

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](mailto: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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# QUALITY WELL SERVICE, INC.

7995

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
6-17-22	32	29	15	Barber	Ks		10:15pm
Lease <i>Kav</i>	Well No. <i>2</i>		Location				
Contractor <i>Murfin Rig 104</i>				Owner			
Type Job <i>Surface</i>				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 <i>12 1/4</i>	T.D. <i>263'</i>		Charge To <i>Griffin</i>				
Csg. <i>8 5/8</i>	Depth <i>256.</i>		Street				
Tbg. Size	Depth		City				
Tool	Depth		State				
Cement Left in Csg. <i>15'</i>	Shoe Joint <i>42' 72</i>		The above was done to satisfaction and supervision of owner agent or contractor.				
Meas Line	Displace <i>15.7</i>		Cement Amount Ordered <i>300.5x Common 2 1/2</i>				
<b>EQUIPMENT</b>			<i>Gel 32 cc 1/2 # P.S. 1172 265.5x</i>				
Pumptrk <i>8</i> No.			Common <i>265</i>				
Bulktrk <i>10</i> No.			Poz. Mix				
Bulktrk No.			Gel. <i>498#</i>				
Pickup No.			Calcium <i>7.47</i>				
<b>JOB SERVICES &amp; REMARKS</b>			Hulls				
Rat Hole			Salt				
Mouse Hole			Flowseal <i>133</i>				
Centralizers			Kol-Seal				
Baskets			Mud CLR 48				
D/V or Port Collar			CFL-117 or CD110 CAF 38				
<i>Run bits 8 5/8 csg set @ 256'</i>			Sand				
<i>Hooked up to csg Break circ. w/ Rig</i>			Handling <i>280</i>				
<i>Start Pumping H 2/0</i>			Mileage <i>25</i>				
<i>Mix and Pump 265' Common 2 1/2 Gel</i>			<b>FLOAT EQUIPMENT</b>				
<i>32 cc 1/2 P.S. Start Displacement</i>			Guide Shoe				
<i>15.7 bbls H 2/0 Cement Circulate</i>			Centralizer				
<i>to pit closed valve on csg.</i>			Baskets				
			AFU Inserts				
			Float Shoe				
			Latch Down				
			<i>LMI 25</i>				
			<i>Service Supervisor</i>				
			Pumptrk Charge <i>Surface</i>				
			Mileage <i>50</i>				
<i>David Mike Bryan</i>					Tax		
					Discount		
<input checked="" type="checkbox"/> Signature					Total Charge		

# QUALITY WELL SERVICE, INC.

7991

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
6-22-22	32	29S	15W	PRATT	Ks		
Lease	KAY		Well No.	"2			
Contractor	Muefin Drig RIG #104			Location CROFT, Ks 2 to 135 <sup>th</sup> 1 E to 135 <sup>th</sup>			
Type Job	5 1/2 LS			Owner 'A S Winto			
Hole Size	7 7/8			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.			
Csg.	5 1/2 15.5			T.D.	4833'		
Tbg. Size				Depth	4832'		
Tool				Charge To	Griffin		
Cement Left in Csg.				Street			
Meas Line				Depth			
				City	State		
				Shoe Joint	20.77		
				Displace	114.51		
EQUIPMENT				The above was done to satisfaction and supervision of owner agent or contractor.			
Pumptrk	9 No.			Cement Amount Ordered 1754 POC 2% GEL 10% SALT			
Bulktrk	15 No.			5 1/2 Kolseal .6% C16A .25% CAIP 25 1/2 PS			
Bulktrk	No.			Common 175			
Pickup	No.			Poz. Mix			
JOB SERVICES & REMARKS				Gel. 329'			
Rat Hole	30 sc			Calcium			
Mouse Hole				Hulls			
Centralizers	7 EA			Salt 964#			
Baskets				Flowseal 44#			
D/V or Port Collar				Kol-Seal 875#			
				Mud CLR 48 300GL			
				CFL-117-0F-CD110-CAF-38 C16A 99#			
				Sand CC-1 GAL CAIP 41#			
				Handling 219			
				Mileage 251-5475			
				5 1/2 FLOAT EQUIPMENT			
				Guide-Shoe H & M 1 EA			
				Centralizer 7 EA			
				Baskets			
				AFU Inserts			
				Float Shoe 1 EA			
				Latch Down 1 EA			
				SERVICE SUP 1 EA			
				LMV 2S			
				Pumptrk Charge LS			
				Mileage 50			
				Tax			
				Discount			
				Total Charge			
THANK YOU							
PLEASE CALL AGAIN TOM M. ICE BOYAN							
Signature <i>[Signature]</i>							

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

Well Name: Kay #2  
 API: 15-151-22545  
 Location: T29S R15W Sec 32, SW NE SE NE  
 License Number: 33936  
 Spud Date: 6/17/2022  
 Surface Coordinates: Lat: 37.480098 Long: -98.977501  
 Bottom Hole Coordinates: Same As Surface  
 Ground Elevation (ft): 1998' K.B. Elevation (ft): 2003'  
 Logged Interval (ft): 3800' To: 4850' Total Depth (ft): 4850'  
 Formation: Ordovician (Simpson) @ RTD  
 Type of Drilling Fluid: Mud Co. Chemical Drispac. Displaced Mud @ 2799-2826' (800 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 Drilling, Rig #114  
 Tool Pusher: James Mayfield  
 Cell # (785) 269-7684  
 6/17/2022  
 Spud @ 4:45 PM  
 6/18/2022  
 Drilling @ 332'  
 6/19/2022  
 Drilling @ 2550'  
 6/20/2022  
 Drilling @ 3530'  
 6/21/2022  
 Drilling @ 4610'  
 RTD @ 6:15 PM (4833')  
 6/22/2022  
 Finish Logging @ 7 AM  
 Run Casing; Plug down @ 6:30 PM

**Problems**

No Bit Trips  
 No Cores  
 No DSTs

**Pipe Setting**

8.625" Set @ 263'. 265 sxs.  
 5.5" Set @ 4832'. 145 sxs.

**ROCK TYPES**

Anhy	Bent	Brec	Cht	Clyst	Coal	Congl	Dol-cream	Dol	Gyp	Igne	Granite 2	Granite	Lmst tan	Lmst	Meta	Mrlst	Quartz	Salt	Shale 2	Shale gry	Shale 1	Shcol	Shgy	Siltst	Ss	Till
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