

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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Well Name: Riley #2
 API: 15-007-24449
 Location: T30S R15W Sec 9, SW NE
 License Number: 33936
 Spud Date: 11/2/2022
 Surface Coordinates: Lat: 37.450739 Long: -98.964079
 Bottom Hole: Vertical Wellbore
 Coordinates:
 Ground Elevation (ft): 1977' K.B. Elevation (ft): 1982'
 Logged Interval (ft): 3800' To: 4930' Total Depth (ft): 4930'
 Formation: Ordovician @ RTD
 Type of Drilling Fluid: Mud-Co. Chemical Drispac - Displaced 2832-43'
 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

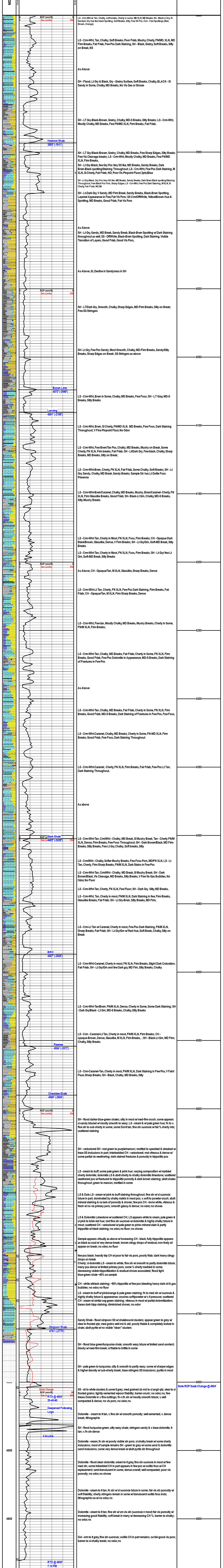
Murfin Rig #104
 Tool Pusher: James Mayfield
 11/2/2022
 Spud @ 5:15 PM
 11/5/2022
 WOC
 11/4/2022
 Drilling @ 2387'
 11/5/2022
 Drilling @ 3595'
 11/6/2022
 CFS @ 4725'
 11/7/2022
 Logging @ 4803'
 Drill Deeper After Logs
 11/8/2022
 Circulating @ 4930'
 Released Rig 12:30 PM

Problems

No Major Problems;
 Short trip 4803. Pulled 67 stands in 6 hours
 Drill deeper after logs, first TD 4803', actual TD 4930'

Pipe Setting

8.625" 23# Set @ 260' w/ 200 sxs.
 5.5" 15.5# Set @ 4927' w/ 170 sxs



Note ROP Scale Change @ 4804'

Griffin Management, LLC
Riley #2

11/8/22

RTD: 4,930'

Start running casing @ 2:00 am. Ran 117 joints of new 5 ½" 15.5 # casing totaling 4,927'. **PBTD: 4,921.2'**. Tagged bottom. RU to break circulation for one hour.

RU Quality well service and cemented with 145 sks Pro C cement with 10% salt, 2% gel and 6# Koseal.

Plug down and held at 8:30 am.

Plug rathole with 30 sks cement.

Release rig.

11/16/24

RU Log Tech on mast trailer to run CBL/GR

LTD-4921 Top of cement 3232'

01/03/2023

MIRU CCOS Rig #3 RU Log Tech to perforate

Viola 4714-4734' PU 5.5 model R packer tally and run 146 jts 2-7/8 set packer @4690 rig swab INFL-Surface final fluid level SN recovered 22.5BBLS shut in well shut down

01/04/2023

Vacuum on tubing RU swab

FL-4400' REC 200' water release packer to spot acid and treat RU Pro Stim to w/1500gls 15% W/45 balls

Broke @1000# treated at 2.3 Bpm max rate max pressure

1030# ISIP-820# load 76 bbls 5 min-720# 10 min-670#

15-640# opened up to truck flowed back 7.5bbls RU swab

INFL- surface

1-rec 1200' water

2-FL 1050' pull from 2250' Rec 1200' acid water

3-Fl-1900' pull from 3100' Rec 1100' acid gas cut water

4-Fl-2500' pull from 3600' Rec 1200 acid gas cut water

5-Fl-3100' pull from 4200' Rec 1100' acid gas cut water

Recovered 32.6bbls

6-Fl-4150' pull from SN Rec 375' acid gas cut water

7-Fl-4575' pull from SN dry run

8-FL-4550' pull from SN Rec 90' water

9- no fluid in hole

Recovered 3.3 bbls for hour

30 min runs

1-Rec 100' fluid filtrate

2-Fl-4575' pull from SN 50' dirty water 1500' of gas vapor before fluid hit surface vacuum after run Recovered .5 bbls

Opened bypass let equalize Infl-1600' swabbed down to SN rcovered 15.4 bbls water shut well in shut down for night.

01/05/2023

SITP-20#

FL-3700' pull from SN no show black water and foamy acid water rig down move off to frac

01/11/2023

MIRU CCOS Rig #3 RU swab FL-3300' pull from 4500' rec 1200' water release packer FL-1800' swab down to 3300' Shut down for nighth.

01/12/2023

RU Swab FL-2600' swabbed down to 4100'

TOOH W/145 jts 2-7/8 and 5.5 model R packer cap off well shut down.

