

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	ALEXA #2
Doc ID	1661531

Tops

Name	Top	Datum
Heebner	3904	-1915
Brown Lime	4079	-2090
Lansing	4097	-2108
Stark Shale	4403	-2414
B/KC	4488	-2499
Pawnee	4555	-2566
Cherokee Shale	4598	-2609
Viola	4679	-2690
Simpson Shale	4798	-2809

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

Well Name: Alexa #2
 API: 15-007-24421
 Location: NW SW SE NE
 License Number: 33936
 Spud Date: 06/10/2022
 Surface Coordinates: 2250' FNL & 1020' FEL
 Region: Barber County
 Drilling Completed: 06/15/2022

Bottom Hole Coordinates: Vertical Wellbore
 Ground Elevation (ft): 1984' K.B. Elevation (ft): 1989'
 Logged Interval (ft): 3800' To: 4850' Total Depth (ft): 4850'
 Formation: Ordovician (Simpson Shale) @ RTD
 Type of Drilling Fluid: Mud-Co. Chemical Drispac - Displaced 2864-2919' w/ 700 bbls.
 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

6/10/2022
 Spud @ 1:30 PM

6/11/2022
 Drilling @ 392'

6/12/2022
 Drilling @ 2220'

6/13/2022
 Drilling @ 3300'

6/14/2022
 TOOH Plugged Bit @ 4209'

6/15/2022
 Drilling @ 4739'
 RTD @ 10 AM (4850')
 Short Trip #2 (18 stands)
 MW Wireline Logged Well (4:15 PM to 9:30 PM)

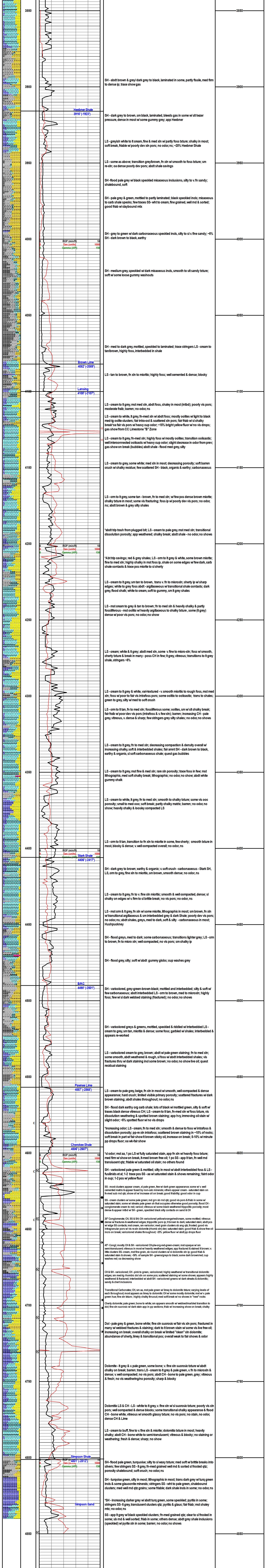
6/16/2022
 Running Casing
 Plug Down @ 9 AM

Problems

Plugged Bit @ 4209'
 No DSTs

Pipe Setting

8.625" 23# Set @ 253' w/ 225 sxs.
 5.5" 15.5# Set @ 4841' w/145 sxs.



QUALITY WELL SERVICE, INC.

