



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

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: _____



1055128

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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BASIC
ENERGY SERVICES

PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 03213 A

DATE _____ TICKET NO. _____

DATE OF JOB 12-13-10	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 Morgan			WELL NO. 1					
ADDRESS		COUNTY Harper	STATE KS							
CITY		SERVICE CREW Orlando, Lesley, M. McBraw								
AUTHORIZED BY		JOB TYPE: C/NW-Surface								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
27283	1						12-13-10			4:00
27463	1									5:30
19826-19860	1									7:00
										7:30
										8:00
						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.

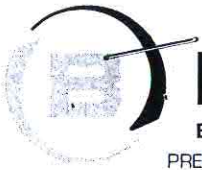
SIGNED: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
BCP100	Common	SK	200		3200 00
CC102	Cellflake	Lb	50		185 00
CC109	Calcium Chloride	Lb	376		394 80
CF153	Wooden Cement Plug	ea	1		160 00
E100	Pickup Mileage	m.	65		276 25
E101	Heavy Equipment Mileage	m.	130		910 00
E113	Bulk Delivery	Tm	611		977 60
CE200	Depth Charge 0-500'	ea	1		1000 00
CE240	Cement Service Charge	SK	200		2800 00
CES04	Plug Container	ea	1		250 00
S003	Service Supervisor	ea	1		175 00

CHEMICAL / ACID DATA:			

SUB TOTAL		DLS		5622.23	
SERVICE & EQUIPMENT	%TAX ON \$				
MATERIALS	%TAX ON \$				
TOTAL					

SERVICE REPRESENTATIVE	Steve Deland	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:	<i>[Signature]</i>
FIELD SERVICE ORDER NO.		(WELL OWNER OPERATOR CONTRACTOR OR AGENT)	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 03378 A

4-345-9W

DATE _____ TICKET NO. _____

DATE OF JOB 12-19-10		DISTRICT Pratt, Kansas		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 Morgan				WELL NO. 1	
ADDRESS				COUNTY Harper		STATE Kansas			
CITY				STATE		SERVICE CREW C. Messick, C. Veatch, L. Wisner			
AUTHORIZED BY				JOB TYPE: C.N.W. - Longstring					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19,866	.5						12-18-10	PM	6:00
						ARRIVED AT JOB	12-18-10	PM	11:00
27,463	.5					START OPERATION	12-19-10	AM	9:15
						FINISH OPERATION	12-19-10	AM	5:45
19,960-19,918	.5					RELEASED	12-19-10	PM	6:30
						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
CP 105	AA 2 Cement	sk	150		\$ 2,550 00
CP 103	60/40 Poz Cement	sk	50		\$ 600 00
CC 102	Cellflite	Lb	38		\$ 140 60
CC 111	Salt (Fine)	Lb	685		\$ 342 50
CC 112	Cement Friction Reducer	Lb	71		\$ 426 60
CC 115	Gas Blokr	Lb	141		\$ 726 15
CC 201	Gilsonite	Lb	750		\$ 502 50
CF 607	Latch Down Plug and Baffle, 5 1/2"	ea	1		\$ 400 00
CF 1291	Auto Fill Float Shoe, 5 1/2"	ea	1		\$ 360 00
CF 1651	Turbolizer, 5 1/2"	ea	4		\$ 440 60
CF 1901	Bastret, 5 1/2"	ea	1		\$ 290 00
CT 04	CS-1L	Gal	5		\$ 175 -
CC 151	Mud Flush	Gal	500		\$ 430 -

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <i>R. Messick</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Emilia Rojas</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.



DRILL STEM TEST REPORT

Prepared For: **Charles N Griffin**

PO Box 347
Pratt KS 67124

ATTN: Bruce Reed

4 34s 9w Harper KS

Morgan #1

Start Date: 2010.12.17 @ 12:27:27

End Date: 2010.12.17 @ 21:33:37

Job Ticket #: 37405 DST #: 1

Trilobite Testing, Inc

PO Box 1733 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Charles N Griffin

Morgan #1

4 34s 9w Harper KS

DST # 1

Miss

2010.12.17



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Charles N Griffin

Morgan #1

PO Box 347
Pratt KS 67124

4 34s 9w Harper KS

Job Ticket: 37405

DST#: 1

ATTN: Bruce Reed

Test Start: 2010.12.17 @ 12:27:27

GENERAL INFORMATION:

Formation: **Miss**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 15:00:07

Time Test Ended: 21:33:37

Interval: **4528.00 ft (KB) To 4569.00 ft (KB) (TVD)**

Total Depth: 4569.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Test Type: Conventional Bottom Hole

Tester: Esak Hadley

Unit No: 34

Reference Elevations: 1318.00 ft (KB)

