



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: _____



1112476

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	HOULTON 2
Doc ID	1112476

Tops

Name	Top	Datum
Lansing	3692	-2213
Stark	4055	-2576
B/KC	4148	-2669
Mississippi	4236	-2757
Kinderhook	4403	-2924
Viola	4508	-3029
Simpson	4613	-3134
Sand	4630	-3151



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 05814 A

DATE _____ TICKET NO. _____

DATE OF JOB 2-25-12 DISTRICT PRATT KS	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 ASH B 3 WELL NO.
ADDRESS	COUNTY BARBER STATE KS
CITY STATE	SERVICE CREW Sullivan, madsen, forney
AUTHORIZED BY	JOB TYPE: cnw 8 3/4 surface

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
13708-20770	20 m						2-25-12	PM	4:30
9959-19860	30 m							AM	7:00
37900								AM	8:50
								AM	9:20
								AM	10:00
						MILES FROM STATION TO WELL			40

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
P 100	Common CNT	SK	200		3,200 00
C 702	Cellfate	lb	50		185 00
C 109	Calcium chloride	lb	376		394 80
E 153	wooden plug	EA	1		160 00
100	pickup mileage	mi	40		170 00
101	Heavy Equip mi	mi	80		500 00
113	Bulk Pellets	TN	376		601 60
E 200	Depth dirty o-sol	EA	1		1,000 00
E 240	Blenders - 1 min	SK	200		380 00
E 504	plug container metal	EA	1		250 00
003	Sched Sequence	EA	1		175 00

CHEMICAL / ACID DATA:			

SUB TOTAL	ALS	5,511 36
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

Thank you

SERVICE REPRESENTATIVE: *[Signature]*
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*
(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 05820 A

DATE _____ TICKET NO. _____

DATE OF JOB 03-04-12	DISTRICT PRATT KS	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 ASH B		3 WELL NO.					
ADDRESS		COUNTY BARBER		STATE KS					
CITY		STATE		SERVICE CREW Sullivan, Nelson, Pearson					
AUTHORIZED BY		JOB TYPE: CW 5 th Long Stay							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
33708-20920	40						03-04-12	AM	13:00
19831-19862	40					ARRIVED AT JOB		AM	6:15
37900						START OPERATION		AM	9:15
						FINISH OPERATION		AM	9:30
						RELEASED		AM	10:30
						MILES FROM STATION TO WELL			35

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)

TEMP/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
P 105	AA-2 smt	SK	200		3,400.00
P 103	60/40 Ro2 smt	SK	50		600.00
C 102	Cell Fake	lb	50		185.00
C 111	SALT	lb	913		456.50
C 112	CMT Friction Reducer	lb	94		564.00
C 115	GAS-BLOCK	lb	188		968.20
C 201	gilsanit	lb	1,000		670.00
F 607	LATCH JAW PLUG 5/12	SA	1		400.00
F 1251	Auto Fill	SA	1		360.00
F 1651	Turbolizer	SA	7		770.00
F 1901	BASKET	SA	1		290.00
F 704	KCL Sub	ML	6		210.00
C 151	mud-flush	gal	500		430.00
100	pep mi	mi	35		148.75
101	Heavy Sert mi	m	70		490.00
113	Bulk Delivery	Ton	414		646.80
F 205	Depth chg 4001-5000	SA	1		2,520.00
F 240	Bleeding - mixing	SA	250		350.00
F 504	Play - Containe (stated)	SA	1		250.00
2003	Schum Super	SA	1		175.00
SUB TOTAL					11,107.40

CHEMICAL / ACID DATA:

SERVICE & EQUIPMENT	%TAX ON \$	11,107.40
MATERIALS	%TAX ON \$	
TOTAL		

Thank you

SERVICE REPRESENTATIVE: _____

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

ELD 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 67124-0347

ATTN: Bruce Reed

Houlton #2

9-32s-12w Barber, KS

Start Date: 2012.12.12 @ 08:47:56

End Date: 2012.12.12 @ 18:16:41

Job Ticket #: 49709 DST #: 1



Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

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

Printed: 2012.12.13 @ 16:31:12



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Charles N. Griffin
 PO Box 347
 Pratt, KS 67124-0347
 ATTN: Bruce Reed