01/13/2023

RU Gore N2 to frac down casing

W/ 24 bbls 15% acid

3510 bbls slickwater

61584# 20/40 mesh sand

8071# resin sand

1251000 SCF nitrogen

ISIP-1683psi

15 min-1378psi shut in well

01/14/2023

8:00

Flow back

SICP-800 psi opened choke to 12/64

30 minutes fluid to surface frac fluid flowed back total of 55 bbls over 6 hours no sand recovered or OC opened well up to full choke. Well dead By 5:00pm

01/16/2023

Well dead break off frac valve TIH W\ tubing as follows

20'x2-7/8 MA

SN@4771'

149x2-7/8 tubing AVG 32.04'

End of MA 4791'

Intake 37' below bottom perf

Land tubing TIH W\ Pump and rods

2-½"x2"x18' RWB SV hollow rod W/ no tap tool

2'x7/8 on pump

9x1-½ sinker bars

100x3/4 rods

80x7/8 rods

4'x7/8 sub

26'x1-¼ PR W/14'x1-½ liner

Tag up space out load tubing longstroke to 500# held

Rig down move off.

QUALITY WELL SERVICE, INC.

8147

Federal Tax I.D. # 481187368

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

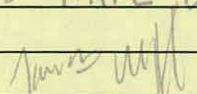
Mailing Address P.O. Box 468

Office 620-786-6992

Fax 620-672-3663

Todd's Cell 620-388-4967

Brady's Cell 620-727-6964

Date	11-3-22	Sec.	9	Twp.	30S	Range	15W	County	BARBER	State	Ks	On Location	Finish
Lease	RILEY	Well No.	2		Location								
Contractor	MURFIN DRILL RIG # 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.	260'		Charge To								
Csg.	95/B	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 Bbls		Cement Amount Ordered 300sx Common								
EQUIPMENT										2 1/2 GAL 3 1/2 CC 1/2" PS USED 200sx			
Pumptrk	9	No.			Common 200sx								
Bulktrk	15	No.			Poz. Mix								
Bulktrk		No.			Gel. 376#								
Pickup		No.			Calcium 564"								
JOB SERVICES & REMARKS										Hulls			
Rat Hole										Salt			
Mouse Hole										Flowseal 100"			
Centralizers										Kol-Seal			
Baskets										Mud CLR 48			
D/V or Port Collar										CFL-117 or CD110 CAF 38			
Run 6 H's 95/B 23" CSG SET @ 260'										Sand			
START CSG CSG ON BOTTOM										Handling 218			
Hook up to CSG & BREAK CIR W/ RIG										Mileage 25 / 5425			
START PUMPING H ₂ O										FLOAT EQUIPMENT			
START MIX PUMP 200sx Common										Guide Shoe			
2 1/2 GAL 3 1/2 CC 1/2" PS @ 14.8" GAL										Centralizer			
START DISP										Baskets			
PLUG DOWN 15 Bbls OUT										AFU Inserts			
CLOSE VALVE ON CSG 100"										Float Shoe			
GOOD CIRL THRU JOB										Latch Down			
CIRL CAT TO PIT										SERVICE SUP 1 EA			
										LMV 25			
THANK YOU										Pumptrk Charge SURFACE			
PLEASE CALL AGAIN										Mileage 50			
TODD MIKE BRYAN													
X Signature 										Tax			
										Discount			
										Total Charge			

QUALITY WELL SERVICE, INC.

8150

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Date	Sec.	Twp.	Range	County	State	On Location	Finish
11-9-22	9	30S	15W	Barber	Ks		
Lease	RILEY		Well No.	2			
Contractor	MURFIN DELG RIG #104			Owner			
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.	4930'			
Csg.	5 1/2 15.5"		Depth	4927'			
Tbg. Size			Depth	Charge To Griffin			
Tool			Depth	Street			
Cement Left in Csg.			Shoe Joint	5.80			
Meas Line			Displace	17.27			
EQUIPMENT				Cement Amount Ordered 175sx ProG 2 1/2 FEL 10% SALT			
Pumptrk	8	No.		5 1/2 KOBAL .6% C16A .25% C4IP 25% PSI			
Bulktrk	10	No.		Common 175 sx			
Bulktrk		No.		Poz. Mix			
Pickup		No.		Gel. 329"			
JOB SERVICES & REMARKS				Calcium			
Rat Hole	30 sx			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			
Ran 17 H's	5 1/2 15.5" CSG SET @ 4927'			CFL-117 or CD110 CAF 38 C16A 99#			
START CSG	CSG on Bottom & TAG			Sand CC-1 9 GAL C4IP 41#			
DROP BALL	Hook up to CSG & BREAK circ w/ RIG			Handling 217			
START PUMPING	10 Bbls H ₂ O 12 Bbls MF 10 Bbls H ₂ O			Mileage 25 / 5425			
START Plug	R.H. 30 sx			5 1/2 FLOAT EQUIPMENT			
START MIX	Pump 145 sx ProG ↓ CSG @ 14.8" / 6"			Guide Shoe H ₂ M 1 EA			
SHOT DOWN	wash w/ 2% KCL			Centralizer 7 EA			
START DISO	w/ 2% KCL			Baskets			
LEFT PSI	100 @ 550'			AFU Inserts			
PLUG DOWN	1300' 17.27			Float Shoe			
PSI UP	CSG 1700'			Latch Down 1 EA			
RELEASE & HELD	1/2 BH Back			SERVICE SUPV 1 EA			
GOOD	circ thru JOB			LMV 25			
THANK YOU				Pumptrk Charge LS			
PLEASE CALL AGAIN				Mileage 50			
TODD MIKE BRADY							
X Signature							
				Tax			
				Discount			
				Total Charge			