



KANSAS CORPORATION COMMISSION 1112979
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: _____



1112979

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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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 B3 WELL NO. 3
ADDRESS	COUNTY BARBER STATE KS
CITY STATE	SERVICE CREW Sullivan, madsen, Lomace
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 Delivery	TN	376		601.60
E 200	Depth dirty o-sol	EA	1		1,000.00
E 240	Blender - 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, Pierson					
AUTHORIZED BY		JOB TYPE: CW 5 1/2" long string							
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 Dosing	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 <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
--	---

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

ATTN: Charles N Griffin/Br

Ash B #3

33-32s-12w Barber,KS

Start Date: 2012.03.03 @ 04:47:31

End Date: 2012.03.03 @ 13:48:01

Job Ticket #: 47465 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

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

Printed: 2012.03.09 @ 13:25:06

Charles N Griffin 33-32s-12w Barber,KS Ash B #3 DST # 1 Simpson 2012.03.03



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Charles N Griffin

33-32s-12w Barber, KS

PO Box 347
Pratt KS 67124

Ash B #3

Job Ticket: 47465

DST#: 1

ATTN: Charles N Griffin/Br

Test Start: 2012.03.03 @ 04:47:31

GENERAL INFORMATION:

Formation: **Simpson**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 09:14:46

Time Test Ended: 13:48:01

Test Type: Conventional Bottom Hole (Initial)

Tester: Chris Staats

Unit No: 47

Interval: **4860.00 ft (KB) To 4900.00 ft (KB) (TVD)**

Total Depth: 4900.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 1623.00 ft (KB)

1615.00 ft (CF)

KB to GR/CF: 8.00 ft

Serial #: **6773** Outside

Press@RunDepth: 96.00 psig @ 4860.00 ft (KB)

Start Date: 2012.03.03

End Date: 2012.03.03

Capacity: 8000.00 psig

Last Calib.: 2012.03.03

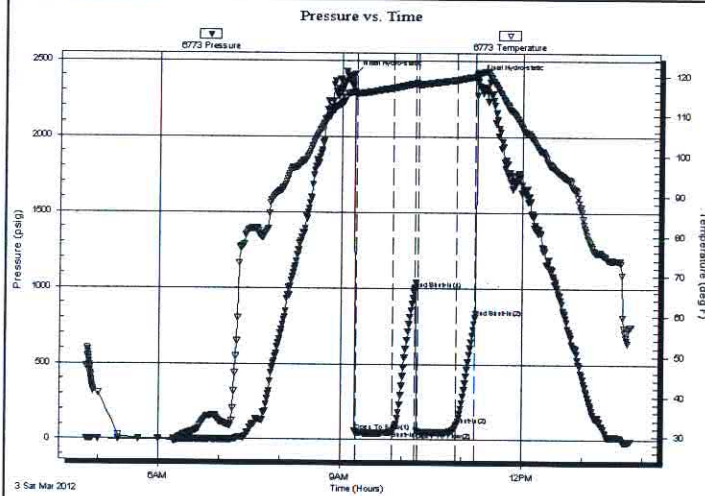
Start Time: 04:47:36

End Time: 13:48:01

Time On Btm: 2012.03.03 @ 09:12:46

Time Off Btm: 2012.03.03 @ 11:15:16

TEST COMMENT: IF: Weak blow 1"
ISI: No blow back
FF: Weak surface blow
FSI: No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2410.41	115.97	Initial Hydro-static
2	51.07	115.51	Open To Flow (1)
39	59.32	116.97	Shut-In(1)
60	992.88	118.09	End Shut-In(1)
63	54.99	117.82	Open To Flow (2)
102	96.00	118.98	Shut-In(2)
121	805.91	119.84	End Shut-In(2)
123	2386.70	120.61	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
10.00	MUD w with oil spots	0.05

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Charles N Griffin

33-32s-12w Barber, KS

PO Box 347
Pratt KS 67124

Ash B #3

Job Ticket: 47465

DST#: 1

ATTN: Charles N Griffin/Br

Test Start: 2012.03.03 @ 04:47:31

GENERAL INFORMATION:

Formation: **Simpson**

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Time Tool Opened: 09:14:46

Time Test Ended: 13:48:01

Test Type: Conventional Bottom Hole (Initial)

Tester: Chris Staats

Unit No: 47

Interval: **4860.00 ft (KB) To 4900.00 ft (KB) (TVD)**

Total Depth: 4900.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 1623.00 ft (KB)

1615.00 ft (CF)

KB to GR/CF: 8.00 ft

Serial #: 6755 Outside

Press@RunDepth: psig @ 4860.00 ft (KB)

