



KANSAS CORPORATION COMMISSION 1096714
OIL & GAS CONSERVATION DIVISION

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 # _____

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: _____



1096714

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 Bbbs.	Gas Mcf	Water Bbbs.	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> <i>(Submit ACO-4)</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 06236 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-27-12		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: Koblitz				WELL NO. 6X	
ADDRESS:				COUNTY: Harper		STATE: KS			
CITY:		STATE:		SERVICE CREW: Orlando, Wright, Pierson					
AUTHORIZED BY:				JOB TYPE: CNW- 8 5/8 Surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
27283	4 1/2						5-26-12	9:00	
17957-20900	4 1/2					ARRIVED AT JOB	5-26-12	11:30	
17826-19860	4 1/2					START OPERATION	5-27-12	4:00	
						FINISH OPERATION	?	4:45	
						RELEASED		5:00	
						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
CP100	Common	sq	200		3200.00
CE102	Collar	Lb	50		185.00
CE109	Calcium Chloride	lb	376		394.80
CF153	Wooden Cement Plug 8 5/8"	ea	1		160.00
E100	Pickup Mileage	mi	65		276.35
E101	Heavy Equipment Mileage	mi	130		910.00
E113	Bulk Delivery	Tm	611		977.00
CE200	Depth Charge 0-200	ea	1		1000.00
CE240	Blending Blending Mixing #2	ea	200		280.00
S003	Service Supervisor	ea	-1		175.00
CE504	plug container	ea	1		350.00

CHEMICAL / ACID DATA:			

SUB TOTAL		6246.90
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: <u>Steve Orlando</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
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FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Prepared For: **Charles N. Griffin**

PO Box 347
Pratt KS 67124

ATTN: Bruce Reed

Koblitz #6x

26-34s-9w Harper,KS

Start Date: 2012.06.02 @ 18:21:48

End Date: 2012.06.03 @ 03:09:33

Job Ticket #: 47542 DST #: 1

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

ORIGINAL

Printed: 2012.06.08 @ 14:36:17

Charles N. Griffin
26-34s-9w Harper,KS
Koblitz #6x
DST # 1
Miss.
2012.06.02



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Charles N. Griffin

26-34s-9w Harper,KS

PO Box 347
Pratt KS 67124

Koblitz #6x

Job Ticket: 47542

DST#: 1

ATTN: Bruce Reed

Test Start: 2012.06.02 @ 18:21:48

GENERAL INFORMATION:

Formation: **Miss.**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 20:56:18

Time Test Ended: 03:09:33

Test Type: Conventional Bottom Hole (Initial)

Tester: Gary Pevoteaux

Unit No: 56

Interval: **4609.00 ft (KB) To 4634.00 ft (KB) (TVD)**

Reference Elevations: 1282.00 ft (KB)

Total Depth: 4634.00 ft (KB) (TVD)

1274.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

Serial #: 8352 Inside

Press@RunDepth: 14.44 psig @ 4610.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.06.02 End Date: 2012.06.03

