

Confidentiality Requested:

☒ Yes ☐ NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33936

Name: Griffin, Charles N.

Address 1: 126 S MAIN ST

Address 2:

City: PRATT State: KS Zip: 67124 + 2711

Contact Person: Bryant Theis

Phone: (620) 672-9700

CONTRACTOR: License # 30606

Name: Murfin Drilling Co., Inc.

Wellsite Geologist: Eli J. Felts

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: Imperial Oil Company

Well Name: Richardson 1-1

Original Comp. Date: 08/02/1983 Original Total Depth: 4700

☐ 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 #: _____

09/13/2025 09/15/2025 10/14/2025

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No.: 15-151-21307-00-01

Spot Description:

- NE - SW - NW Sec. 1 Twp. 29 S. R. 14 ☐ East ☒ West1650 Feet from ☒ North / ☐ South Line of Section990 Feet from ☐ East / ☒ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☒ NW ☐ SE ☐ SWGPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Pratt

Lease Name: MARGUERITE Well #: #2

Field Name:

Producing Formation: Arbuckle

Elevation: Ground: 1990 Kelly Bushing: 1995

Total Vertical Depth: 4850 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 402 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: 10/15/2025

☐ Confidential Release Date: 10/15/2027☐ Wireline Log Received ☐ Drill Stem Tests Received☐ Geologist Report / Mud Logs Received☒ UIC DistributionALT ☒ I ☐ II ☐ III Approved by: Alexis Vincent Date: 10/20/2025