



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1159218

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 Date Reached TD Completion Date or
Recompletion Date 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: _____

1159218

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 <div style="display: flex; justify-content: space-between;"> Name Top Datum </div>
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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

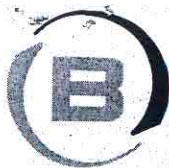
TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.			Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Commingled <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	Moots 1
Doc ID	1159218

Tops

Name	Top	Datum
Lecompton	3479	-1878
Elgin	3521	-1920
Heebner	3689	-2088
Lansing	3885	-2284
Stark Shale	4272	-2671
B/KC	4358	-2757
Mississippi	4443	-2842
Kinderhook	4634	-3033
Viola	4736	-3135
Simpson	4840	-3239
Simpson Sand	4847	-3246



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 08639 A

33-325-12W

DATE _____ TICKET NO. _____

DATE OF JOB <u>7-12-13</u> DISTRICT <u>Pratt, Kansas</u>		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 <u>Griffin Management</u>		LEASE <u>Moots</u> WELL NO. <u>1</u>	
ADDRESS _____		COUNTY <u>Barber</u> STATE <u>Kansas</u>	
CITY _____ STATE _____		SERVICE CREW <u>C. Messick M. McGraw T. Iuemin</u>	
AUTHORIZED BY _____		JOB TYPE: <u>C. M. W. - Surface</u>	
EQUIPMENT#	HRS	EQUIPMENT#	HRS
<u>37,216</u>	<u>.75</u>		
<u>77,686-19,905</u>	<u>.75</u>		
<u>19,903-19,862</u>	<u>.75</u>		
TRUCK CALLED <u>7-11-13</u> DATE <u>7-11-13</u> AM <u>9:00</u> TIME			
ARRIVED AT JOB <u>7-12-13</u> AM <u>12:30</u> TIME			
START OPERATION <u>7-12-13</u> AM <u>5:45</u> TIME			
FINISH OPERATION <u>7-12-13</u> AM <u>6:30</u> TIME			
RELEASED <u>7-12-13</u> AM <u>7:00</u> TIME			
MILES FROM STATION TO WELL <u>35</u>			

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
CP 100C	Common Cement	SK	180	\$	2,880.00
CC 102	Cellflute	Lb	46	\$	170.20
CC 109	Calcium Chloride	Lb	340	\$	357.00
CF 153	Wooden Plug, 8 5/8"	ea	1	\$	160.00
E 100	Pickup Mileage	mi	35	\$	148.75
E 101	Heavy Equipment Mileage	mi	70	\$	490.00
E 113	Bulk Delivery	tm	298	\$	476.00
CE 200	Cement Pump: 0 Feet To 500 Feet	hrs	4	\$	1,000.00
CE 240	Blending and Mixing Service	shr	180	\$	252.00
CE 504	Plug Container	Job	1	\$	250.00
S 003	Service Supervisor	hrs	8	\$	175.00

CHEMICAL / ACID DATA:

SUB/TOTAL

KG \$ 4,133.32

SERVICE & EQUIPMENT %TAX ON \$

MATERIALS %TAX ON \$

TOTAL

SERVICE REPRESENTATIVE [Signature]

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

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

TREATMENT REPORT

Customer Griffin Management		Lease No.		Date 7-12-13	
Lease Moots		Well # 1			
Field Order # 8639	Station Pratt, Kansas	Casing 8 1/2"	Depth 2411	County Barber	State Kansas
Type Job C.N.W. - Surface		Formation		Legal Description 33-325-12W	

PIPE DATA		PERFORMING DATA		FLUID USED	TREATMENT RESUME		
Gas Line Size 2 1/2" 40 Lb./ft.	Tubing Size 2 1/2" 40 Lb./ft.	Shots/Ft	180	5 sacks Common cement	RATE	PRESS	ISIP
Depth 270 Feet	Depth	From	To	28 Calcium Chloride	Max		5 Min.
Volume 12.2 Bbl.	Volume	From	To	15.6 Lb./Gal.	Min		10 Min.
Max Press 300 P.S.I.	Max Press	From	To	9.23 Gal./stk.			1.20 cu. ft./stk.
Well Connection Plug container	Annulus Vol.	From	To		Avg		15 Min.
Plug Depth 255 Feet	Packer Depth	From	To	Flush 16.2 Bbl. Fresh water	HHP Used		Annulus Pressure
		From	To		Gas Volume		Total Load

