



KANSAS CORPORATION COMMISSION 1122877
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: _____



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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Randels B 4
Doc ID	1122877

Tops

Name	Top	Datum
Elgin	3451	-1909
Sand	3508	-1966
Heebner	3632	-2090
Lansing	3824	-2282
Stark	4205	-2663
B/KC	4291	-2749
Miss	4400	-2858
KD	4562	-3020
Chat	4632	-3090
Viola	4666	-3124
Sp. Sand	4768	-3226



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 07270 A

DATE _____ TICKET NO. _____

DATE OF JOB: 10-31-12 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: GRIFRID MANAGEMENT		LEASE: RANDOLPH B 4		WELL NO.:					
ADDRESS:		COUNTY: BARBOR		STATE: KS					
CITY: STATE:		SERVICE CREW: Sullivan, Callaway, Phye							
AUTHORIZED BY:		JOB TYPE: CNW 5 1/2 Long 1 1/2							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19889-19843	60 min						10-31-12	PM	1:00
10959-19118	60 min							PM	3:30
37900								PM	9:25
								PM	10:15
								PM	11:15
						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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

TEMP/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
P 105	AA-2 cement	SK	200		3,400.00
P 105	AA-2 cat	SK	30		510.00
C 102	Cellulose	lb	58		214.60
C 111	SALT	lb	1054		577.00
C 112	CMT Friction Reducer	lb	109		654.00
C 115	C-44	lb	217		1,117.55
C 201	gilsonite	lb	1150		770.50
F 607	Latch down Plys BATH 5 1/2	SA	1		400.00
F 1251	Auto 1/4 Flood Line	SA	1		360.00
E 1651	Turbopulver	SA	7		770.00
704	CLAYMAX KCL	gal	6		210.00
C 151	MUD Thick	gal	500		430.00
100	Asphlt m	m	35		149.75
101	Heavy Egnt m	m	70		490.00
113	Bulk Delivery	TM	380		607.60
E 205	Depth change	SA	1		2,520.00
E 240	Blending - on site	SK	220		322.00
E 504	Play Counter Rented	SA	1		250.00
:003	Sku - Separator	SA	1		175.00

SUB TOTAL DLS 10,407.75

SERVICE & EQUIPMENT %TAX ON \$
MATERIALS %TAX ON \$

Thank you TOTAL

SERVICE REPRESENTATIVE: *[Signature]* Robert [Name]

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



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 07308 A

DATE _____ TICKET NO. _____

DATE OF JOB: 10-21-12 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: Griffen Management		LEASE: Randels B WELL NO. 4							
ADDRESS:		COUNTY: Barber STATE: KS							
CITY: STATE:		SERVICE CREW: Orlando, McBraw, Pearson							
AUTHORIZED BY:		JOB TYPE: CNW-8 5/8 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
27283	1						10-20-12	PM	8:30
27463	1					ARRIVED AT JOB	10-20-12	PM	11:00
19831-19862	1					START OPERATION	10-21-12	AM	0200
						FINISH OPERATION	10-21-12	AM	0300
						RELEASED	10-21-12	PM	0400
						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)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP100C	Common Cement	SK	200		3200.00
CC102	CelloHake	Lb	50		185.00
CC109	Calcium Chloride	Lb	376		394.80
CF153	Wooden Cement Plug 8 5/8	ea	1		160.00
E100	Pickup Mileage	mi	35		148.75
E101	Heavy Equip. Mileage	mi	70		490.00
E113	Bulk Delivery	Tm	329		526.40
E200	Depth Charge 0-500'	ea	1		1000.00
E240	Blending & Mixing Charge	SK	200		280.00
ES04	Plug Container	ea	1		250.00
S003	Service Supervisor	ea	1		175.00

SUB TOTAL
DLS 5107.46

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

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE: Steve Orlando
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]

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

Randels "B" #4

34-32s.-12w. Barber,KS

Start Date: 2012.10.29 @ 11:58:11

End Date: 2012.10.29 @ 20:21:56

Job Ticket #: 49590 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

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

Printed: 2012.11.02 @ 08:37:23

Charles N. Griffin
34-32s.-12w. Barber,KS
Randels "B" #4
DST # 1
Simpson
2012.10.29



