

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	SCOTTIE #1
Doc ID	1661526

Tops

Name	Top	Datum
Heebner	3864	-1913
Brown Lime	4040	-2089
Lansing	4055	-2104
Stark	4366	-2415
B/KC	4450	-2499
Pawnee	4518	-2567
Cherokee	4557	-2606
Viola	4606	-2655
Simpson Shale	4754	-2803

QUALITY WELL SERVICE, INC.

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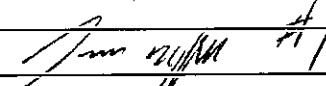
Federal Tax I.D. # 481187368

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	
5-31-22	9	30S	15W	Barber	Ks			
Lease	Scott, E	Well No.	# 1	Location				Croft, Ks S to Y E thru Cattle Guard
Contractor	Muelin DELG R.6 #104			Owner	I.S.E S.W into			
Type Job	95/3			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.	264'	Charge To	Griffin			
Csg.	85/3 23'	Depth	263'					
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 x Common				
EQUIPMENT				2/ GEL 3/1 CC 1/2' PS USECO 240 x				
Pumptrk	3 No.			Common 240				
Bulktrk	12 No.			Poz. Mix				
Bulktrk	No.			Gel. 451 #				
Pickup	No.			Calcium 670 #				
JOB SERVICES & REMARKS				Hulls				
Rat Hole				Salt				
Mouse Hole				Flowseal 120"				
Centralizers				Kol-Seal				
Baskets				Mud CLR 48				
D/V or Port Collar				CFL-117 or CD110 CAF 38				
Run 6 H's 85/3 23' csg set @ 263'				Sand				
START CSG. CSG on Bottom				Handling 266				
Hook up to csg & Break circ w/ rig				Mileage 251 (6650)				
START Pumping H2O				FLOAT EQUIPMENT				
START mic! Run 240 x Common				Guide Shoe				
2/1 GEL 3/1 CC 1/2' PS				Centralizer				
START DISO				Baskets				
PLG DOWN 15.2 Rbl. 150'				AFU Inserts				
Close valves on CSG				Float Shoe				
Circ circ thru JO3				Latch Down				
Circ CMT TO PIT				SERVICE SW 1 EA				
				LMV 25				
THANK YOU				Pumptrk Charge SURFACE				
PLEASE CALL AGAIN				Mileage 50				
TODD MIKE BRYAN								
Signature 								
				Tax				
				Discount				
				Total Charge				

QUALITY WELL SERVICE, INC.

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Date	Sec.	Twp.	Range	County	State	On Location	Finish
6-6-22	9	30S	15W	Barber	Ks		
Lease	Scottie		Well No.	1			
Contractor			Martin Dalg R.G # 104		Owner		
Type Job			5 1/2 L.S.		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.		4785'	
Csg.		5 1/2 15.5		Depth		4734'	
Tbg. Size				Depth			
Tool				Depth			
Cement Left in Csg.		Shoe Joint		21.30		The above was done to satisfaction and supervision of owner agent or contractor.	
Meas Line		Displace		113.35		Cement Amount Ordered 175# Pool 21 GEL 10% SALT	
EQUIPMENT				5 1/2 Kol Seal 6" CIGA .25% CAIP 25 1/2 PS			
Pumptrk	8	No.		Common 175#			
Bulktrk	10	No.		Poz. Mix			
Bulktrk		No.		Gel. 329"			
Pickup		No.		Calcium			
JOB SERVICES & REMARKS				Hulls			
Rat Hole 30%				Salt 969"			
Mouse Hole				Flowseal 44"			
Centralizers 1-2-3-4-5-6-7				Kol-Seal - 875"			
Baskets				Mud CLR 48 500Gal			
D/V or Port Collar				CFL-117 or GD110-CAF-38- CIGA 99"			
Run H/c 5 1/2 15.5' CSG SET 4734'				Sand CL-19 credit CAIP 41"			
START CSG 155' on Bottom TAG Hook on				Handling 217			
to CSG! Break circ. 1/2 in Down Ball + circ				Mileage 25 / 5425			
START Pumping 10 gal H2O 1244 MF 15' 8" H2O				FLOAT EQUIPMENT			
START Plug RH 30%				Guide-Shoe H M 1 EA			
START mix CSG 145# Pool C d 14.3 1/4"				Centralizer 7 EA			
SHUT DOWN WASH JOB RELEASE 5 1/2 LO Plug				Baskets			
START Disp w/ 2% VCL				AFU Inserts			
LEFT PSI 99 out 550"				Float Shoe 1 EA			
Plug down 113.35 out 1100"				Latch Down 1 EA			
PSI on CSG 1700"				SEWING SOW 1 EA			
RELEASE! HELD 1/2 BH BACK				LMV 25			
From (1/2 hr) JOB				Pumptrk Charge LS			
				Mileage 50			
THANK YOU				Tax Discount Total Charge			
PLEASE CALL AGAIN TOMO MIKE BRADY							
Signature <i>[Signature]</i>							

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

Well Name: **Scottie #1**
 API: **15-007-24422**
 Location: **S2 S2 N2 SW**
 License Number: **33936**
 Spud Date: **05/31/2022**
 Surface Coordinates: **1395' FSL & 1320' FWL**

Region: **Barber County**
 Drilling Completed: **06/05/2022**

Bottom Hole Coordinates: **Vertical Wellbore**
 Ground Elevation (ft): **1946'** K.B. Elevation (ft): **1951'**
 Logged Interval (ft): **3800'** To: **4775'** Total Depth (ft): **4775'**
 Formation: **Ordovician (Simpson Shale) @ RTD**
 Type of Drilling Fluid: **Mud-Co. Chemical Drispac - Displaced 2862-2925' w/ 700 bbbls.**
 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 Rig #104
Tool Pusher: James Mayfield

5/31/2022
 Spud @ 4:15 PM

6/1/2022
 WOC @ 264'

6/2/2022
 Drilling @ 2085'

6/3/2022
 Drilling @ 3165'

6/4/2022
 Drilling @ 4020'

6/5/2022
 Drilling @ 4660'
 RTD 11:45 AM @ 4785'
 Short trip (4.5 hours)
 MW Wireline Log 1 pass (10 PM to 12:30 AM)

6/6/2022
 CTCH & LDDP
 Run Production Casing
 Plug Down @ 1:15 PM
 Release Rig @ 5:15 PM

Problems

No Bit Trips
 No DSTs

Pipe Setting

8.625" 23# Set @ 264' w/ 240 sxs.
 5.5" 15.5# Set @ 4784' w/145 sxs.