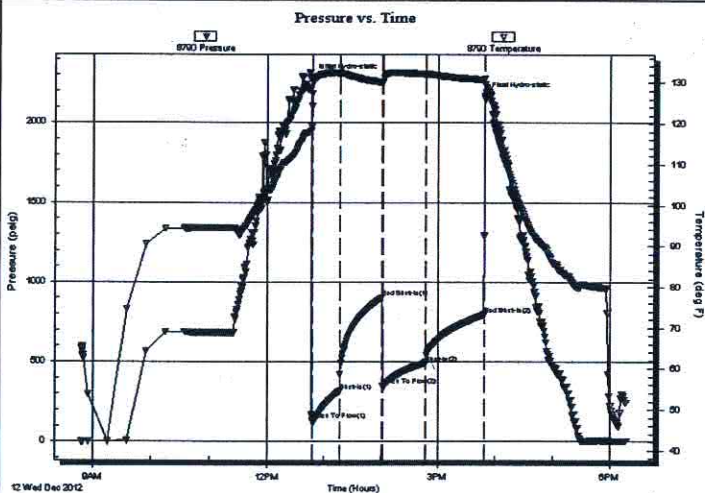
9-32s-12w Barber, KS
Houlton #2
 Job Ticket: 49709 DST#: 1
 Test Start: 2012.12.12 @ 08:47:56

GENERAL INFORMATION:

Formation: **Viola**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 12:47:26
 Time Test Ended: 18:16:41
 Interval: **4506.00 ft (KB) To 4535.00 ft (KB) (TVD)**
 Total Depth: **4535.00 ft (KB) (TVD)**
 Hole Diameter: **7.88 inches** Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Ryan Reynolds
 Unit No: 48
 Reference Elevations: 1479.00 ft (KB)
 1469.00 ft (CF)
 KB to GR/CF: 10.00 ft

Serial #: 8790 **Inside**
 Press@RunDepth: 491.18 psig @ 4507.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.12.12 End Date: 2012.12.12 Last Calib.: 2012.12.12
 Start Time: 08:48:01 End Time: 18:16:41 Time On Btm: 2012.12.12 @ 12:46:26
 Time Off Btm: 2012.12.12 @ 15:49:11

TEST COMMENT: IF: Strong blow . BOB 2 min. No GTS.
 IS: Weak blow . 1/4" - 2"
 FF: Strong blow . BOB 5 min. No GTS.
 FS: Weak blow . 1/4" - 1 1/2"



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2283.36	118.16	Initial Hydro-static
1	135.37	124.27	Open To Flow (1)
30	317.16	132.31	Shut-In(1)
75	902.32	130.15	End Shut-In(1)
75	349.58	129.84	Open To Flow (2)
121	491.18	132.12	Shut-In(2)
183	796.62	130.77	End Shut-In(2)
183	2170.66	131.03	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1110.00	MW 10% mud, 90% w tr	15.57
120.00	SLI OCMW trc% oil, 30% mud, 70% w tr	1.68
20.00	OGCWM 3% oil, 7% gas, 40% w tr, 50% m t.0.28	

Gas Rates

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



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Charles N. Griffin
PO Box 347
Pratt, KS 67124-0347
ATTN: Bruce Reed

9-32s-12w Barber, KS
Houlton #2
Job Ticket: 49709 **DST#: 1**
Test Start: 2012.12.12 @ 08:47:56

GENERAL INFORMATION:

Formation: **Viola**
Deviated: **No Whipstock:** ft (KB)
Time Tool Opened: 12:47:26
Time Test Ended: 18:16:41

