

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 Recompletion Date _____ 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	BREANNA #5
Doc ID	1661539

Tops

Name	Top	Datum
Heebner	3886	-1918
Brown Lime	4054	-2086
Lansing	4071	-2103
Stark	4374	-2406
B/KC	4459	-2491
Pawnee	4532	-2564
Cherokee Shale	4558	-2590
Viola	4627	-2659
Simpson Shale	4771	-2803

QUALITY WELL SERVICE, INC.

8059

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	7-30-22	Sec.	5	Twp.	30	Range	15	County	Butcher	State	Ks	On Location		Finish	6:45
Lease	Breanna	Well No.	5	Location											
Contractor	Mufin 104	Owner										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.			
Type Job	Surface	T.D.										262			
Hole Size	12 1/4	Depth										261.73			
Csg.	8 5/8 23#	Charge To										Griffin			
Tbg. Size		Depth										Street			
Tool		Depth										City State			
Cement Left in Csg.		Shoe Joint										The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line		Displace										15.3			
EQUIPMENT										1/2 P.S. Used 220					
Pumptrk	8 No.	Mike										Common 220			
Bulktrk	15 No.	Brian										Poz. Mix			
Bulktrk	No.											Gel. 414 #			
Pickup	No.	David										Calcium 620 #			
JOB SERVICES & REMARKS										Hulls					
Rat Hole										Salt					
Mouse Hole										Flowseal 110					
Centralizers										Kol-Seal					
Baskets										Mud CLR 48					
D/V or Port Collar										CFL-117 or CD110 CAF 38					
Run to its 8 5/8 csg set @ 261.73										Sand					
Break cir with Rig Pump 10bbls H2O										Handling 232					
mix 220 sy Common 22 Gel 38 CC										Mileage 25					
1/2 P.S. start Displace pump 15.3 bbls										FLOAT EQUIPMENT					
H2O shut in 150psi cement cir										Guide Shoe					
to pit.										Centralizer					
										Baskets					
										AFU Inserts					
										Float Shoe					
										Latch Down					
										LMV 25					
										Service Summary					
										Pumptrk Charge Surface					
										Mileage 50					
										Tax					
										Discount					
										Total Charge					
X Signature															

QUALITY WELL SERVICE, INC.

8056

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

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

Date	8-4-22	Sec.	5	Twsp.	30S	Range	15W	County	BARBER	State	Ks	On Location		Finish	
Lease	BREANNA			Well No.	5			Location CROFT. K1 S to 4 E thru CATTLE GUARD. 3 to 4							
Contractor	MURFIN DRILG RIG # 104							Owner CORIE N. thru CATTLE GUARD # 4							
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.	4820			Charge To Giffin							
Csg.	5 1/2			Depth	4800			Street							
Tbg. Size				Depth				City							
Tool				Depth				State							
Cement Left in Csg.				Shoe Joint	21.22			The above was done to satisfaction and supervision of owner agent or contractor.							
Meas Line				Displace	113.90			Cement Amount Ordered 175# PRO C 21.6% 10% SA H							
EQUIPMENT								5 1/2 KOLSEAL .6% C16A .25% C4IP 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	30S							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								GFL-117-or-CD-110-GAF-38 C16A 99#							
Run	H's 5 1/2 15.5" CSG SFT D 4806							Sand CC-1 9 GAL C4IP 41#							
START	CSG CSG now Bottom TAG							Handling 217							
Hook	into CSG & BREAK circ w/ rig							Mileage 25 / 5425							
DROP	Ball circ w/ rig							5 1/2 FLOAT EQUIPMENT							
START	Pump in 15 RSL H2O 12 BBL MF 10 RSL H2O							Guide:Shoe H: M 1 EA							
START	Plug R. Hole 30S							Centralizer 7 EA							
START	Mix Pump 145# PRO C CSG d 14.3 1/2							Baskets							
SHUT	DOWN wash in tek RELEASE 5 1/2 LO Plug							AFU Inserts							
START	Diso w/ 2% KCL							Float Shoe 1 EA							
LEFT	PSI 550# 93 BBL out							Latch Down 1 EA							
PLUG	DOWN 114 out 1100#							SERVICE SMI 1 EA							
PSI	UP ON CSG 1700#							LMV 25							
RELEASE	& HELD 1/2 BBL BACK							Pumptrk Charge LS							
GOOD	circ thru 30S							Mileage 50							
THANK YOU															
PLEASE CALL AGA @ TOOD BRADY															
NATE JUSTIN															
Signature												Tax			
												Discount			
												Total Charge			

Well Name: Breanna #5
 API: 15-007-24429
 Location: T30S R15W Sec 5 - W2 SE NE NW
 License Number: 33936
 Spud Date: 7/30/2021
 Surface Coordinates: 990' FNL & 2000' FWL
 Region: Barber County
 Drilling Completed: 8/3/2021

Bottom Hole: Vertical Wellbore
 Coordinates: _____
 Ground Elevation (ft): 1963' K.B. Elevation (ft): 1968'
 Logged Interval (ft): 3800' To: 4840' Total Depth (ft): 4840'
 Formation: Ordovician (Simpson Shale) @ RTD
 Type of Drilling Fluid: Mud-Co. Chemical Drispac
 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

7/30/2022
 Spud @ 12:30 PM - set surface pipe
 7/31/2022
 Drilling @ 768'
 8/01/2022
 Drilling @ 2834'
 8/02/2022
 Drilling @ 3775'
 8/03/2022
 Drilling @ 4615'
 RTD @ 4820' - 3:15 PM
 Short Trip 68 Stands in 4.25 Hours
 8/04/2022
 MW Wireline OH Log : 12:30 AM to 3:15 AM
 TIH w/ bit
 CTCH
 LDDP
 Run Casing - Plug Down @ 3:45 PM
 Released Rig 7:45 PM

Problems

Losing Fluid from 3346'-3700' ~600 bbls
 Short Trip @ 4820' 4.25 Hours
 No bit trips/No major delays

Pipe Setting

8.625" 23# Set @ 262' w/ 220 sxs.
 5.5" 15.5# Set @ 4812' w/ 145 sxs.