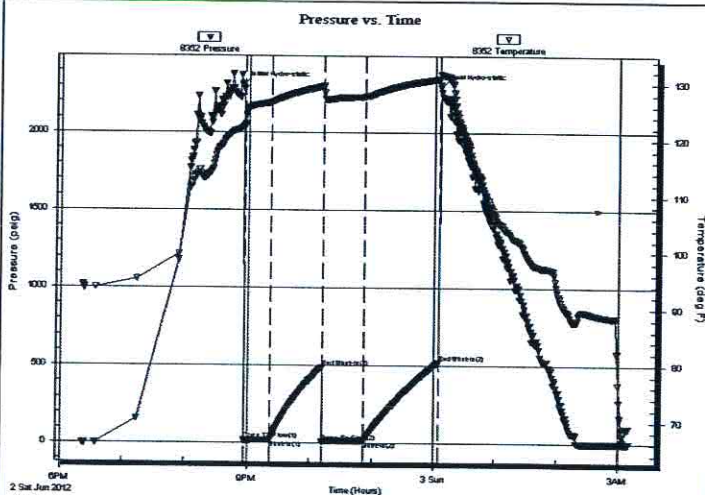
Last Calib.: 2012.06.03

Start Time: 18:21:53 End Time: 03:09:33

Time On Btm: 2012.06.02 @ 20:53:48

Time Off Btm: 2012.06.03 @ 00:05:48

TEST COMMENT: IF:Strong blow . B.O.B. in 2 - 3 secs.
ISI:No blow .
FF:Strong blow . B.O.B. in 2 secs.
FSI:Weak blow . 1/2" decreasing.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2301.59	122.26	Initial Hydro-static
3	17.61	122.38	Open To Flow (1)
28	18.18	126.70	Shut-In(1)
78	490.78	129.62	End Shut-In(1)
79	9.24	129.35	Open To Flow (2)
119	14.44	127.69	Shut-In(2)
191	521.20	130.86	End Shut-In(2)
192	2290.06	131.75	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
25.00	Drig.mud	0.12
0.00	2105 ft.of GIP	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Charles N. Griffin

26-34s-9w Harper, KS

PO Box 347
Pratt KS 67124

Koblitz #6x

Job Ticket: 47542

DST#: 1

ATTN: Bruce Reed

Test Start: 2012.06.02 @ 18:21:48

Tool Information

Drill Pipe:	Length: 4495.00 ft	Diameter: 3.80 inches	Volume: 63.05 bbl	Tool Weight: 2400.00 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: 120.00 ft	Diameter: 2.25 inches	Volume: 0.59 bbl	Weight to Pull Loose: 76000.00 lb
		Total Volume: 63.64 bbl		Tool Chased 0.00 ft
Drill Pipe Above KB:	26.00 ft			String Weight: Initial 59000.00 lb
Depth to Top Packer:	4609.00 ft			Final 59000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	25.00 ft			
Tool Length:	45.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		
Tool Comments:				

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
C.O. Sub	1.00			4590.00	
Shut in tool	5.00			4595.00	
HMV	5.00			4600.00	
Packer	4.00			4604.00	20.00 Bottom Of Top Packer
Packer	5.00			4609.00	
Stubb	1.00			4610.00	
Recorder	0.00	8352	Inside	4610.00	
Recorder	0.00	8370	Outside	4610.00	
Perforations	19.00			4629.00	
Bullnose	5.00			4634.00	25.00 Bottom Packers & Anchor
Total Tool Length:	45.00				



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Charles N. Griffin

26-34s-9w Harper, KS

PO Box 347
Pratt KS 67124

Koblitz #6x

Job Ticket: 47542

DST#: 1

ATTN: Bruce Reed

Test Start: 2012.06.02 @ 18:21:48

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 46.00 sec/qt

Water Loss: 12.78 in³

Resistivity: 0.00 ohm.m

Salinity: 9500.00 ppm

Filter Cake: 0.20 inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psig

Oil API:

Water Salinity: 9500 ppm

deg API

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
25.00	Drlg.mud	0.123
0.00	2105 ft.of GIP	0.000

Total Length: 25.00 ft Total Volume: 0.123 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments: LCM 8#/bbl