Start Date: 2012.03.03 End Date: 2012.03.03

Start Time: 04:47:00 End Time: 13:47:55

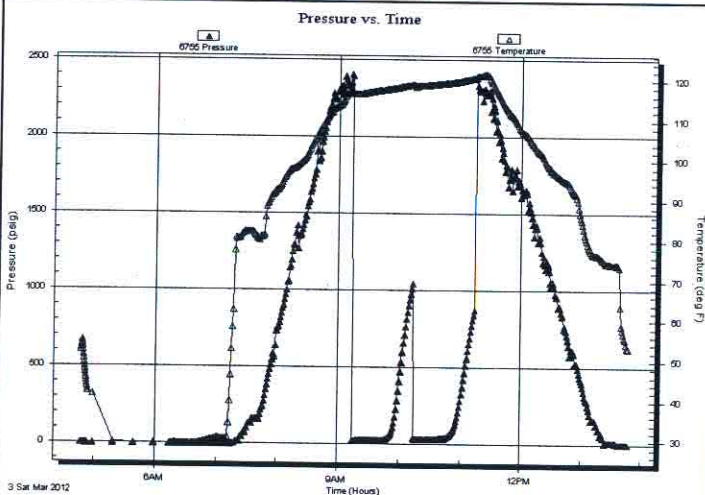
Capacity: 8000.00 psig

Last Calib.: 2012.03.03

Time On Btm:

Time Off Btm:

TEST COMMENT: IF: Weak blow 1"
ISI: No blow back
FF: Weak surface blow
FSI: No blow back



PRESSURE SUMMARY

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

Recovery

Length (ft)	Description	Volume (bbl)
10.00	MUD w ith oil spots	0.05

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Charles N Griffin

33-32s-12w Barber,KS

PO Box 347
Pratt KS 67124

Ash B #3

Job Ticket: 47465

DST#: 1

ATTN: Charles N Griffin/Br

Test Start: 2012.03.03 @ 04:47:31

Tool Information

Drill Pipe:	Length: 4550.00 ft	Diameter: 3.80 inches	Volume: 63.82 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: 310.00 ft	Diameter: 2.25 inches	Volume: 1.52 bbl	Weight to Pull Loose: 78000.00 lb
			<u>Total Volume: 65.34 bbl</u>	Tool Chased 2.00 ft
Drill Pipe Above KB:	28.00 ft			String Weight: Initial 68000.00 lb
Depth to Top Packer:	4860.00 ft			Final 68000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	40.00 ft			
Tool Length:	68.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		
Tool Comments:				

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut In Tool	5.00			4837.00	
Hydraulic tool	5.00			4842.00	
Jars	5.00			4847.00	
Safety Joint	3.00			4850.00	
Packer	5.00			4855.00	28.00 Bottom Of Top Packer
Packer	5.00			4860.00	
Recorder	0.00	6773	Outside	4860.00	
Recorder	0.00	6755	Outside	4860.00	
Stubb	1.00			4861.00	
Perforations	4.00			4865.00	
Change Over Sub	0.50			4865.50	
Drill Pipe	31.00			4896.50	
Change Over Sub	0.50			4897.00	
Bullnose	3.00			4900.00	40.00 Bottom Packers & Anchor
Total Tool Length:	68.00				



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Charles N Griffin

33-32s-12w Barber,KS

PO Box 347
Pratt KS 67124

Ash B #3

Job Ticket: 47465

DST#: 1

ATTN: Charles N Griffin/Br

Test Start: 2012.03.03 @ 04:47:31

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 47.00 sec/qt

Water Loss: 7.99 in³

Resistivity: 0.00 ohm.m

Salinity: 5000.00 ppm

Filter Cake: 0.02 inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psig

Oil API:

Water Salinity: deg API

ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	MUD with oil spots	0.049

Total Length: 10.00 ft Total Volume: 0.049 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