1305.00 ft (CF)

KB to GR/CF: 13.00 ft

Serial #: 6773

Inside

Press@RunDepth: 256.61 psig @ 4529.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2010.12.17

End Date: 2010.12.17

Last Calib.: 2010.12.17

Start Time: 12:27:27

End Time: 21:33:37

Time On Btm: 2010.12.17 @ 14:47:07

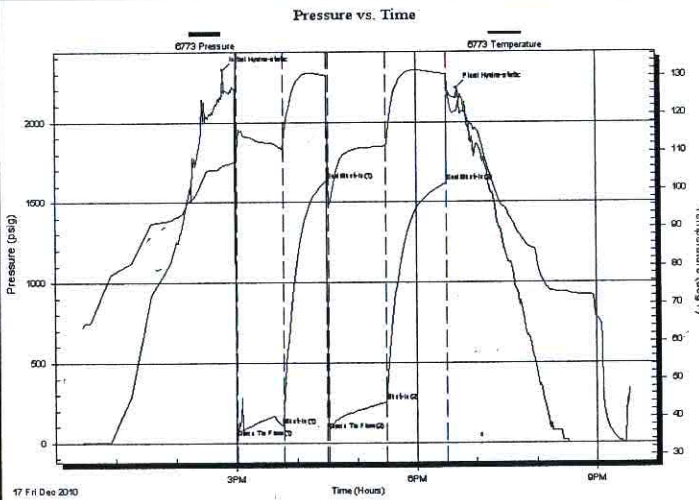
Time Off Btm: 2010.12.17 @ 18:41:06

TEST COMMENT: IF Weak blow . BOB in 5 min. GTS in 37 min. (see gas flow report)

ISI Weak surface blow . No more than 1/4".

FF Strong blow . BOB in 2 sec.

FSI No blow .



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2323.92	106.48	Initial Hydro-static
13	38.22	107.60	Open To Flow (1)
60	107.65	110.70	Shut-In(1)
103	1632.98	130.02	End Shut-In(1)
105	78.15	96.46	Open To Flow (2)
162	256.61	111.57	Shut-In(2)
224	1622.71	130.46	End Shut-In(2)
234	2211.80	121.18	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
118.00	GCM 5%g 95%m	0.58
82.00	GCM w/o specs 5%g 95%m	0.61

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.50	35.00	333.24
Last Gas Rate	0.13	153.00	62.66
Max. Gas Rate	0.13	153.00	62.66



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Charles N Griffin

Morgan #1

PO Box 347
Pratt KS 67124

4 34s 9w Harper KS

Job Ticket: 37405

DST#: 1

ATTN: Bruce Reed

Test Start: 2010.12.17 @ 12:27:27

Tool Information

Drill Pipe:	Length: 4349.00 ft	Diameter: 3.80 inches	Volume: 61.01 bbl	Tool Weight: 2100.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 24000.00 lb
Drill Collar:	Length: 177.00 ft	Diameter: 2.25 inches	Volume: 0.87 bbl	Weight to Pull Loose: 75000.00 lb
			Total Volume: 61.88 bbl	Tool Chased 0.00 ft
Drill Pipe Above KB:	19.00 ft			String Weight: Initial 66000.00 lb
Depth to Top Packer:	4528.00 ft			Final 66000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	41.00 ft			
Tool Length:	62.00 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			4508.00	
Shut In Tool	5.00			4513.00	
Hydraulic tool	5.00			4518.00	
Packer	5.00			4523.00	21.00 Bottom Of Top Packer
Packer	5.00			4528.00	
Stubb	1.00			4529.00	
Recorder	0.00	8166	Outside	4529.00	
Recorder	0.00	6773	Inside	4529.00	
Change Over Sub	1.00			4530.00	
Blank Spacing	31.00			4561.00	
Change Over Sub	1.00			4562.00	
Perforations	4.00			4566.00	
Bullnose	3.00			4569.00	41.00 Bottom Packers & Anchor

Total Tool Length: 62.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Charles N Griffin

Morgan #1

PO Box 347
Pratt KS 67124

4 34s 9w Harper KS

Job Ticket: 37405

DST#: 1

ATTN: Bruce Reed

Test Start: 2010.12.17 @ 12:27:27

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 49.00 sec/qt

Cushion Volume:

bbl

Water Loss: 9.18 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 2000.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
118.00	GCM 5%g 95%m	0.580
82.00	GCM w/o specs 5%g 95%m	0.613

Total Length: 200.00 ft

Total Volume: 1.193 bbl

Num Fluid Samples: 1

Num Gas Bombs: 1

Serial #: eh-1

Laboratory Name: Caraway

Laboratory Location: Liberal, KS

Recovery Comments:



