



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 SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- 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 ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1052984

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Lease No. <u>Griffin Management</u>		Date <u>9-2-10</u>	
Well # <u>B-1</u>			
Field Order # <u>2505</u>	Station <u>Pratt</u>	Casing <u>8 5/8 Jt</u>	Depth <u>266</u>
Type Job <u>CNW-Surface</u>	Formation	County <u>Harper</u>	State <u>KS</u>
		Legal Description <u>31-33-8</u>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft			RATE	PRESS	ISIP
<u>8 5/8</u>				<u>175 SKS Common</u>	<u>1.22 yield</u>		
Depth <u>266</u>	Depth	From	To	<u>Pre Pad cal chloride</u>	Max <u>38 bbl</u>		5 Min.
Volume <u>17</u>	Volume	From	To	<u>Pad Cell Slake</u>	Min		10 Min.
Max Press	Max Press	From	To	Frac	Avg		15 Min.
Well Connection <u>P.C.</u>	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <u>250</u>	Packer Depth	From	To	Flush <u>16</u>	Gas Volume		Total Load

Customer Representative	Station Manager <u>Dave Scott</u>	Treater <u>Steve Orlando</u>
Service Units <u>27283 33708 / 20920 19960 19918</u>		
Driver Names <u>Orlando Melson Pyle</u>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>1:00 PM</u>					<u>On location - Safety meeting</u>
					<u>Run 6 Jts 8 5/8 Casing</u>
					<u>Casing on Bottom</u>
					<u>Break Circ w/ Rig</u>
<u>5:50</u>	<u>300</u>		<u>38</u>	<u>4</u>	<u>Mix 175 SKS Common @ 15.6 gal</u>
					<u>Shut Down</u>
					<u>Release Plug</u>
<u>6:10</u>	<u>0</u>		<u>0</u>	<u>4</u>	<u>Start H2O Displacement</u>
<u>6:13</u>	<u>300</u>		<u>10</u>	<u>4</u>	<u>Cement TO Surface</u>
<u>9:15</u>	<u>300</u>		<u>16</u>	<u>4</u>	<u>Plug Down</u>
					<u>Job Complete</u>
					<u>Thanks, Steve</u>
					<u>Circulation thru Job</u>
					<u>circulated 6 bbl Cement top 1+</u>

FIELD SERVICE TICKET

1718 02508 A



10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

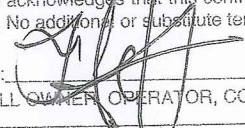
DATE _____ TICKET NO. _____

OF 9-8-10 DISTRICT Pratt		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:	
CUSTOMER Griffin Management		LEASE Dana WELL NO. B-1	
ADDRESS		COUNTY Harper STATE KS	
CITY STATE		SERVICE CREW Orlando, Anthony, Melbrow	
AUTHORIZED BY		JOB TYPE: CNU-5 1/2 L.S.	

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
27283	1						9-8-10	AM 2:00
9889-19842	1							PM 4:00
19831-19862	1							AM 9:00
								PM 10:00
								AM 10:00
								PM 10:00
						MILES FROM STATION TO WELL	65	

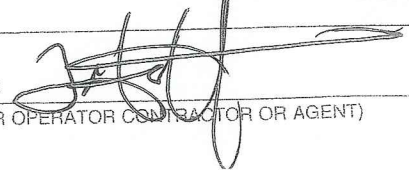
CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: 
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA 2 Cement	SK	200		3400.00
CP103	60/40 P02	SK	85		1020.00
CC102	CellFlare	Lb	50		185.00
CC111	Salt	Lb	913		456.50
CC112	Friction Reducer	Lb	94		564.00
CC115	Gas Blok	Lb	188		968.20
CC201	Gilsonite	Lb	1000		610.00
CF1007	Latch Down Plug + Baffle	ea	1		400.00
CF1251	Auto Kill Float Shoe	ea	1		360.00
CF1651	Turbolizer	ea	6		660.00
CF1901	Basket	ea	2		580.00
C704	KCL Substitute	Gal	5		175.00
E100	Pickup Mileage	mi	65		276.25
E101	Heavy Equipment Mileage	mi	130		910.00
E113	Bulk Delivery	tm	852		1362.40
CE205	Depth Charge 4001-5000'	hrs	1		2620.00
CE240	Cement Service Charge	SK	235		397.00
CE504	Plug Container	ea	1		250.00
S003	Service Supervisor	ea	1		175.00
SUB TOTAL					10272.00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE 

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: 
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



ASIC services, L.P.