Serial #: 8352

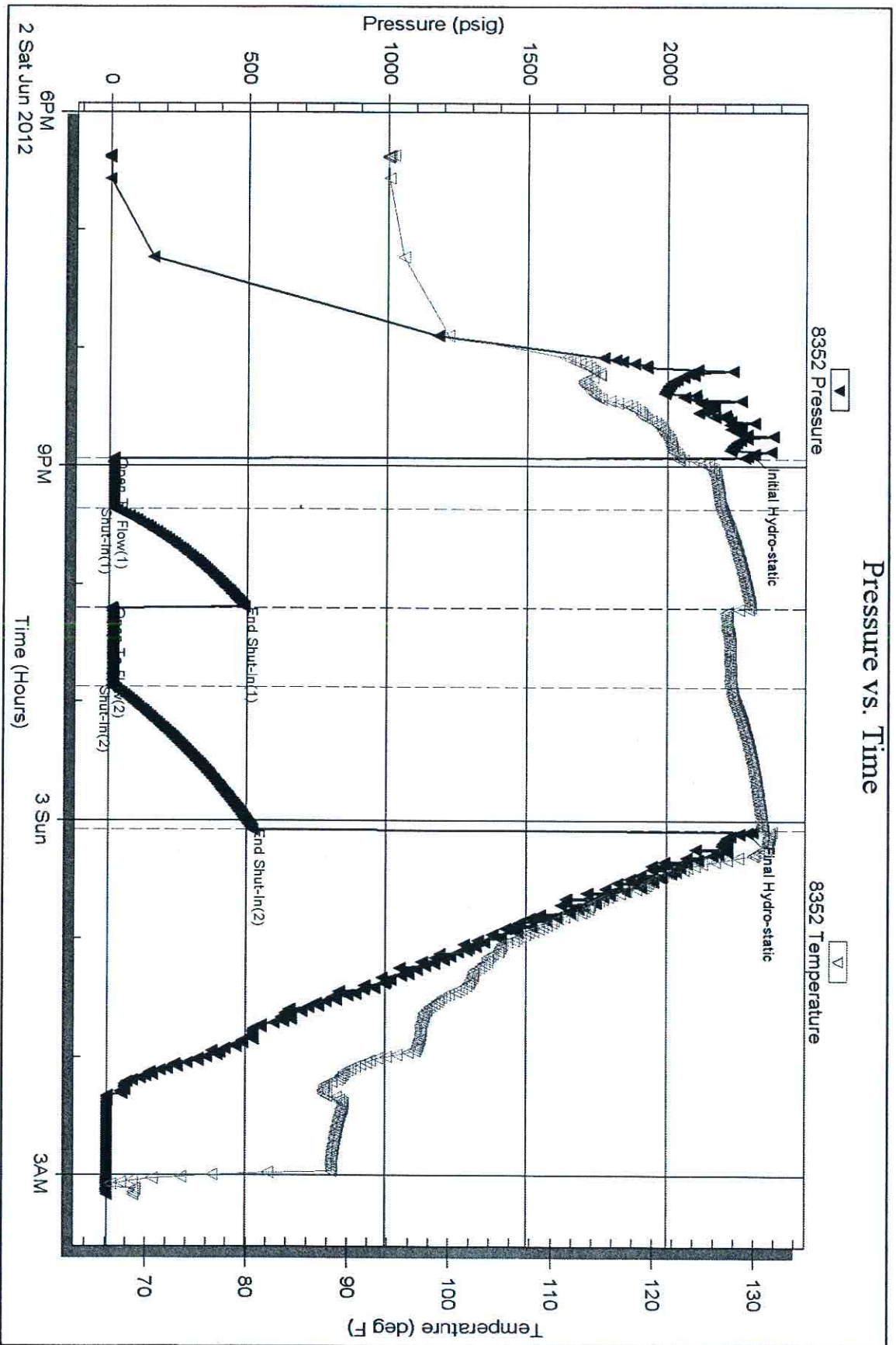
Inside

Charles N. Griffin

Kobitz #6x

DST Test Number: 1

Pressure vs. Time

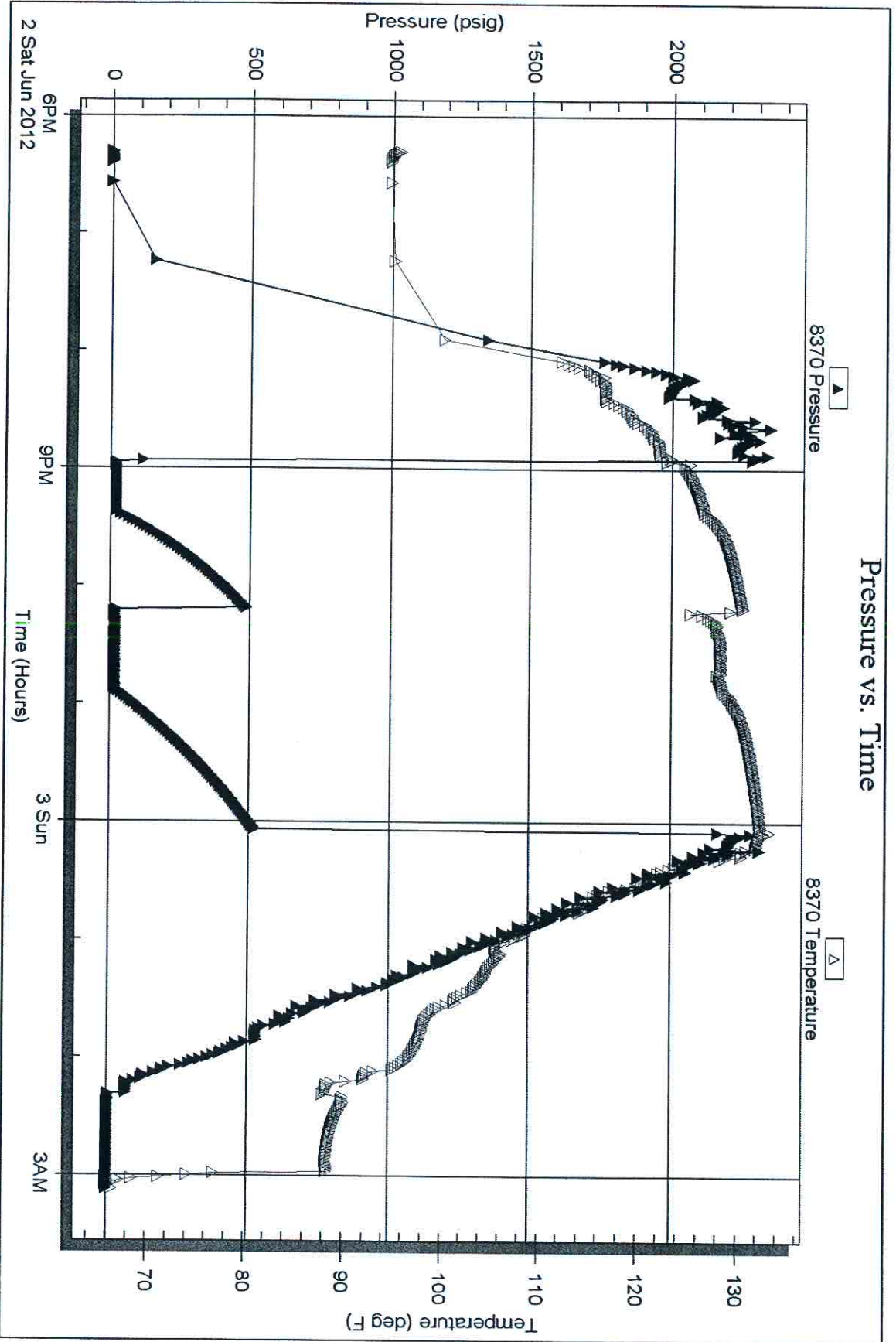


Serial #: 8370

Outside Charles N. Griffin

Kobitz #6x

DST Test Number: 1





TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 47542

Well Name & No. KOBLITZ # CX Test No. 1 Date 6-2-12
 Company CHARLES N. GRIFFIN Elevation 1282 KB 1274 GL
 Address P.O. Box 347, PRATT KS. 67124
 Co. Rep / Geo. BRUCE REED Rig FOSSIL DRUG. #2
 Location: Sec. 26 Twp. 34 S Rge. 9 W Co. HARPER State KS

Interval Tested 4609 - 4634' Zone Tested MISS.
 Anchor Length 25' Drill Pipe Run 4495' Mud Wt. 9.0
 Top Packer Depth 4604' Drill Collars Run 120' Vis 46
 Bottom Packer Depth 4609' Wt. Pipe Run 0 WL 12.8 cc
 Total Depth 4634' Chlorides 9500 ppm System LCM 8 #
 Blow Description IF: Strong blow. B.O.B. in 2-3 secs. ISI: No blow.

FF: Strong blow B.O.B. in 2 secs. FSI: Weak blow. 1/2" decreasing.