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

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

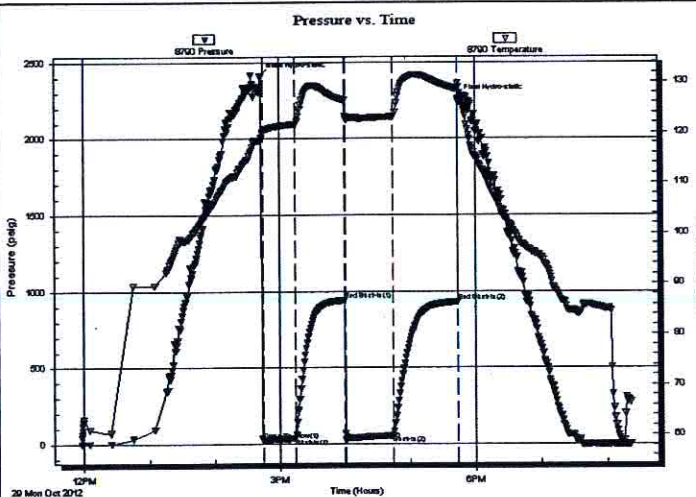
34-32s.-12w. Barber,KS
Randels "B" #4
Job Ticket: 49590 **DST#: 1**
Test Start: 2012.10.29 @ 11:58:11

GENERAL INFORMATION:

Formation: **Simpson**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 14:44:11
Time Test Ended: 20:21:56
Interval: **4760.00 ft (KB) To 4790.00 ft (KB) (TVD)**
Total Depth: 4790.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Poor
Test Type: Conventional Bottom Hole (Initial)
Tester: Ryan Reynolds
Unit No: 48
Reference Elevations: 1542.00 ft (KB)
1534.00 ft (CF)
KB to GR/CF: 8.00 ft

Serial #: 8790 **Inside**
Press@RunDepth: 54.61 psig @ 4761.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2012.10.29 End Date: 2012.10.29 Last Calib.: 2012.10.29
Start Time: 11:58:16 End Time: 20:21:55 Time On Btm: 2012.10.29 @ 14:41:41
Time Off Btm: 2012.10.29 @ 17:44:11

TEST COMMENT: IF: Strong blow . BOB 90 sec. No GTS.
IS: No blow
FF: Strong blow . BOB immed. GTS @ 12 min. Gauged gas throughout
FS: Weak surf. BB



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2412.03	118.45	Initial Hydro-static
3	24.08	119.72	Open To Flow (1)
33	38.31	121.63	Shut-In(1)
78	941.22	126.31	End Shut-In(1)
79	28.15	122.56	Open To Flow (2)
123	54.61	123.09	Shut-In(2)
182	931.32	128.51	End Shut-In(2)
183	2261.10	129.66	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
50.00	SLI OCGM Trc%oil, 5%gas, 95%mud	0.28
40.00	GCM 7%gas, 93%mud	0.22

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.13	8.50	8.57
Last Gas Rate	0.13	12.00	9.88
Max. Gas Rate	0.13	12.00	9.88



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Charles N. Griffin

34-32s.-12w. Barber,KS

PO Box 347
Pratt, KS 67124-0347

Randels "B" #4

Job Ticket: 49590

DST#: 1

ATTN: Bruce Reed

Test Start: 2012.10.29 @ 11:58:11

Tool Information

Drill Pipe:	Length: 4650.00 ft	Diameter: 3.80 inches	Volume: 65.23 bbl	Tool Weight:	1900.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer:	23000.00 lb
Drill Collar:	Length: 126.00 ft	Diameter: 2.40 inches	Volume: 0.71 bbl	Weight to Pull Loose:	73000.00 lb
			<u>Total Volume: 65.94 bbl</u>	Tool Chased	0.00 ft
Drill Pipe Above KB:	36.00 ft			String Weight: Initial	61000.00 lb
Depth to Top Packer:	4760.00 ft			Final	61000.00 lb
Depth to Bottom Packer:	ft				
Interval between Packers:	30.00 ft				
Tool Length:	50.00 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			4745.00	
Hydraulic tool	5.00			4750.00	
Packer	5.00			4755.00	20.00 Bottom Of Top Packer
Packer	5.00			4760.00	
Stubb	1.00			4761.00	
Recorder	0.00	8790	Inside	4761.00	
Recorder	0.00	8792	Outside	4761.00	
Perforations	26.00			4787.00	
Bullnose	3.00			4790.00	30.00 Bottom Packers & Anchor
Total Tool Length:	50.00				