TREATMENT REPORT

Griffen Management		Lease No.	Date	
Deng B		Well # 1	9-8-10	
Order # 300	Station Pratt	Casing 5 1/2 15.5	Depth 4611	County Harper State KS
Job CNW-5 1/2 L.S.			Formation	Legal Description 31-33-8

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2 15.5		200 sks		AA2 cement			5 Min.	
Depth 4611	Depth	From	To 100 sks	Pre Pad 60/40 poz	Max			
Volume 109.7	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection 4599	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth P.C.	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative J.R. Griffen	Station Manager Dave Scott	Treater Steve Orlando
Service Units 27283	19831/19862	19889/19842
Driver Names Orlando	m. mcbraw	J. Anthony

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:00 AM					On location Safety meeting
					Run 5 1/2 casing Baskets 2-10
					Centralizers 1-2-3-4-5-6
					Casing On Bottom Break Circ w/Key
9:15	300		13	4 @	Mix 35 sks 60/40 poz @ 15 #/gal
9:18	300		48	4 @	Mix 200 sks AA2 @ 15.3 #/gal
					Shut Down - Clear pump & line
					Release plug
9:37	0		0	5 @	Start H2O Displacement w 2% KCL
9:50	350		70	4 @	Lift Pressure
9:57	600		100	4	Slow Rate
10:00 AM	1500		109.5	3 @	Plug Down
					Job Complete



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Prepared For: **Charles N. Griffin**

P O Box 347
Pratt Ks 67124

ATTN: Charles Griffin

31-33s-8w Harper,Ks

Dena B#1

Start Date: 2010.09.06 @ 07:40:39

End Date: 2010.09.06 @ 15:55:03

Job Ticket #: 40142 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Charles N. Griffin

Dena B#1

31-33s-8w Harper,Ks

DST # 1

Miss

2010.09.06



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Charles N. Griffin

Dena B#1

P O Box 347
Pratt Ks 67124

31-33s-8w Harper, Ks

Job Ticket: 40142

DST#: 1

ATTN: Charles Griffin

Test Start: 2010.09.06 @ 07:40:39

GENERAL INFORMATION:

Formation: **Miss**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 10:30:04

Time Test Ended: 15:55:03

Test Type: Conventional Bottom Hole

Tester: Ray Schwager

Unit No: 42

Interval: **4512.00 ft (KB) To 4530.00 ft (KB) (TVD)**

Total Depth: 4530.00 ft (KB) (TVD)

Hole Diameter: 7.85 inches Hole Condition: Poor

Reference Elevations: 1309.00 ft (KB)

1300.00 ft (CF)

KB to GR/CF: 9.00 ft

Serial #: 6625

Inside

Press@RunDepth: 143.59 psig @ 4513.00 ft (KB)

Start Date: 2010.09.06

End Date:

2010.09.06

Start Time: 07:40:39

End Time:

15:55:03

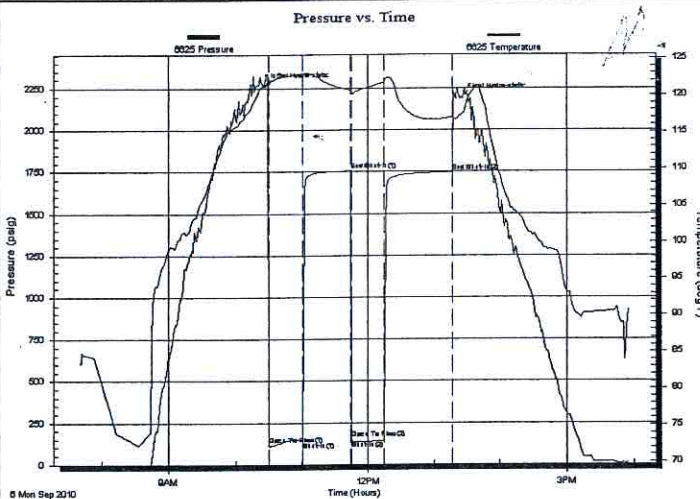
Capacity: 8000.00 psig

Last Calib.: 2010.09.06

Time On Btm: 2010.09.06 @ 10:25:34

Time Off Btm: 2010.09.06 @ 13:24:33

TEST COMMENT: IFP-strg bl GTS in 3 min
FFP-GTS



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2264.75	121.16	Initial Hydro-static
5	122.49	121.41	Open To Flow (1)
35	139.78	122.63	Shut-In(1)
79	1756.41	120.67	End Shut-In(1)
80	153.34	120.24	Open To Flow (2)
110	143.59	121.84	Shut-In(2)
172	1748.76	117.06	End Shut-In(2)
179	2190.30	117.31	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	HO&GCM 20%G30%O50%M	0.28
60.00	MGO 20%G58%O10%W12%M	0.84

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.50	26.00	272.53
Last Gas Rate	0.75	26.00	631.04
Max. Gas Rate	0.50	48.00	420.93



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Charles N. Griffin

Dena B#1

P O Box 347
Pratt Ks 67124

31-33s-8w Harper, Ks

Job Ticket: 40142

DST#: 1

ATTN: Charles Griffin

Test Start: 2010.09.06 @ 07:40:39

Tool Information

Drill Pipe:	Length: 4511.00 ft	Diameter: 3.80 inches	Volume: 63.28 bbl	Tool Weight: 2200.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 80000.00 lb
			<u>Total Volume: 63.28 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	20.00 ft			String Weight: Initial 67000.00 lb
Depth to Top Packer:	4512.00 ft			Final 67000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	18.00 ft			
Tool Length:	39.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		
Tool Comments:				

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4492.00	
Shut In Tool	5.00			4497.00	
Hydraulic tool	5.00			4502.00	
Packer	5.00			4507.00	21.00 Bottom Of Top Packer
Packer	5.00			4512.00	
Stubb	1.00			4513.00	
Recorder	0.00	6625	Inside	4513.00	
Recorder	0.00	8652	Outside	4513.00	
Perforations	14.00			4527.00	
Bullnose	3.00			4530.00	18.00 Bottom Packers & Anchor
Total Tool Length:	39.00				



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Charles N. Griffin

Dena B#1

P O Box 347
Pratt Ks 67124

31-33s-8w Harper, Ks

Job Ticket: 40142

DST#: 1

ATTN: Charles Griffin

Test Start: 2010.09.06 @ 07:40:39

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 56.00 sec/qt

Cushion Volume:

bbf

Water Loss: 10.74 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
20.00	HO&GCM 20%G30%O50%M	0.281
60.00	MGO 20%G58%O10%W12%M	0.842

Total Length: 80.00 ft Total Volume: 1.123 bbf

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

GAS RATES

Charles N. Griffin

Dena B#1

P O Box 347
Pratt Ks 67124

31-33s-8w Harper, Ks

Job Ticket: 40142

DST#: 1

ATTN: Charles Griffin

Test Start: 2010.09.06 @ 07:40:39

Gas Rates Information

Temperature: 59 deg C
Relative Density: 0.65
Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (mm)	Pressure (kPaa)	Gas Rate (m ³ /d)
1	5	0.50	26.00	272.53
1	5	0.50	26.00	272.53
1	15	0.50	48.00	420.93
2	5	0.75	23.00	584.18
2	15	0.75	26.00	631.04
2	25	0.75	26.00	631.04

Pressure vs. Time