Test Type: **Conventional Bottom Hole (Initial)**
Tester: **Ryan Reynolds**
Unit No: **48**

Interval: **4506.00 ft (KB) To 4535.00 ft (KB) (TVD)**
Total Depth: **4535.00 ft (KB) (TVD)**
Hole Diameter: **7.88 inches** Hole Condition: **Fair**

Reference Elevations: **1479.00 ft (KB)**
1469.00 ft (CF)
KB to GR/CF: **10.00 ft**

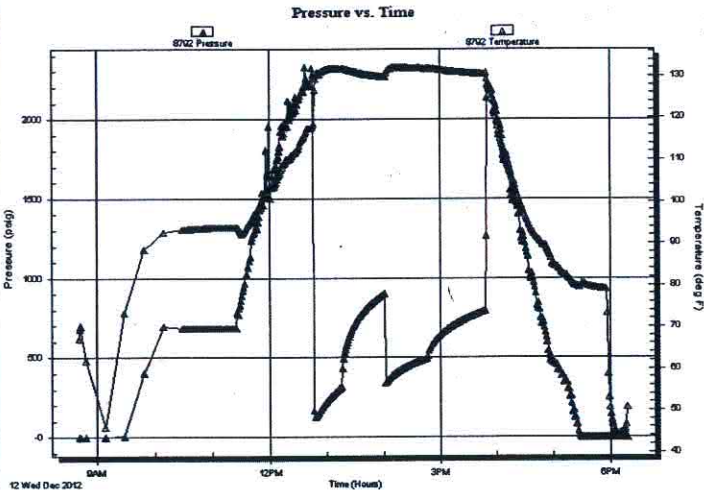
Serial #: 8792

Outside

Press@RunDepth: psig @ **4507.00 ft (KB)**
Start Date: 2012.12.12 End Date: 2012.12.12
Start Time: 08:42:01 End Time: 18:17:56

Capacity: 8000.00 psig
Last Calib.: 2012.12.12
Time On Btm:
Time Off Btm:

TEST COMMENT: IF: Strong blow . BOB 2 min. No GTS.
ISl: Weak blow . 1/4" - 2"
FF: Strong blow . BOB 5 min. No GTS.
FSl: Weak blow . 1/4" - 1 1/2"



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
1110.00	MW 10% mud, 90% w tr	15.57
120.00	SLI OCMW tr% oil, 30% mud, 70% w tr	1.68
20.00	OGCWM 3% oil, 7% gas, 40% w tr, 50% m	0.28

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Charles N. Griffin
PO Box 347
Pratt, KS 67124-0347
ATTN: Bruce Reed

9-32s-12w Barber, KS
Houlton #2
Job Ticket: 49709 **DST#: 1**
Test Start: 2012.12.12 @ 08:47:56

Tool Information

Drill Pipe:	Length: 4486.00 ft	Diameter: 3.80 inches	Volume: 62.93 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: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 75000.00 lb
			Total Volume: 62.93 bbl	Tool Chased: 0.00 ft
Drill Pipe Above KB:	6.00 ft			String Weight: Initial 60000.00 lb
Depth to Top Packer:	4506.00 ft			Final 63000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	29.00 ft			
Tool Length:	55.00 ft			
Number of Packers:	2	Diameter: 6.50 inches		
Tool Comments:				

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut In Tool	5.00			4485.00	
Hydraulic tool	5.00			4490.00	
Jars	5.00			4495.00	
Safety Joint	2.00			4497.00	
Packer	5.00			4502.00	26.00 Bottom Of Top Packer
Packer	4.00			4506.00	
Stubb	1.00			4507.00	
Recorder	0.00	8790	Inside	4507.00	
Recorder	0.00	8792	Outside	4507.00	
Perforations	25.00			4532.00	
Bullnose	3.00			4535.00	29.00 Bottom Packers & Anchor

Total Tool Length: 55.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Charles N. Griffin
PO Box 347
Pratt, KS 67124-0347
ATTN: Bruce Reed