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

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

34-32s.-12w. Barber,KS
Randels "B" #4
Job Ticket: 49590 DST#: 1
Test Start: 2012.10.29 @ 11:58:11

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:	6000 ppm
Viscosity: 47.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.59 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 6000.00 ppm			
Filter Cake: 0.02 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
50.00	SLI OCGM Trc%oil, 5%gas, 95%mud	0.280
40.00	GCM 7%gas, 93%mud	0.224

Total Length: 90.00 ft Total Volume: 0.504 bbl
Num Fluid Samples: 1 Num Gas Bombs: 1 Serial #: RR-1
Laboratory Name: Caraway Laboratory Location: Liberal, KS
Recovery Comments:



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

GAS RATES

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

34-32s.-12w. Barber,KS
Randels "B" #4
Job Ticket: 49590 DST#: 1
Test Start: 2012.10.29 @ 11:58:11

Gas Rates Information

Temperature: 59 (deg F)
Relative Density: 0.65
Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
2	20	0.13	8.50	8.57
2	30	0.13	10.00	9.13
2	40	0.13	11.00	9.51
2	45	0.13	12.00	9.88

Serial #: 8790

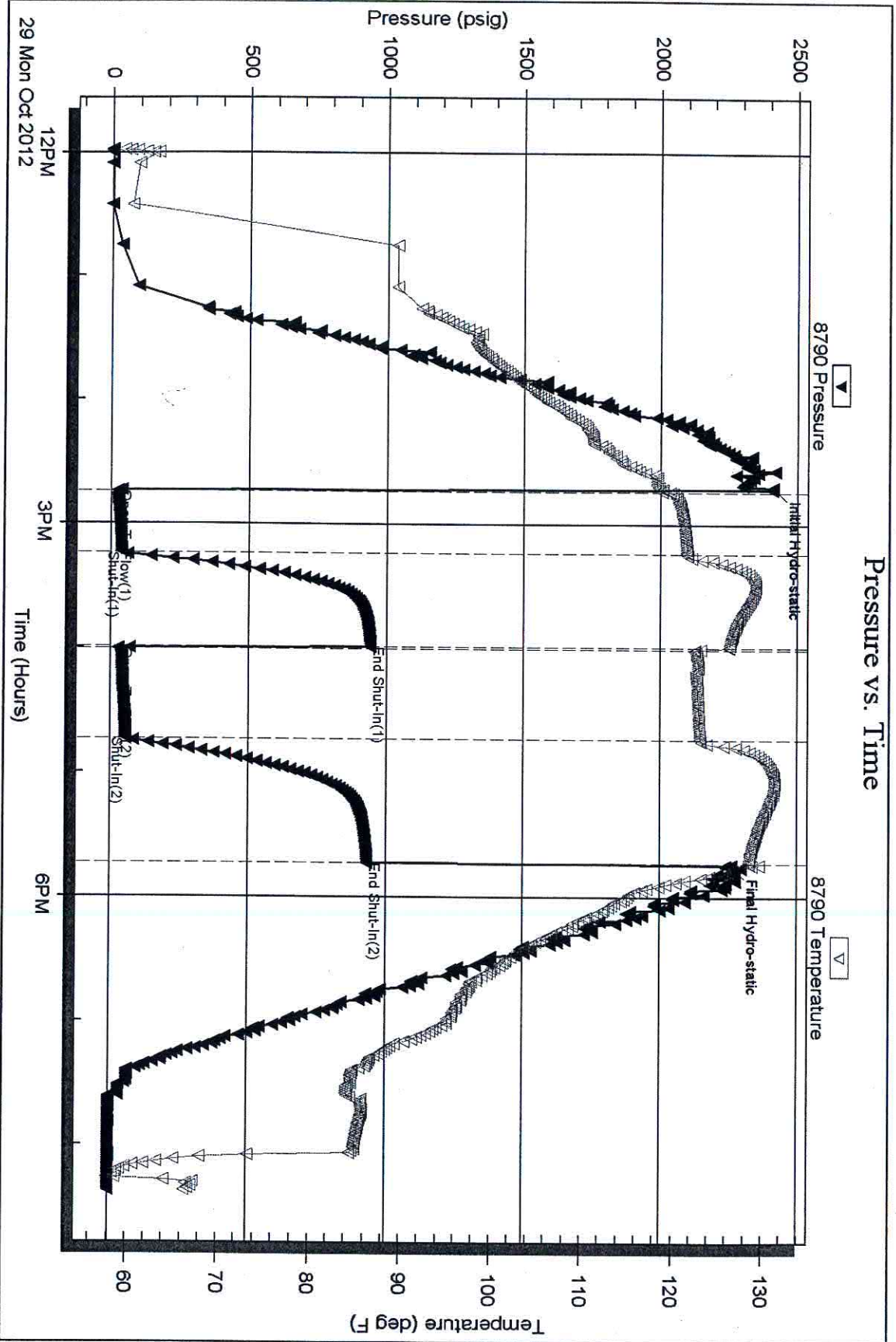
Inside

Charles N. Griffin

Randels "B" #4

DST Test Number: 1

Pressure vs. Time

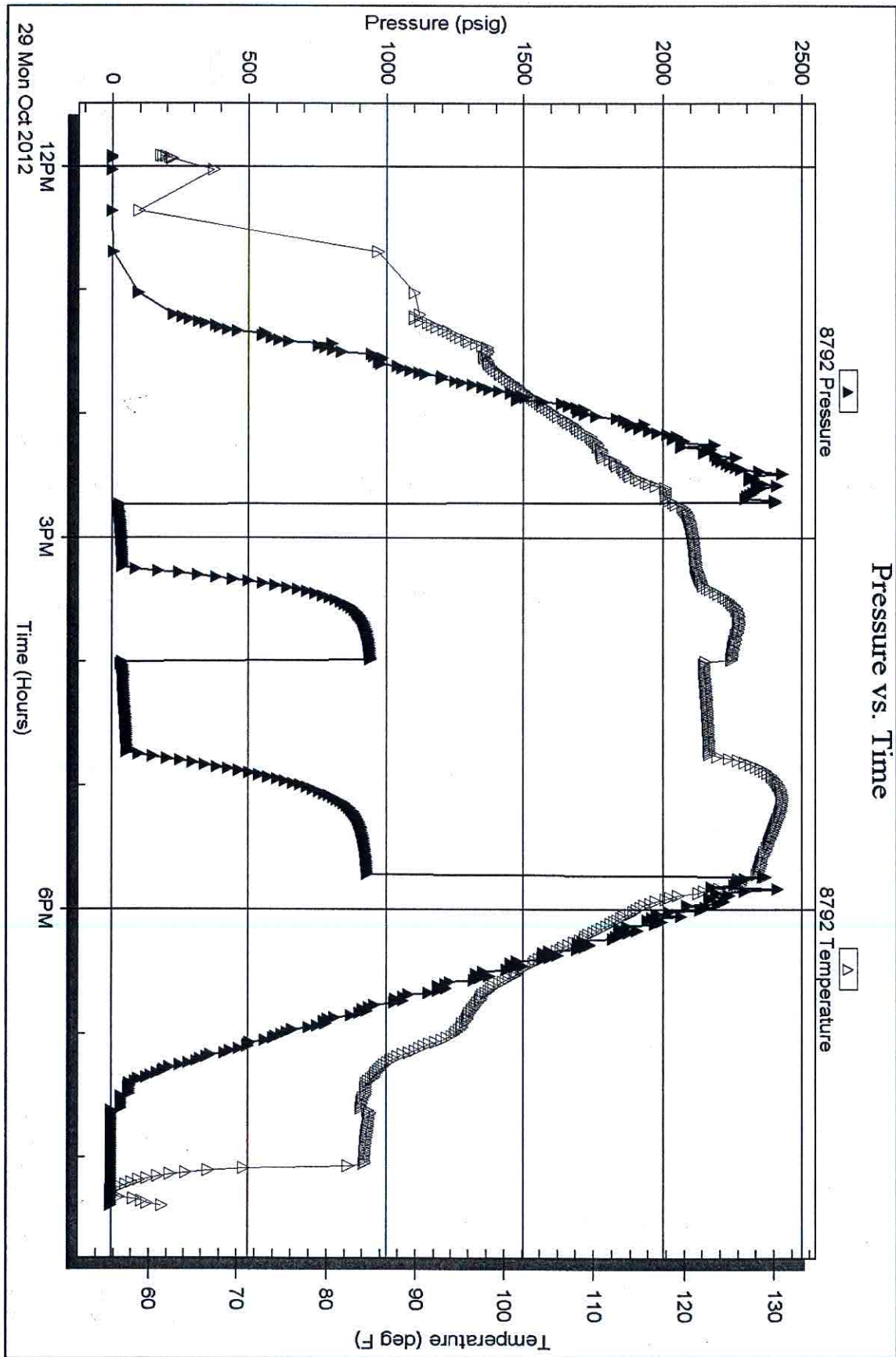


Serial #: 8792

Outside Charles N. Griffin

Randel's "B" #4

DST Test Number: 1



Trilobe Testing, Inc

Ref. No: 49590

Printed: 2012.11.02 @ 08:37:29



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 49590

Well Name & No. Randels "B" #4 Test No. 1 Date 10-29-12
 Company CNG Elevation 1542 KB 1534 GL
 Address P.O. Box 347 Pratt, KS 67124-0347
 Co. Rep / Geo. Bruce Reed Rig Fossil #2
 Location: Sec. 34 Twp. 32s. Rge. 12w. Co. Barber State KS

Interval Tested 4760 - 4790 Zone Tested Simpson
 Anchor Length 30' Drill Pipe Run 4650 Mud Wt. 9.3
 Top Packer Depth 4755 Drill Collars Run 126 Vis 47
 Bottom Packer Depth 4760 Wt. Pipe Run Ø WL 9.6
 Total Depth 4790 Chlorides 6000 ppm System LCM 3#

Blow Description IF: Strong blow. BoB 90 sec. No GTS ISI: No blow

FF: Strong blow. BoB immed. GTS @ 12 min. Guaged gas
FSI: Weak surf. BB

Rec	Feet of	%gas	%oil	%water	%mud