Customer Representative Charles Griffin		Station Manager Kevin Gordley		Treater Clarence R. Messich	
Service Units	37,216	77,686	19,905	19,903	19,862
Driver Names	Messich	Mc Graw	Tuemin		
	Casing	Tubing			

Time P.M.	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
11:15					Cementer on location.
12:15					Trucks on location and hold safety meeting.
4:45	Fossil	Drilling	start to	run 6 Joints	new 24 Lb./Ft. 8 5/8" casing.
5:30					Casing in well. Circulate for 5 minutes.
5:40	250			5	Start 10 H ₂ O
	250		10	5	Start mixing 180 sacks cement.
	-0-		48.5		Stop pumping. Shut in well. Release Wooden Plug. Open Well.
6:07	175			5	Start Fresh Water Displacement.
6:11	300				Plug down. Shut in well.
					Circulated 10 sacks cement to the pit.
					Wash up pump truck.
					Job Complete
					Thank You.
					Clarence, Mitre, Tim



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Prepared For: **Charles N. Griffin**

PO Box 347
Pratt, KS 67124-0347

ATTN: Bruce Reed

Moots #1

33-32s.-12w. Barber,KS

Start Date: 2013.07.23 @ 01:06:47

End Date: 2013.07.23 @ 08:49:02

Job Ticket #: 52339

DST #: 1



**TRILOBITE
TESTING INC.**

PO Box 362 Hays, KS 67601
Tel: 785-625-4778 Fax: 785-625-5620
www.trilobitetesting.com

**Charles N Griffin
Moots #1**

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

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

Printed: 2013.07.24 @ 14:17:21

Charles N. Griffin

33-32s.-12w. Barber,KS

Moots #1

DST # 1

Sp. Sd.

2013.07.23



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

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

33-32s.-12w. Barber, KS

Moots #1

Job Ticket: 52339

DST#: 1

Test Start: 2013.07.23 @ 01:06:47

GENERAL INFORMATION:

Formation: **Sp. Sd.**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:08:17

Time Test Ended: 08:49:02

Interval: **4864.00 ft (KB) To 4920.00 ft (KB) (TVD)**

Total Depth: 4920.00 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: 1601.00 ft (KB)

1593.00 ft (CF)

KB to GR/CF: 8.00 ft

Serial #: 8790

Inside

Press@RunDepth: 29.06 psig @ 4865.00 ft (KB)

Start Date: 2013.07.23

End Date:

2013.07.23

Start Time: 01:06:52

End Time:

08:49:01

Capacity: 8000.00 psig

Last Calib.: 2013.07.23

Time On Btm: 2013.07.23 @ 04:06:02

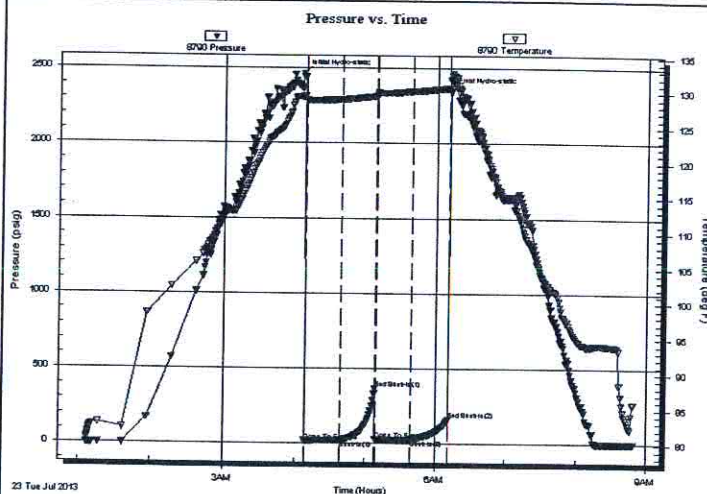
Time Off Btm: 2013.07.23 @ 06:11:47

TEST COMMENT: IF: Weak blow . 1/4" - 1/2"