7986

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	6-10-22	Sec.	8	Twp.	30S	Range	15W	County	Barber	State	Ks	On Location	Finish
Lease	ALEXA		Well No.		2		Location						
Contractor	Moutin OLG D.G. '104						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.		253'		Charge To						
Csg.	8 5/8 23'		Depth		252'		CRITON						
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		14.53 Bbls		Cement Amount Ordered 400 sc Common						
EQUIPMENT							2 1/2" FEL 3 1/2" CL 1/2" PS USED 225 sc						
Pumptrk	8	No.					Common 225 sc						
Bulktrk	10	No.					Poz. Mix						
Bulktrk		No.					Gel. 423 #						
Pickup		No.					Calcium 635 #						
JOB SERVICES & REMARKS							Hulls						
Rat Hole							Salt						
Mouse Hole							Flowseal 113'						
Centralizers							Kol-Seal						
Baskets							Mud CLR 48						
D/V or Port Collar							CFL-117 or CD110-CAF 38						
Run 6 H's 8 5/8 23' CSG SET @ 252'							Sand						
START CSG Csg on Bottom							Handling 244						
Hook up to Csg + BREAK circ w/21G							Mileage 25/6100						
START Pumping H2O							FLOAT EQUIPMENT						
START MIX! Pump 225 sc Common							Guide Shoe						
2 1/2" FEL 3 1/2" CL 1/2" PS @ 14.24/CAL							Centralizer						
START DISO							Baskets						
PLUG DOWN 150" 14.53 Bbls							AFU Inserts						
CLOSE VALVE ON CSG							Float Shoe						
GOOD CIRC THRU JOBS							Latch Down						
CIRC CUT TO PIT							SERVICE SNI 1 EA						
THANK YOU							LMV 25'						
PLEASE CALL AGAIN							Pumptrk Charge SURFACE						
TOM NATE BRIAN BRADY WAINE							Mileage 50						
Signature							Tax						
							Discount						
							Total Charge						

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7988

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Date	Sec.	Twp.	Range	County	State	On Location	Finish
6-16-22	B	30S	15W	BARBER	KS		
Lease ALEXA	Well No. 2	Location CROFT. K1 S to 4 E thru CATTLE GUARD					
Contractor Mueftin D2/G R6 #104	Owner to Trust. BATTEN S. to						
Type Job 5 1/2 LS	To Quality Well Service, Inc.						
Hole Size 7 7/8	T.D. 4350'	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 15.5	Depth 4349'	Charge To	GRIFFIN				
Tbg. Size	Depth	Street					
Tool	Depth	City State					
Cement Left in Csg.	Shoe Joint 21.26	The above was done to satisfaction and supervision of owner agent or contractor.					
Meas Line	Displace 114.90	Cement Amount Ordered 175# PROL 2% GEL 10% SALT					
EQUIPMENT							
Pumptrk 3 No.		Common 175#					
Bulktrk 15 No.		Poz. Mix					
Bulktrk No.		Gel. 329#					
Pickup No.		Calcium					
JOB SERVICES & REMARKS							
Rat Hole 30#		Hulls					
Mouse Hole		Salt 964#					
Centralizers 1-2-3-4-5-6-7		Flowseal 44#					
Baskets		Kol-Seal 875#					
D/V or Port Collar		Mud CLR 48 500 GAL					
2 1/2" H.S. 5 1/2 15.5 CSG SET @ 4349'		CFL-1-1-7-or-CD-1-1-0-CAE-38 C16A 99'					
START CSG CSG ON BOTTOM! TAG		Sand CC-1/9 GAL C4IP 41'					
Hook on to CSG & BREAK CIRC W/2IG		Handling 217					
DEEP BALL! CIRC W/2IG		Mileage 25/5425					
START PUMPING 10 BBL H2O 12 BBL MIP 10 BBL H2O		5 1/2 FLOAT EQUIPMENT					
START P/L & D. H		Guide Shoe H.M 1 EA					
START MIX! Pump 14# & PROL & CSG @ 14.3%		Centralizer 7 EA					
SHOT DOWN WASH INTK RELEASE 5 1/2 LN P/L & G		Baskets					
START DISP W/ 2% KLL		AFU Inserts					
LIFT PS 99 P/L out 550#		Float Shoe 1 EA					
PUSH DOWN 11 1/2 LN @ 1200#		Latch Down 1 EA					
PUSH ON CSG 1700#		SERVICE S/N 1 EA					
RELEASE! HELD 1/2 BBL BACK		LMI 25					
6000 CIRC THRU JOB		Pumptrk Charge LS					
THANK YOU		Mileage 50					
PLEASE CALL AGAIN TOMMIE BEYAN							
Signature J. H. H.							
						Tax	
						Discount	
						Total Charge	