<u>40</u>	<u>GCM</u>	<u>7</u>		<u>93</u>	
<u>50</u>	<u>SLI OCGM</u>	<u>5</u>	<u>TRC</u>	<u>95</u>	
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 90 BHT _____ Gravity N/C API RW N/C @ N/C F Chlorides 6000 ppm
 (A) Initial Hydrostatic 2412 Test 1250 T-On Location 1100
 (B) First Initial Flow 24 Jars _____ T-Started 1158
 (C) First Final Flow 38 Safety Joint _____ T-Open 1444
 (D) Initial Shut-In 941 Circ Sub _____ T-Pulled 1740
 (E) Second Initial Flow 28 Hourly Standby (test) (Pick up tools) T-Out 2022
 (F) Second Final Flow 55 Mileage 80 + 80 248 Comments _____
 (G) Final Shut-In 931 Sampler _____
 (H) Final Hydrostatic 2261 Straddle _____
 Shale Packer _____
 Extra Packer _____
 Extra Recorder _____
 Day Standby _____
 Accessibility _____

Initial Open 30 Ruined Shale Packer _____
 Initial Shut-In 45 Ruined Packer _____
 Final Flow 45 Extra Copies _____
 Final Shut-In 60 Sub Total 0
 Total 1498
 MP/DST Disc't _____
 Sub Total 1498

Approved By Bruce Reed Our Representative Ryan Reynolds
 Trilobite Testing Inc. shall not be liable for damaged or 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.