9-32s-12w Barber, KS
Houlton #2
Job Ticket: 49709 DST#: 1
Test Start: 2012.12.12 @ 08:47:56

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:	79000 ppm
Viscosity:	44.00 sec/qt	Cushion Volume:	bbbl		
Water Loss:	7.99 in ³	Gas Cushion Type:			
Resistivity:	ohm.m	Gas Cushion Pressure:	psig		
Salinity:	7800.00 ppm				
Filter Cake:	0.02 inches				

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1110.00	MW 10%mud, 90%w tr	15.570
120.00	SLI OCMW trc%oil, 30%mud, 70%w tr	1.683
20.00	OGCWM 3%oil, 7%gas, 40%w tr, 50%mud	0.281

Total Length: 1250.00 ft Total Volume: 17.534 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #: none
Laboratory Name: Laboratory Location:
Recovery Comments:

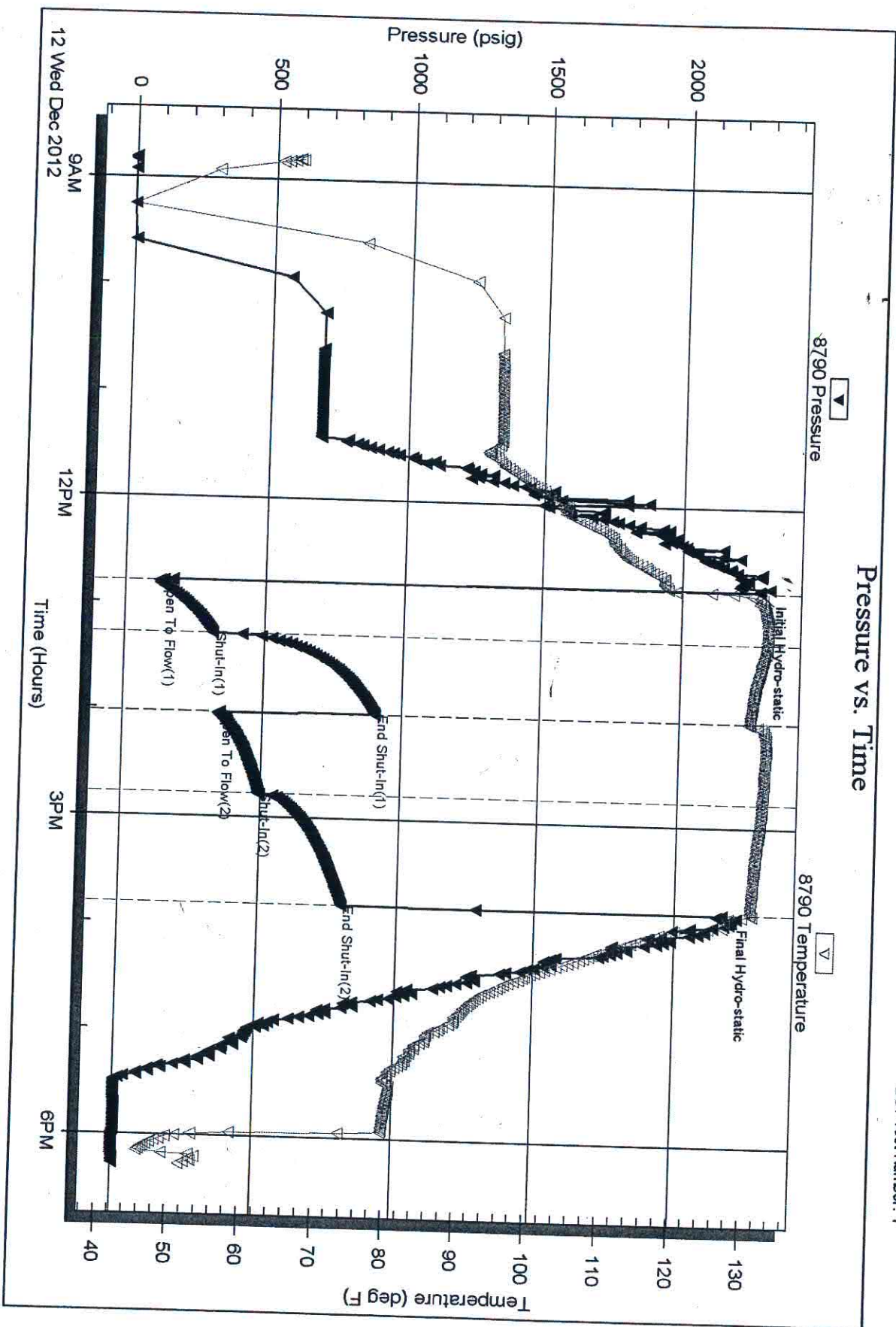
Serial #: 8790

Inside

Charles N. Griffin

Houston #2

DST Test Number: 1



Triobite Testing, Inc

Ref. No: 49709

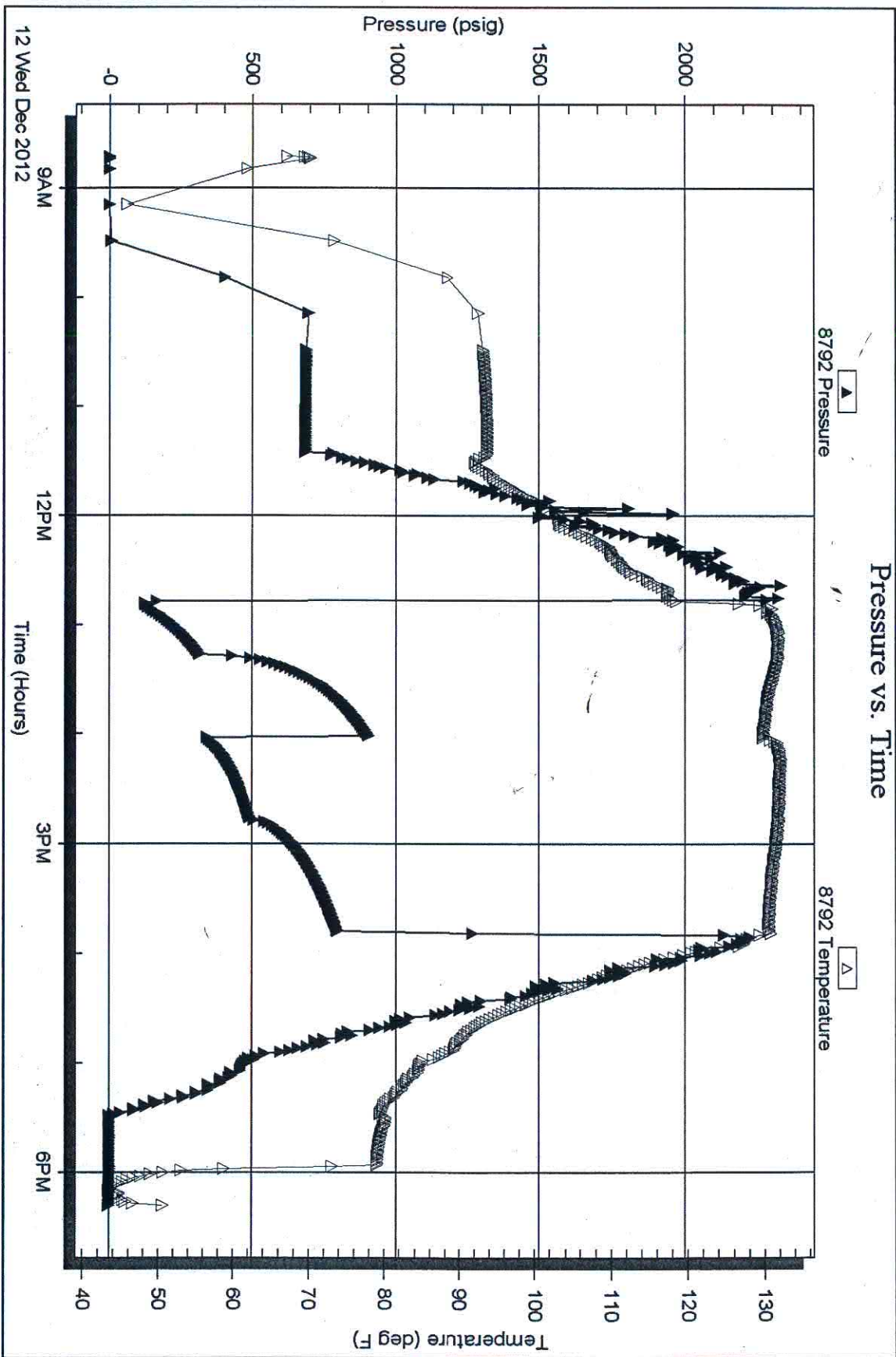
Printed: 2012.12.13 @ 16:31:16

Serial #: 8792

