

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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QUALITY WELL SERVICE, INC.

8104

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	9-20-22	Sec.	32	Twp.	29S	Range	15W	County	PRATT	State	Ks	On Location		Finish				
Lease	KEA		Well No.		2		Location									CROFT, Ks 540 110th ST 1 E to 130th		
Contractor	Muefin Drilling RIG #104							Owner									1 S 1/2 W Sinto	
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									Griffin		
Csg.	95/8 23"		Depth		260'		Street											
Tbg. Size			Depth				City									State		
Tool			Depth				City									State		
Cement Left in Csg.			Shoe Joint		15		The above was done to satisfaction and supervision of owner agent or contractor.											
Meas Line			Displace		15.4		Cement Amount Ordered									290 sc (Common)		

EQUIPMENT

Pumptrk	3	No.			Common	290
Bulktrk	15	No.			Poz. Mix	
Bulktrk		No.			Gel.	545
Pickup		No.			Calcium	819

JOB SERVICES & REMARKS

Rat Hole		Hulls	
Mouse Hole		Salt	
Centralizers		Flowseal	145
Baskets		Kol-Seal	
D/V or Port Collar		Mud CLR 48	
Run 6 H's 95/8 23" CSA SETD 260'		CFL-117 or CD110 CAF 38	
START CSG CSA on Bottom		Sand	
Hook up to CSG / Break circ w/ rig		Handling	316
START Pumptrk H20		Mileage	25 / 7900
START mic Pump 290 sc Common		FLOAT EQUIPMENT	
2 1/2 GAL 3 1/2 CC 1 1/2" PS @ 14.0" GAL		Guide Shoe	
START DISD		Centralizer	
PLUG DOWN 15.4 Bbls		Baskets	
Close Valve on CSG 150'		AFU Inserts	
Good circ thru top		Float Shoe	
circ OK TO RT		Latch Down	
		SERVICE SUP 1 EA	
		LIN 25	
THANK YOU		Pumptrk Charge	SURFACE
PLEASE CALL AGAIN		Mileage	50
TODD MCKE			

X Signature	Tax	
	Discount	
	Total Charge	

QUALITY WELL SERVICE, INC.

8117

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	9-26-22	Sec.	32	Twp.	29	Range	15	County	Pratt	State	Ks	On Location		Finish	11:15 am
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Lease	Rpa	Well No.	2	Location	
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Contractor	MVIF	Owner	
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Type Job	Long string	To Quality Well Service, Inc.	
Hole Size	7 7/8	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	Depth	4864.02 4864.02	Charge To	Griffin
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Tbg. Size		Depth	4864.02	Street	
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Tool		Depth		City		State	
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Cement Left in Csg.		Shoe Joint	6.75	The above was done to satisfaction and supervision of owner agent or contractor.		
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Meas Line		Displace	115 bbls	Cement Amount Ordered	175sx Pro C 23 Gal 10% salt
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EQUIPMENT

Pumptrk	8	No.		Common	175
Bulktrk	10	No.		Poz. Mix	
Bulktrk		No.		Gel.	329*
Pickup		No.		Calcium	

JOB SERVICES & REMARKS

Rat Hole	30 sx	Hulls	
Mouse Hole	20 sx	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
Run 115jt 5 1/2 155* csg set @ 4864		CFL-117 or GD110 CAF-38	C16A 99*
Hooked up to csg. broke cir. with rig.		Sand- CC-1	9 Gal C4IP 41*
Drop ball cir with rig		Handling	217
Pumped 12 bbls H3% 12 bbls mud flush		Mileage	25 / 5425

FLOAT EQUIPMENT

12 bbls H3%	Guide Shoe	H:M	1EA
Plugged rat hole with 30sx.	Centralizer	7 EA	
pumped 145sx cement shut down release plug displaced with 115 bbls 23 KCL	Baskets		
Lift pressure 600" @ 100 bbls out	AFU Inserts		
Land plug. 115 bbls out 1000psi	Float Shoe		
pressured up to 1200" Released	Latch Down	1 EA	
float held.	Service Supervisor	1 EA	
	LMV	25	

