

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	MARLA #5
Doc ID	1661537

Tops

Name	Top	Datum
Heebner	3906	-1916
Brown Lime	4076	-2086
Lansing	4098	-2108
Stark	4398	-2408
B/KC	4482	-2492
Pawnee	4551	-2561
Cherokee	4587	-2597
Viola	4670	-2680
Simpson Shale	4791	-2801

QUALITY WELL SERVICE, INC.

8032

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-786-6992
Fax 620-672-3663

Todd's Cell 620-388-4967
Brady's Cell 620-727-6964

Date	7-20-22	Sec.	5	Twp.	30S	Range	15W	County	BARBER	State	KI	On Location	Finish
Lease	MARIA	Well No.	5	Location									
Contractor	MURFIN DELG RG #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.	261'		Charge To								
Csg.	85/8 23"	Depth	260'		Griffin								
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		Cement Amount Ordered 290 sc Common								
EQUIPMENT										2 1/2 GAL 3 1/2 CC 1/2" PS USED 190 sc			
Pumptrk	8	No.			Common 190								
Bulktrk	15	No.			Poz. Mix								
Bulktrk		No.			Gel. 357#								
Pickup		No.			Calcium 512# 536#								
JOB SERVICES & REMARKS										Hulls			
Rat Hole										Salt			
Mouse Hole										Flowseal 95			
Centralizers										Kol-Seal			
Baskets										Mud CLR 48			
D/V or Port Collar										CFL-117 or CD110 CAF 38			
Run 6 H's 85/8 23" CSG SET @										Sand			
START CSG CSG ON BOTTOM										Handling 20.9			
Hook up to CSG & BREAK CIR W/21G										Mileage 25-1 5200-			
Pump 10 Bbls H ₂ O										FLOAT EQUIPMENT			
M 1/2" Pump 190 sc Common										Guide Shoe			
2 1/2 GAL 3 1/2 CC 1/2" PS @ 14.3"/CAL.										Centralizer			
START DISO										Baskets			
Plug Down 15 Bbls										AFU Inserts			
Close VALVE ON CSG 150'										Float Shoe			
Good circ thru TAB										Latch Down			
Circ CNT TO PIT										SERVICE Spv 1 FA			
										LMV 25'			
										Pumptrk Charge SURFACE			
										Mileage 50			
THANK YOU										Tax			
PLEASE CALL MARIA										Discount			
TODD MILLE BRADY										Total Charge			
X Signature <i>[Signature]</i>													

QUALITY WELL SERVICE, INC.

8034

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Mailing Address P.O. Box 468

Office 620-786-6992

Fax 620-672-3663

Todd's Cell 620-388-4967

Brady's Cell 620-727-6964

Date	7-25-22	Sec.	5	Twp.	30S	Range	15W	County	BARBER	State	KS	On Location		Finish					
Lease	M/A21A			Well No.	5			Location								C&A. KS. 3.5 to 4 E thru CATTLE to R/G			
Contractor	Muzfin Delg P.G. 104							Owner								Sinto			
Type Job	5 1/2 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.								4363			
Csg.	5 1/2 15.5							Depth								4363			
Tbg. Size								Depth								4362			
Tool								Depth											
Cement Left in Csg.								Shoe Joint								21.13 y			
Meas Line								Displace								20.85 21.13			
EQUIPMENT										115.21						5" KOL SEAL 6" C16A 25% C4IP 25 1/4 PS			
Pumptrk	3	No.								Common						175 x			
Bulktrk	10	No.								Poz. Mix									
Bulktrk		No.								Gel.						329 #			
Pickup		No.								Calcium									
JOB SERVICES & REMARKS										Hulls									
Rat Hole	30 x							Salt								964 #			
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 CD-110-GAF-38								C16A 99 #			
Run 115 # 5 1/2 15.5" CSG SET @ 4356.07										Sand						CG-1 9 GAL C4IP 41 #			
START CSG CSG on Bottom! TAG Hook up to CSG										Handling						217			
BREAK CIRC WHICH DROP BALL CIRC WHICH										Mileage						25 / 5425			
START PUMPING 10 BBL/H 12 BBL/MF 10 BBL/H2O										FLOAT EQUIPMENT									
START PLUG B-HOLE 30 x										Guide-Shoe						H! N1 1 EA			
START MIX! Pump 145 x & CSG @ 14.3 1/2 GAL										Centralizer						7 EA			
SHUT DOWN W/ PUMP TRK RELEASE 5 1/2 LD PLUG										Baskets									
START Disp w/ 2 1/2 KCL										AFU Inserts									
LIFT PSI 99 out 550 #										Float Shoe						1 EA			
PLUG DOWN 1100 # 116.5 out										Latch Down						1 EA			
PSI up CSG 1700 #										SERVICE SUDN						1 EA			
RELEASE! HELD 1/2 BBL										LMV						25			
GOOD CIRC THRU JOBS										Pumptrk Charge						LS			
THANK YOU										Mileage						50			
PLEASE CALL AGAIN																Tax			
DOD MIKE KEVAN																Discount			
Signature																Total Charge			

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

Well Name: **Marla 5**
 API: **15-007-24427**
 Location: **T30S R15W Sec 5, E2 W2 SE**
 License Number: **33936**
 Spud Date: **07/20/2022**
 Surface Coordinates: Latitude: **37.459904** Longitude: **-98.980972**
 Bottom Hole Coordinates: **Vertical Wellbore**
 Ground Elevation (ft): **1985** K.B. Elevation (ft): **1990**
 Logged Interval (ft): **3800** To: **4868** Total Depth (ft): **4868**
 Formation: **Ordovician (Simpson) @ RTD**
 Type of Drilling Fluid: **Mud-Co. Chemical Drispac - 2833'-56' 700 bbl in 3/4 hour**
 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**

GEOLOGIST

Name: **Eli J. Felts**
 Company: **Griffin Management, LLC**
 Address: **126 S. Main
 Pratt, KS 67124**

Drilling Report

7/20/2022
 Spud @ 2:30 PM

7/21/2022
 Drilling @ 334'

7/22/2022
 Drilling @ 2525'

7/23/2022
 Drilling @ 3835'

7/24/2022
 CFS @ 4740'
 RTD @ 4868' - 11 AM
 Short Trip
 OH Logs

7/25/2022
 LDDP @ 4868'
 Run Casing - Plug Down @ 11:30 AM
 Release Rig @ 3:30 PM

Pipe Setting

8.625" 23# set @ 261' w/ 190' sxs
 5.5" 15.5# set @ 4862' w/ 145 sxs

Lithology	MD	Rate of Penetration ROP (min/ft) Gas (units)	Geological Descriptions	DSTs/Mud/Surveys, etc.
	0	ROP (min/ft) Gas (units)		3800
	10			3850
	20			3900
	30			3950
	40			4000
	50			4050
	60			4100
	70			4150
	80			4200
	90			4250
	100			4300
	110			4350
	120			4400
	130			4450
	140			4500
	150			4550
	160			4600
	170			4650
	180			4700
	190			4750
	200			4800
	210			4850
	220			4868