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

GAS RATES

Charles N Griffin

Morgan #1

PO Box 347
Pratt KS 67124

4 34s 9w Harper KS

ATTN: Bruce Reed

Job Ticket: 37405

DST#: 1

Test Start: 2010.12.17 @ 12:27:27

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	42	0.50	35.00	333.24
1	42	0.50	35.00	333.24
1	45	0.50	21.00	238.80
2	10	0.13	75.00	33.46
2	20	0.13	104.00	44.32
2	30	0.13	120.00	50.30
2	40	0.13	138.00	57.04
2	50	0.13	153.00	62.66

Serial #: 6773

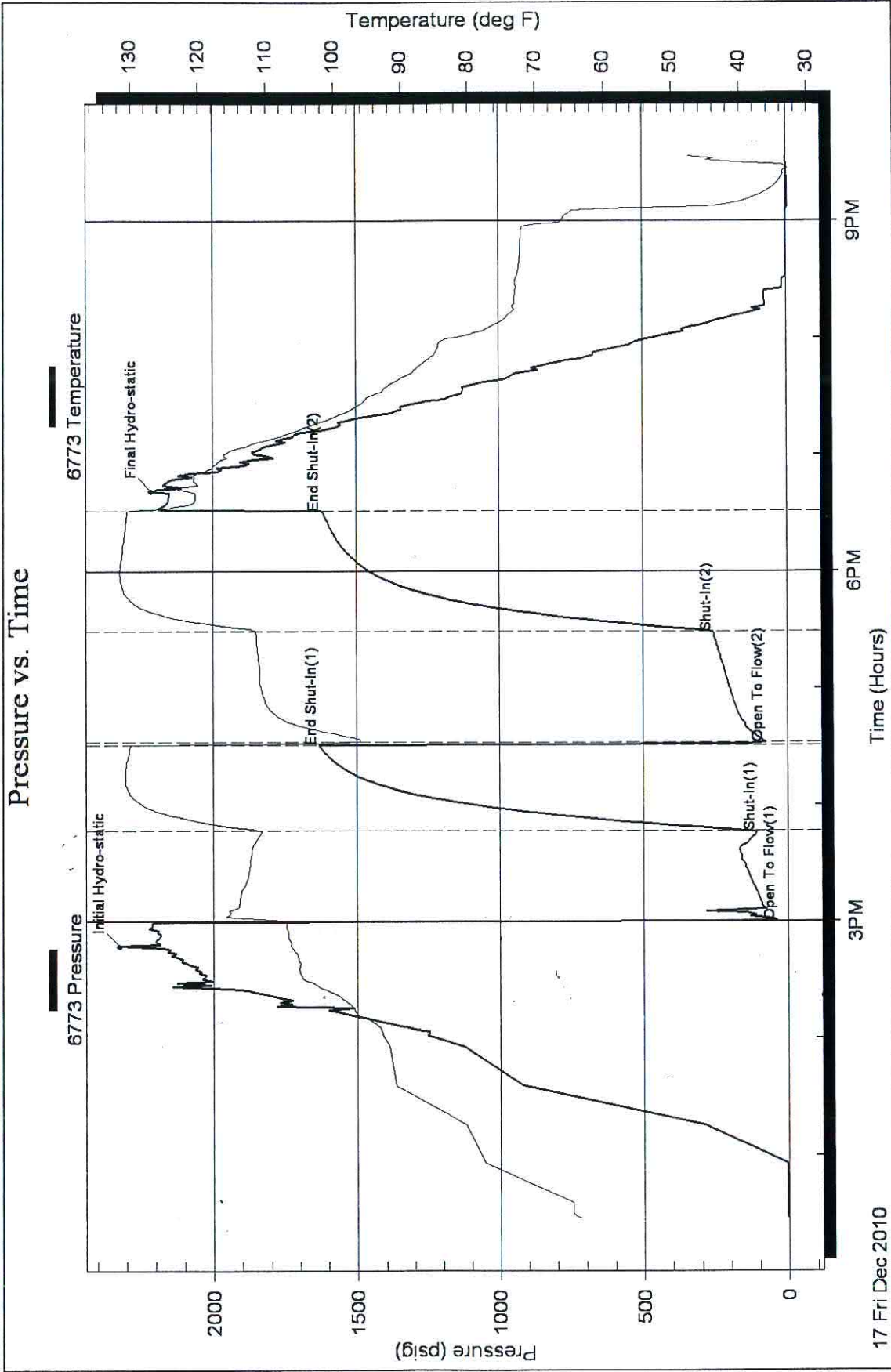
Inside

Charles N Griffin

4 34s 9w Harper KS

DST Test Number: 1

Pressure vs. Time



17 Fri Dec 2010