	Pumptrk Charge	Long string
	Mileage	50

X Signature	Dave Rich Bryan	Tax	
		Discount	
		Total Charge	

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

Well Name: Rea #2
 API: 15-151-22551
 Location: SW NW SE
 License Number: 33936
 Spud Date: 9/20/2022
 Surface Coordinates: 1650' FSL & 2310' FEL

Region: Pratt County
 Drilling Completed: 9/26/2022

Bottom Hole Coordinates: Vertical Wellbore
 Ground Elevation (ft): 2001' K.B. Elevation (ft): 2006'
 Logged Interval (ft): 3800' To: 4850' Total Depth (ft): 4860'
 Formation: Ordovician (Simpson Shale) @ RTD
 Type of Drilling Fluid: Mud-Co. Chemical Drispac_Ran Shallow Vis Mud
 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: e1efels@griffinmgmt.com
 316.765.4070

Formation Tops

SAMPLE TOPS				LOG TOPS			
FORMATION	Elevation (ft)	Depth (ft)	Depth (ft)	FORMATION	Elevation (ft)	Depth (ft)	Depth (ft)
HEEBNER	3917	(-1919)		HEEBNER	3917	(-1919)	
BROWN LIME	4061	(-2063)		BROWN LIME	4061	(-2063)	
LANSING	4102	(-2104)		LANSING	4102	(-2104)	
STARK	4396	(-2398)		STARK	4400	(-2402)	
BKC	4484	(-2488)		BKC	4486	(-2488)	
PAWNEE	4561	(-2563)		PAWNEE	4562	(-2564)	
CHEROKEE	4586	(-2588)		CHEROKEE	4588	(-2590)	
VIOLA	4662	(-2664)		VIOLA	4660	(-2662)	
SIMP SHALE	4786	(-2800)		SIMP SHALE	4788	(-2800)	
RTD	4840	(-2842)		RTD	4840	(-2842)	

Drilling Report

9/20/2022
 Spud @ 3:15 PM

9/21/2022
 Drilling @ 350'
 1st well Mudco run vis mud for Salt Sections

9/22/2022
 Drilling @ 2200'

9/23/2022
 Drilling @ 3200'
 Geo on location -10PM

9/24/2022
 Drilling @ 4100'

9/25/2022
 Drilling @ 4740'
 RTD @ 4860' 9:30 AM

Problems

Lost 200 bbl at 157' . Drilled 44' Cement.

Pipe Setting

8.625" 23# Set @ 261' w/290' sxs.
 5.5" 15.5# Set @ 4857' w/145 sxs.

REFERENCE WELLS LOG TOPS												
FORMATION	Griffin Management, LLC			Rea #2			Griffin Management, LLC			Other		
	Elevation (ft)	Depth (ft)	Depth (ft)	Elevation (ft)	Depth (ft)	Depth (ft)	Elevation (ft)	Depth (ft)	Depth (ft)	Elevation (ft)	Depth (ft)	
King Hill	3974	-1726	213	3733	-1925	277	3738	-1977	273	3718	-1996	276
Webster	3971	-1729	164	3905	-1793	55	3905	-1797	63	3921	-1812	163
Brown Lime	4051	-2053	21	4114	-2092	23	4118	-2092	17	4100	-2090	22
Lansing	4102	-2104	268	4107	-2099	289	4103	-2099	354	4102	-2102	269
Stark	4400	-2402	86	4406	-2397	86	4407	-2393	87	4400	-2390	84
Base Kc	4486	-2488	66	4521	-2453	66	4524	-2449	62	4504	-2484	66
Cherokee	4550	-2554	76	4587	-2519	47	4588	-2514	47	4580	-2550	76
Viola	4650	-2654	136	4614	-2690	49	4603	-2699	49	4608	-2698	79
Simpson	4780	-2800	54	4817	-2779	37	4805	-2791	37	4811	-2797	37
Sand	4832	-2834	8	4850	-2812	29	4848	-2814	28	4842	-2822	28
	4846	-2842		4860	-2842		4864	-2832		4812	-2822	28