Outside Charles N. Griffin

Houlton #2

DST Test Number: 1





TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 49709

Well Name & No. Houlton #2 Test No. 1 Date 12-12-12
 Company Charles N. Griffin Elevation 1479 KB 1469 GL
 Address P.O. Box 347 Pratt, KS 67124-0347
 Co. Rep / Geo. Bruce Reed Rig Maverick 106
 Location: Sec. 9 Twp. 32s. Rge. 12w. Co. Barber State KS

Interval Tested 4506-4535 Zone Tested Viola
 Anchor Length 29' Drill Pipe Run 4486 Mud Wt. 9.3
 Top Packer Depth 4501 Drill Collars Run Ø Vis 44
 Bottom Packer Depth 4506 Wt. Pipe Run Ø WL 8.0
 Total Depth 4535 Chlorides 7800 ppm System LCM Ø#

Blow Description IF: Strong blow. BOB 2min. No GTS
ISI: Weak Blow. 1/4"-2"
FF: Strong blow. BOB 5min. No GTS
FSI: Weak blow. 1/4"-1 1/2"

Rec	Feet of	%gas	%oil	%water	%mud
<u>20</u>	<u>OGCWM</u>	<u>7</u>	<u>3</u>	<u>40</u>	<u>50</u>
<u>120</u>	<u>STI OCMW</u>	<u>Tr</u>	<u>0</u>	<u>70</u>	<u>30</u>