ISI: No blow

FF: No blow

FSI: No blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2463.01	129.45	Initial Hydro-static
3	16.75	128.81	Open To Flow (1)
33	22.12	128.94	Shut-In(1)
63	366.91	129.47	End Shut-In(1)
63	25.86	129.68	Open To Flow (2)
93	29.06	130.12	Shut-In(2)
125	158.94	130.57	End Shut-In(2)
126	2347.85	131.84	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
25.00	OCM 10%oil, 90%mud	0.12

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
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TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

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

33-32s.-12w. Barber, KS

Moots #1

Job Ticket: 52339

DST#: 1

Test Start: 2013.07.23 @ 01:06:47

GENERAL INFORMATION:

Formation: Sp. Sd.

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:08:17

Time Test Ended: 08:49:02

Interval: 4864.00 ft (KB) To 4920.00 ft (KB) (TVD)

Total Depth: 4920.00 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: 1601.00 ft (KB)

1593.00 ft (CF)

KB to GR/CF: 8.00 ft

Serial #: 8792

Outside

Press@RunDepth: psig @ 4865.00 ft (KB)

Start Date: 2013.07.23

End Date:

2013.07.23

Capacity: 8000.00 psig

Last Calib.: 2013.07.23

Start Time: 01:02:58

End Time:

08:50:52

Time On Btm:

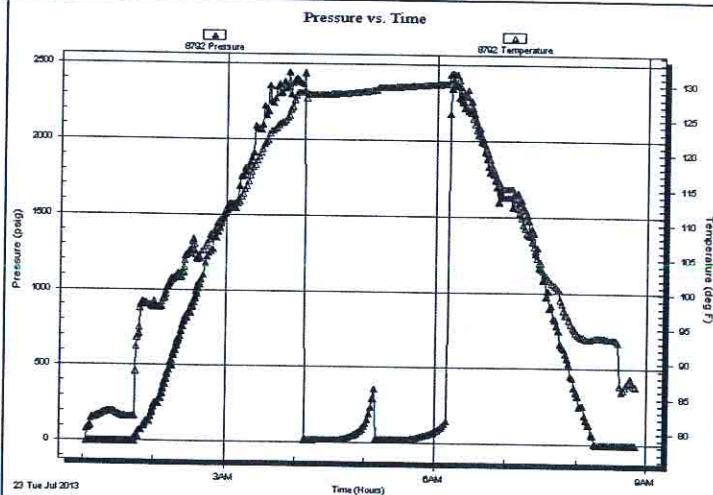
Time Off Btm:

TEST COMMENT: IF: Weak blow . 1/4" - 1/2"

ISI: No blow

FF: No blow

FSI: No blow



PRESSURE SUMMARY

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

Length (ft)	Description	Volume (bbl)
25.00	OCM 10%oil, 90%mud	0.12

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 67124-0347

Moots #1

Job Ticket: 52339

DST#: 1

ATTN: Bruce Reed

Test Start: 2013.07.23 @ 01:06:47

Tool Information

Drill Pipe:	Length: 4613.00 ft	Diameter: 3.80 inches	Volume: 64.71 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: 245.00 ft	Diameter: 2.25 inches	Volume: 1.20 bbl	Weight to Pull Loose: 78000.00 lb
		Total Volume:	65.91 bbl	Tool Chased 0.00 ft
Drill Pipe Above KB:	20.00 ft			String Weight: Initial 63000.00 lb
Depth to Top Packer:	4864.00 ft			Final 64000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	56.00 ft			
Tool Length:	82.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		
Tool Comments:				

