

## Kansas Corporation Commission Oil & Gas Conservation Division

1052984

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

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

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🗌 East 🗌 West
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set:Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:	W ox oma
Operator:	Delling Florid Management Plan
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content:ppm Fluid volume:bbls
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	
Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	QuarterSecTwpS. R East West
■ ENHR         Permit #:	
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

### **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 I II Approved by: Date:

Side Two



Operator Name: \_ Lease Name: \_ \_ Well #: \_ 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp. Perf. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

# ENERGY SERVICES

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

## FIELD SERVICE TICKET 1718 02505 A

F				DATE	TICKET NO						
DATE OF G -	2-10 DI	STRICT Pratt			NEW WELL	OLD □ P	ROD NINJ	□WDW	□ CL OF	ISTOMER RDER NO.:	
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SERVICE
REPRESENTATIVE Stare Orlando

THE ABOVE MATERIAL AND SERVICE
ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



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## SERVICES

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

## FIELD SERVICE TICKET 718 02508

PRESSURE PUMPING & WIRELINE TICKET NO. DATE CUSTOMER ORDER NO.: ☐ WDW PROD INJ OF DISTRICT WELL NO. 18-LEASE STOMER STATE COUNTY **ADDRESS** SERVICE CREW STATE CITY JOB TYPE: **AUTHORIZED BY** -8-10 HRS TRUCK CALLED **EQUIPMENT#** HRS EQUIPMENT# HRS EQUIPMENT# ARRIVED AT JOB 27283 9889-19842 START OPERATION 831-19862 **FINISH OPERATION** RELEASED MILES FROM STATION TO WELL

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 addition or supplies includes all of and only those terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: OR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICE	S USED	UNIT	QUANTITY	UNU PRICE	\$ AMOUNT
C PIDS	AA2 Cement		54	200-		3400,00
CPID3	60/40802		Sk	85 =		1020,00
CC107	CellPlane		16	50		180,00
CCILL	Salt		4	913 =		456,50
CC 112	Sriction Reducer		Lb	94 =		564.09
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CF 1251	Autosill Gloat Shae		eg	1 0		360,00
CF 1661	issilvelive T		le	2 =		660,00
CF 1901	Basket		24			580.00
C.704	KCL Substitute		Gal	5		13,00
E-100	Peckup milege		Min	65		910 69
EIVI	It eary Equipment Miles		mi	130		7/0,00
E113	BUIN Delivery	6	tm	852		130000
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CE 504	Plus Containes		60	-		175.00
5003	Service Supervisor		09			
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SERVICE REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

TOR OR AGENT) (WELL OWNER OPERATOR

FIELD SERVICE ORDER NO.

services, L.P.				
	/	16		
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## TREATMENT REPORT

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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

POBox 347 Pratt Ks 67124 Dena B#1

31-33s-8w Harper, Ks

Job Ticket: 40142

DST#:1

Test Start: 2010.09.06 @ 07:40:39

## GENERAL INFORMATION:

Formation:

Miss No

Deviated:

Whipstock:

ft (KB)

ATTN: Charles Griffin

Time Tool Opened: 10:30:04 Time Test Ended: 15:55:03

Interval:

4512.00 ft (KB) To 4530.00 ft (KB) (TVD)

Total Depth:

4530.00 ft (KB) (TVD)

Hole Diameter:

7.85 inchesHole Condition: Poor

Test Type:

Conventional Bottom Hole

Tester:

Ray Schwager

Unit No:

Reference Elevations:

1309.00 ft (KB)

1300.00 ft (CF)

KB to GR/CF:

9.00 ft

Serial #: 6625 Press@RunDepth: Inside

143.59 psig @

4513.00 ft (KB)

2010.09.06 End Date:

Capacity:

8000.00 psig

Last Calib .:

2010.09.06

Time On Btm:

2010.09.06 @ 10:25:34

Start Date:

Start Time:

2010.09.06 07:40:39

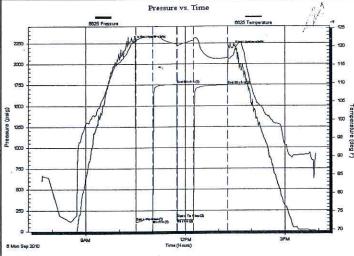
End Time:

15:55:03

Time Off Btm:

2010.09.06 @ 13:24:33

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



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

## 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



**TOOL DIAGRAM** 

Charles N. Griffin

Dena B#1

PO Box 347

31-33s-8w Harper, Ks

Pratt Ks 67124

Job Ticket: 40142

DST#: 1

ATTN: Charles Griffin

Test Start: 2010.09.06 @ 07:40:39

Tool Information

Drill Pipe: Heavy Wt. Pipe: Length:

Length: 4511.00 ft Diameter:

Length:

0.00 ft Diameter: 0.00 ft Diameter:

3.80 inches Volume: 0.00 inches Volume: 0.00 inches Volume:

Total Volume:

63.28 bbl 0.00 bbl 0.00 bbl

63.28 bbl

Tool Weight:

2200.00 lb Weight set on Packer: 25000.00 lb

Weight to Pull Loose: 80000.00 lb

Tool Chased

0.00 ft

String Weight: Initial 67000.00 lb

Final 67000.00 lb

Drill Pipe Above KB:

20.00 ft 4512.00 ft

Depth to Top Packer: Depth to Bottom Packer:

ft

18.00 ft

Interval between Packers: Tool Length:

Drill Collar:

39.00 ft

2 Diameter:

6.75 inches

Tool Comments:

Number of Packers:

Tool Description	n Le	ength (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths	
Change Over Sub		1.00	i.		4492.00		
Shut In Tool		5.00		<b>6</b>	4497.00		
Hydraulic tool		5.00	17	Wil.	4502.00		
Packer		5.00			*4507.00	21.00	Bottom Of Top Packer
Packer		5.00		1/2-	4512.00		
Stubb		1.00		11	4513.00		
Recorder		0.00	6625	Inside	4513.00		
Recorder	<b>*</b> 2	0.00	8652	Outside	4513.00		
Perforations		14.00			4527.00		
Bullnose		3.00			4530.00	18.00	Bottom Packers & Anchor
To	tal Tool Length:	39.00					



**FLUID SUMMARY** 

Charles N. Griffin

Dena B#1

PO 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:

Water Salinity:

ppm

Viscosity:

56.00 sec/qt

Cushion Volume:

ft bbl

Water Loss: Resistivity:

Filter Cake:

10.74 in<sup>3</sup> ohm.m Gas Cushion Type: Gas Cushion Pressure:

psig

Salinity:

3000.00 ppm 1.00 inches

## **Recovery Information**

## Recovery Table

Length ft	Description	Volume bbl
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 bbl

Num Fluid Samples: 0

Num Gas Bombs: Laboratory Location: Serial #:

Laboratory Name:

Recovery Comments:

Trilobite Testing, Inc.

Ref. No: 40142

Printed: 2010.09.14 @ 09:25:30 Page 4



**GAS RATES** 

Charles N. Griffin

Dena B#1

P O Box 347 Pratt Ks 67124

31-33s-8w Harper,Ks

2

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:

8.0

## Gas Rates Table

Flow Period	Elapsed Time	Choke (mm)	Pressure (kPaa)	Gas Rate (m³/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