<u>110</u>	<u>MW</u>	<u>1</u>	<u>0</u>	<u>90</u>	<u>10</u>
<u>200</u>	<u>GIP</u>	<u>100</u>	<u>0</u>	<u>0</u>	<u>0</u>

Rec Total 1450 BHT 131 Gravity N/R API RW 14 @ 49 °F Chlorides 79000 ppm
 (A) Initial Hydrostatic 2283 Test 1250 T-On Location 0815
 (B) First Initial Flow 135 Jars 250 T-Started 0848
 (C) First Final Flow 317 Safety Joint 75 T-Open 1247
 (D) Initial Shut-In 902 Circ Sub _____ T-Pulled 1550
 (E) Second Initial Flow 350 Hourly Standby (Rest) (Pickup) T-Out 1817
 (F) Second Final Flow 491 Mileage 78+78 241.80 Comments _____
 (G) Final Shut-In 797 Sampler _____
 (H) Final Hydrostatic 2171 Straddle _____
 Shale Packer _____
 Shale Packer _____
 Extra Packer _____
 Extra Recorder _____
 Day Standby _____
 Accessibility _____

Initial Open 30
 Initial Shut-In 45
 Final Flow 45
 Final Shut-In 60
 Sub Total 1816.80

Approved By Bruce A. Reed Our Representative Ryan Reynolds
 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.