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut In Tool	5.00			4843.00	
Hydraulic tool	5.00			4848.00	
Jars	5.00			4853.00	
Safety Joint	2.00			4855.00	
Packer	5.00			4860.00	26.00 Bottom Of Top Packer
Packer	4.00			4864.00	
Stubb	1.00			4865.00	
Recorder	0.00	8790	Inside	4865.00	
Recorder	0.00	8792	Outside	4865.00	
Perforations	16.00			4881.00	
Change Over Sub	1.00			4882.00	
Drill Pipe	32.00			4914.00	
Change Over Sub	1.00			4915.00	
Perforations	2.00			4917.00	
Bullnose	3.00			4920.00	56.00 Bottom Packers & Anchor

Total Tool Length: 82.00



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

FLUID SUMMARY

Charles N. Griffin

33-32s.-12w. Barber,KS

PO Box 347
Pratt, KS 67124-0347

Moots #1

Job Ticket: 52339

DST#: 1

ATTN: Bruce Reed

Test Start: 2013.07.23 @ 01:06:47

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 52.00 sec/qt

Water Loss: 7.49 in³

Resistivity: ohm.m

Salinity: 5800.00 ppm

Filter Cake: 0.02 inches

Cushion Type:

Cushion Length:

Cushion Volume:

Gas Cushion Type:

Gas Cushion Pressure:

Oil API:

Water Salinity:

deg API

5800 ppm

ft

bbl

psig

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
25.00	OCM 10%oil, 90%mud	0.123

Total Length: 25.00 ft

Total Volume: 0.123 bbl

Num Fluid Samples: 0

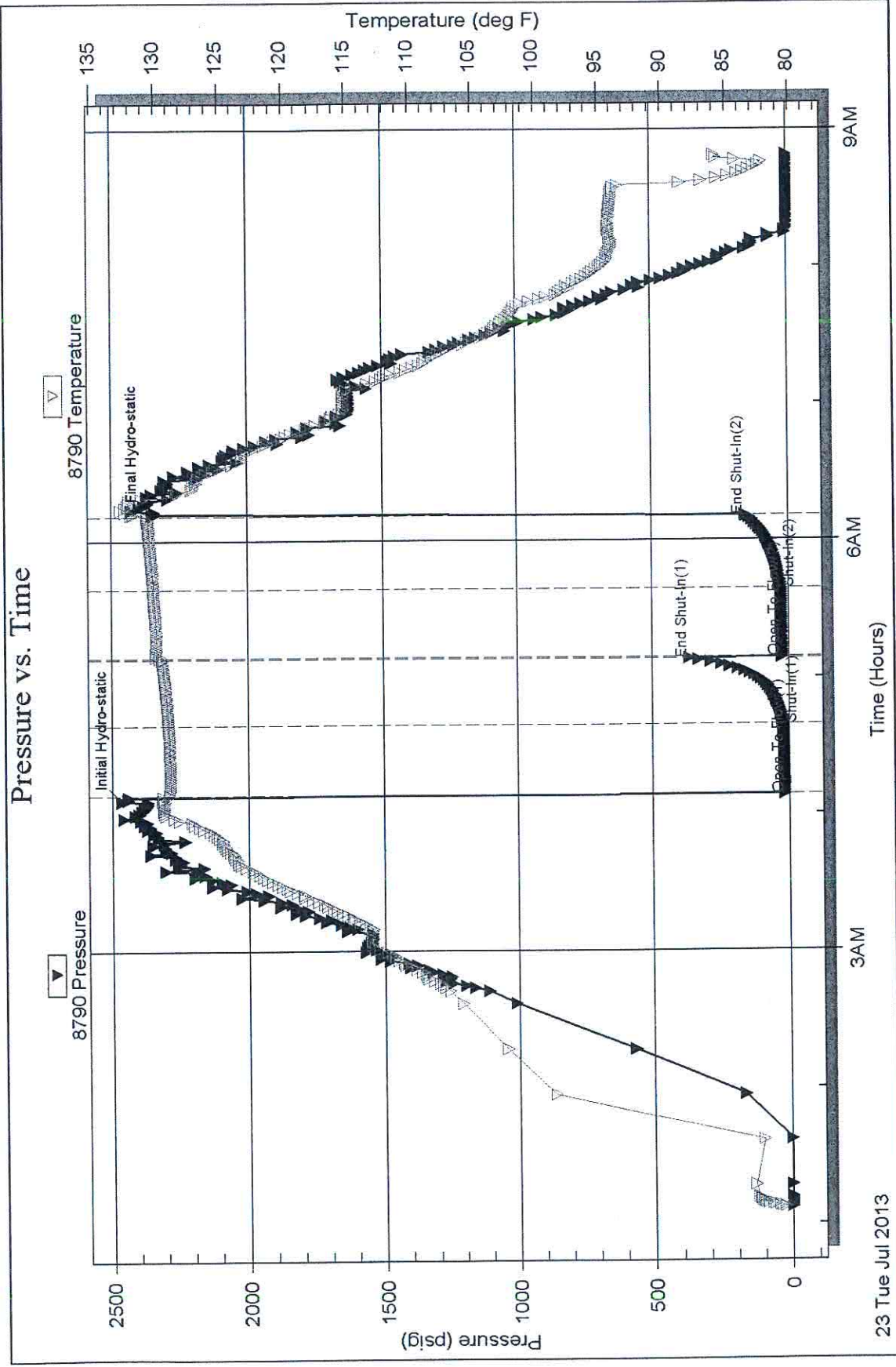
Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:

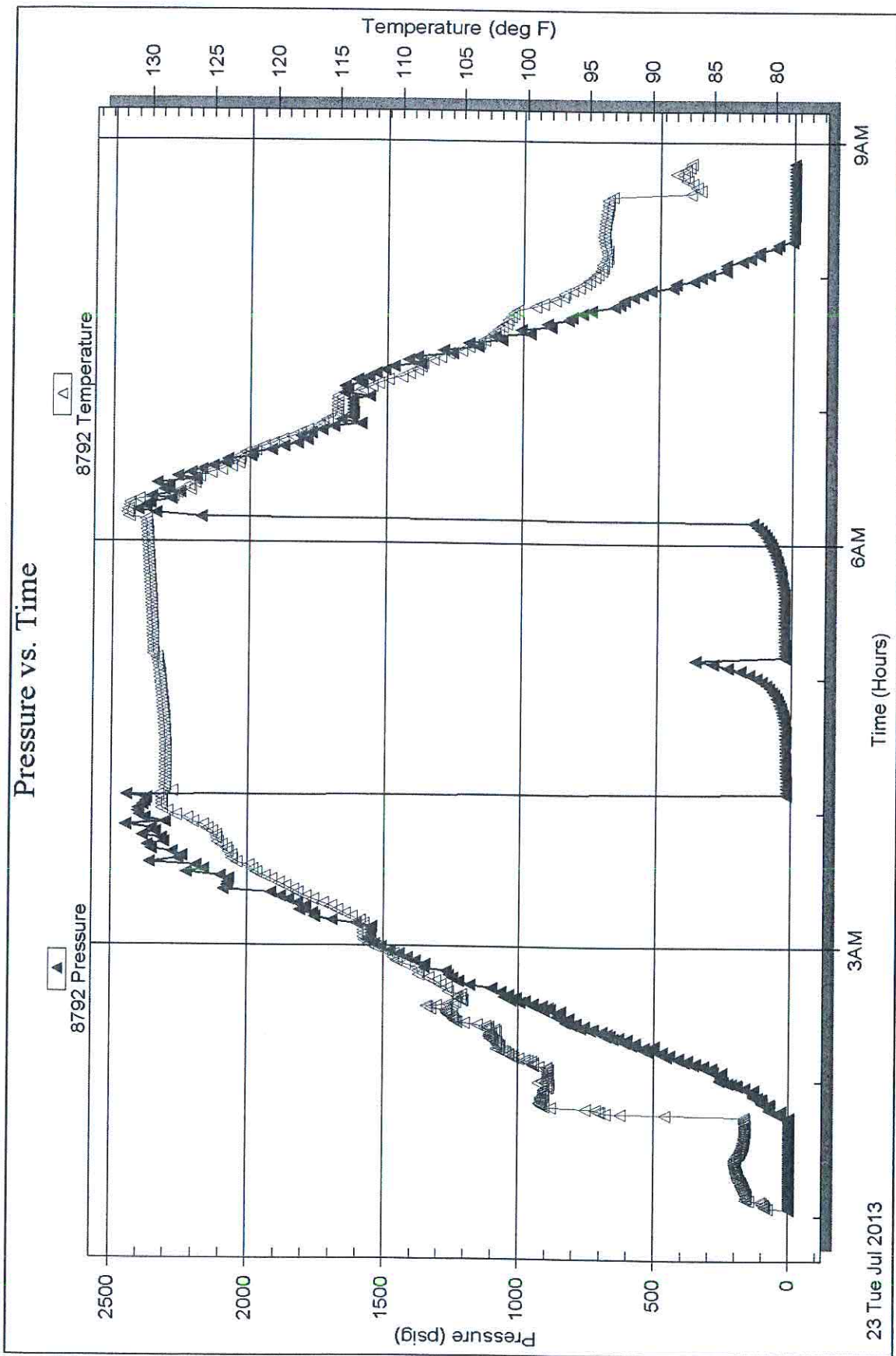


Serial #: 8792

Outside Charles N. Griffin

Mools #1

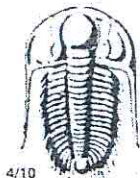
DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 52339

Printed: 2013.07.24 @ 14:17:24



**TRILOBITE
TESTING INC.**

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 52339

Well Name & No. Moots #1 Test No. 1 Date 7-22-13
Company Charles N. Griffin Elevation 1601' KB 1593 GL
Address P.O. Box 347 Pratt, KS 67124-0347
Co. Rep / Geo. Bruce Reed Rig Fossil #2
Location: Sec. 33 Twp. 32s. Rge. 12w. Co. Barber State KS

Interval Tested 4864-4920 Zone Tested Sp. 3d.
Anchor Length 56' Drill Pipe Run 4613 Mud Wt. 9.2
Top Packer Depth 4859 Drill Collars Run 245 Vis 52
Bottom Packer Depth 4864 Wt. Pipe Run Ø WL 7.5
Total Depth 4920 Chlorides 5800 ppm System LCM 3#
Blow Description IF: Weak blow. 1/4" - 1/2". ISI: No blow
FF: No blow. FSI: No blow

Rec <u>25</u>	Feet of <u>06m</u>	%gas <u>10</u>	%oil	%water <u>90</u>	%mud
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 25 BHT 132 Gravity N/C API RW N/C @ N/C °F Chlorides 5800 ppm
(A) Initial Hydrostatic 2463 ☒ Test 1250 T-On Location 1145
(B) First Initial Flow 17 ☒ Jars 250 T-Started 0107
(C) First Final Flow 22 ☒ Safety Joint 75 T-Open 0408
(D) Initial Shut-In 367 ☐ Circ Sub T-Pulled 0610
(E) Second Initial Flow 26 ☐ Hourly Standby T-Out 0849
(F) Second Final Flow 29 ☒ Mileage 90 139.50 Comments
(G) Final Shut-In 159 ☐ Sampler
(H) Final Hydrostatic 2348 ☐ Straddle ☐ Ruined Shale Packer
☐ Shale Packer ☐ Ruined Packer

Initial Open 30 ☐ Extra Packer ☐ Extra Copies
Initial Shut-In 30 ☐ Extra Recorder Sub Total 0
Final Flow 30 ☐ Day Standby Total 1714.50
Final Shut-In 30 ☐ Accessibility MP/DST Disc't
Sub Total 1714.50

Approved By

Our Representative

TriLOBITE Testing Inc. shall not be liable for damaged or loss 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 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.