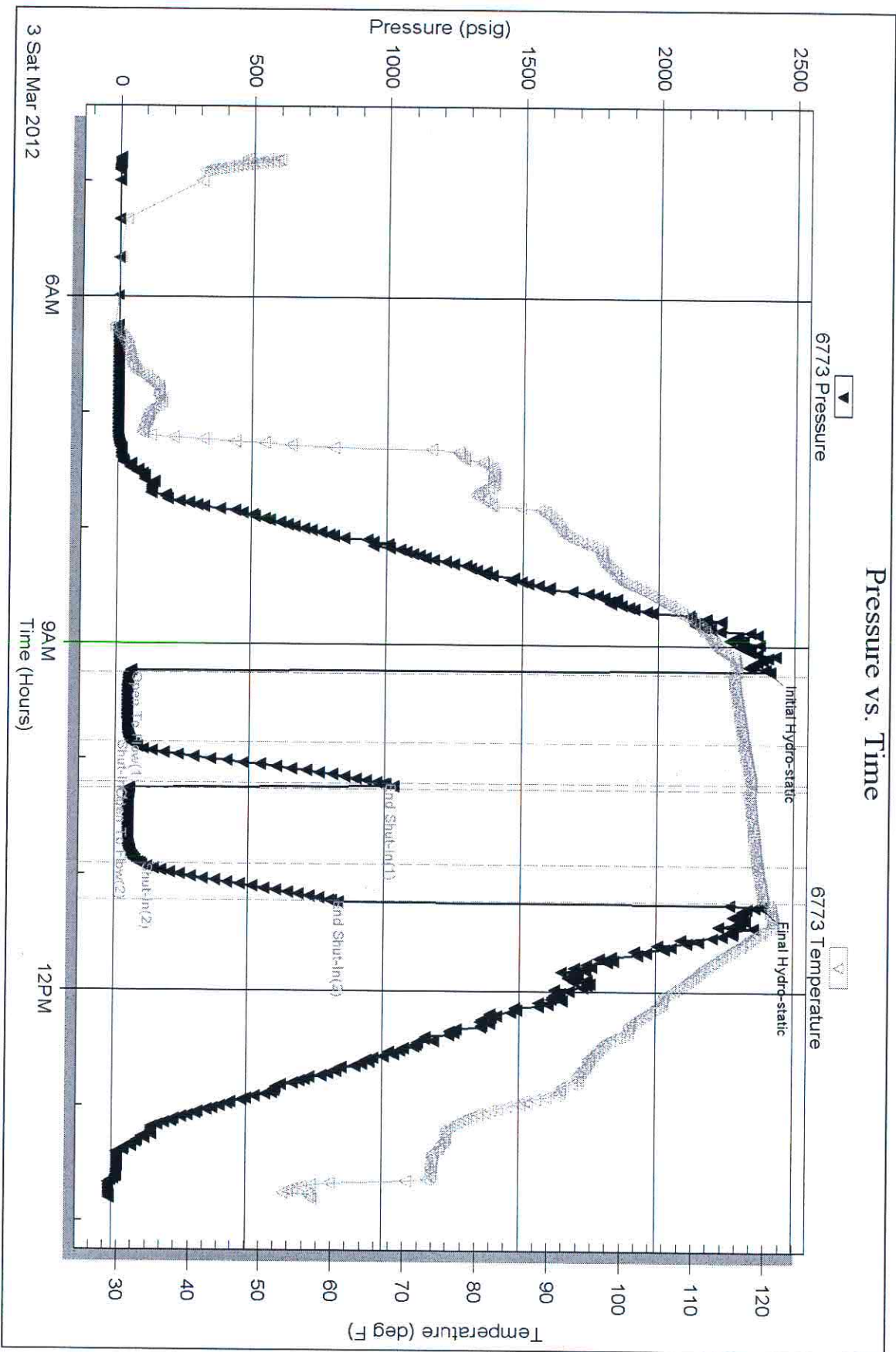
Recovery Comments:

