralizer		7 EA	
START mix 145% Proc. & Csg. 14.8% GAL										Baskets			
SHUT DOWN wash in tek RELEASE 5 1/2 L.O Plog										AFU Inserts			
START Disin. w/ 2% KCL										Float Shoe		1 EA	
LTFI PS. 98.0 at 600'										Latch Down		1 EA	
L.O. Plog 115 at 1100'										SERVICE Spt		1 EA	
Plog CCG 1700'										L.M.V		25'	
RELEASE HE. 1/2 Bbl Back										Pumptrk Charge		LS	
Good circ thro. JO3										Mileage		50	
THANK YOU												Tax	
PLEASE CALL DRAIN - TOOD MILLS BLDG												Discount	
Signature				[Signature]								Total Charge	