Rec	Feet of	%gas	%oil	%water	%mud
<u>2105</u>	<u>GIP</u>				
<u>25</u>	<u>Reg Mud</u>				

Rec Total 25 BHT 1310 Gravity N/A API RW N.C. @ — °F Chlorides 9500 ppm
 (A) Initial Hydrostatic 2302 Test 1250 T-On Location 1602
 (B) First Initial Flow 18 Jars T-Started 1821
 (C) First Final Flow 18 Safety Joint T-Open 2056
 (D) Initial Shut-In 491 Circ Sub T-Pulled 2359
 (E) Second Initial Flow 9 Hourly Standby 1h 100 T-Out 0309
 (F) Second Final Flow 14 Mileage 140 217 Comments _____
 (G) Final Shut-In 521 Sampler _____
 (H) Final Hydrostatic 2290 Straddle _____

Initial Open 30 Ruined Shale Packer _____
 Initial Shut-In 45 Ruined Packer _____
 Final Flow 45 Extra Packer _____
 Final Shut-In 60 Extra Recorder _____
 Sub Total 0 Day Standby _____
 Total 1567 Accessibility _____
 Sub Total 1567 MP/DST Disc't Pratt

Approved By Bruce A. Reed

Our Representative Cory Kroteaux

TriLOBITE Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.