Serial #: 6773

Outside Charles N Griffin

Asn B#3

DST Test Number: 1



Tribble Testing, Inc

Ref. No: 47465

Printed: 2012.03.09 @ 13:25:08

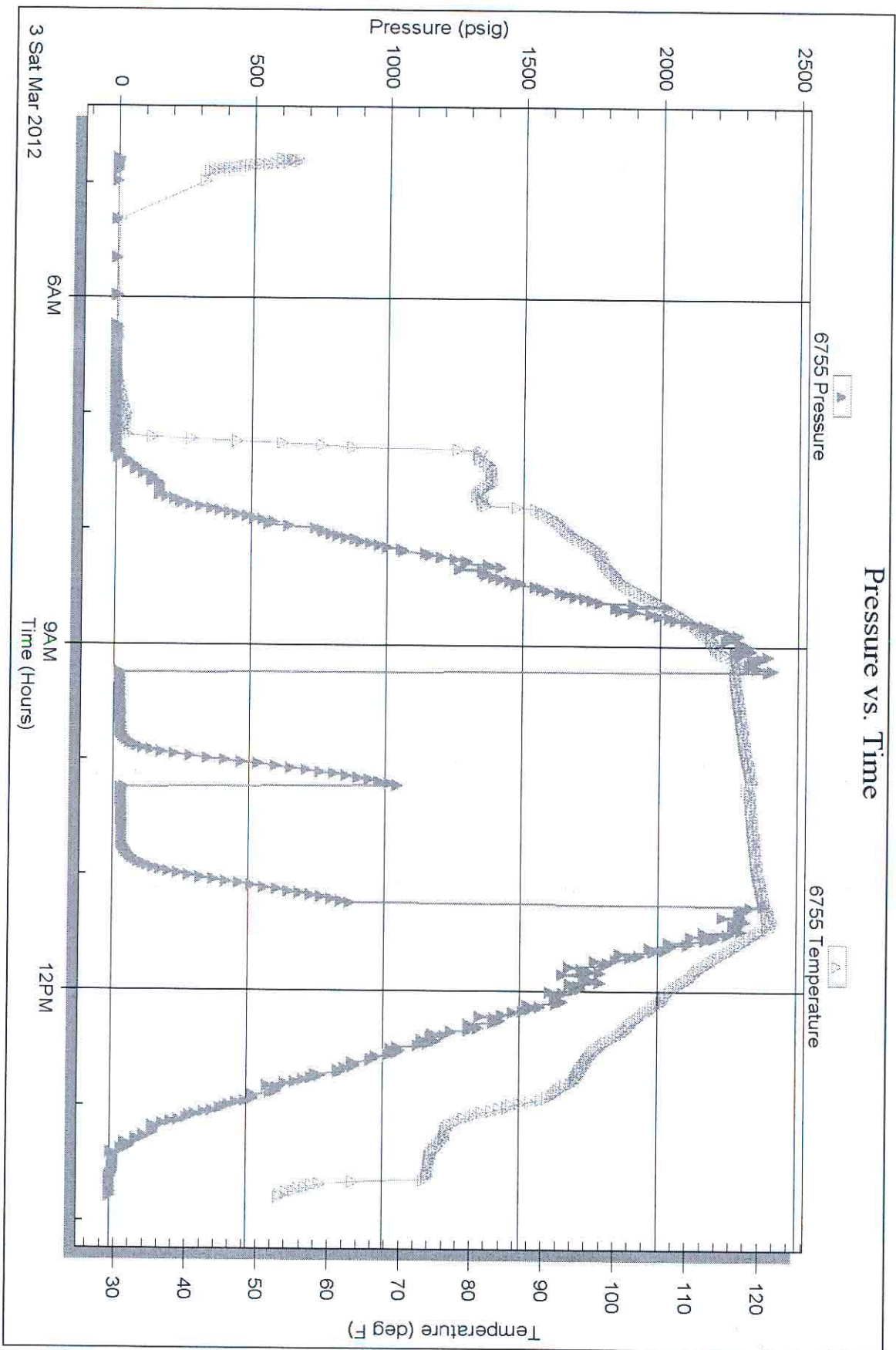
Serial #: 6755

Outside

Charles N Griffin

Asn B#3

DST Test Number: 1





TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

RECEIVED
MAR 06 2012

Test Ticket

NO. 47465

Well Name & No. Ash B#3 BY: _____ Test No. 1 Date 3-3-12
 Company Charles N. Griffin Elevation 1623 KB 1615 GL _____
 Address PO Box 347 Pratt KS 67124
 Co. Rep / Geo. Charles N. Griffin / Bruce Reed Rig H2 Rig 3
 Location: Sec. 33 Twp. 32 Rge. 12 W Co. Barber State KS

Interval Tested 4860 - 4900 Zone Tested Simpson
 Anchor Length 40 Drill Pipe Run 4550 Mud Wt. 9.3
 Top Packer Depth 485.5 Drill Collars Run 310 Vis 47
 Bottom Packer Depth 4860 Wt. Pipe Run 0 WL 8.0
 Total Depth 4900 Chlorides 5000 ppm System LCM 5#

Blow Description IF: wear blow 1"
ISI: NO blow back
FF: wear surface blow
FST: NO blow back

Rec	Feet of	%gas	%oil	%water	%mud
<u>10'</u>	<u>MOD with oil spots</u>				
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 10' BHT 120 Gravity _____ API RW _____ @ _____ °F Chlorides 5000 ppm
 (A) Initial Hydrostatic 2410 Test 1225" T-On Location 4:30
 (B) First Initial Flow 51 Jars 250 T-Started 4:47
 (C) First Final Flow 59 Safety Joint 75" T-Open 9:14
 (D) Initial Shut-In 992 Circ Sub _____ T-Pulled 11:20
 (E) Second Initial Flow 54 Hourly Standby _____ T-Out 13:50
 (F) Second Final Flow 96 Mileage 90 miles 12e Comments _____
 (G) Final Shut-In 805 Sampler _____
 (H) Final Hydrostatic 2386 Straddle _____
 Ruined Shale Packer _____
 Ruined Packer _____
 Extra Copies _____

Initial Open 30
 Initial Shut-In 30
 Final Flow 30
 Final Shut-In 30

Approved By Bruce A. Reed Our Representative Chris
 Sub Total 11076"

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.