



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1163981
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1163981

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Orr B2
Doc ID	1163981

Tops

Name	Top	Datum
Elgin Sand	3419	-1912
Heebner Shale	3549	-2042
Lansing	3722	-2215
Stark Shale	4094	-2587
B/KC	4188	-2681
Mississippi	4269	-2762
Kinderhook	4416	-2909
Viola	4516	-3009
Simpson	4626	-3119
Simpson Sand	4640	-3133

Customer <i>Griffen Management</i>		Lease No.	Date
Lease <i>ORA</i>		Well # <i>B2</i>	<i>10-15-13</i>
Field Order # <i>4051</i>	Station <i>Pratt</i>	Casing <i>8 5/8</i>	Depth
Type Job <i>CNW surface pipe</i>			County <i>Barber</i> State <i>KS</i>
		Formation	Legal Description <i>9-32-12</i>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>8 5/8</i>				Pre Pad	Max		5 Min.
Depth <i>262</i>	Depth	From	To	Pad	Min		10 Min.
Volume <i>15</i>	Volume	From	To	Frac	Avg		15 Min.
Max Press	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load
Plug Depth <i>247</i>	Packer Depth	From	To				

Customer Representative *J.R. Griffen* Station Manager *Kevin* Treater *Joe Melson*

Service Units	<i>19889</i>	<i>19543</i>	<i>19960</i>	<i>21010</i>	<i>25443</i>			
Driver Names	<i>ED</i>		<i>DALE</i>		<i>JOE</i>			

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>8:45</i>					<i>ONLOC / safety meeting</i>
					<i>RUN BITS TO 24"</i>
<i>0400</i>			<i>5</i>	<i>6</i>	<i>MUD FINDER</i>
			<i>39</i>	<i>6</i>	<i>MIX 150 SB COMMON WITH ADDITIVE</i>
					<i>SHUT DOWN / RELEASE PLUG</i>
					<i>START MUD DISP.</i>
					<i>CONCENT TO SURFACE</i>
<i>0420</i>			<i>19</i>	<i>4</i>	<i>PLUG DOWN</i>
					<i>15 BBL cement to surface</i>
					<i>JOB COMPLETE</i>
					<i>Thanks you</i>
					<i>JR</i>



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 02533 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>10-20-17</u> DISTRICT <u>Pratt</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>ORR</u>		WELL NO. <u>B3</u>						
ADDRESS		COUNTY <u>Barber</u>		STATE <u>KS</u>						
CITY STATE		SERVICE CREW <u>ED Josse JAP</u>								
AUTHORIZED BY		JOB TYPE: <u>CAW Long string</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>19889-19843</u>	<u>30</u>						<u>10-20-17</u>			<u>11:30</u>
<u>19828-19862</u>	<u>2</u>									<u>4:45</u>
<u>28443</u>										<u>10:00</u>
										<u>10:30</u>
										<u>11:30</u>
						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 105	A-7 Cement	SK	150		4,550.00
CP 103	60/40 PDZ	SK	50		600.00
CC 102	celloflap	lb	38		140.60
CC 111	SGLT	lb	685		242.50
CC 112	CEMENT Friction Reducer	lb	71		426.00
CC 115	C-44	lb	141		726.15
CC 201	GILSONITE	lb	750		502.50
CF 607	Latch Down Plug & Baffle	Pg	1		400.00
CF 1251	Auto fill shoe	Pg	1		360.00
CF 1651	Turbalizer	Pg	3		320.00
CF 1901	5/8 Basket	Pg	1		290.00
C 704	Claymax	gal	5		175.00
CC 151	mya Flush	gal	500		470.00
E 100	Pickup mileage	mi	35		145.75
E 101	Heavy mileage	mi	70		490.00
E 113	Bulk Delivery	PM	322		515.20
CE 204	Depth charge	4br	1		2,160.00
CE 290	Mixing charge	SK	200		290.00
CE 504	Plug container	JOB	1		150.00
S 003	supervisor	Pg	1		175.00
SUB TOTAL					6,750.00
SERVICE & EQUIPMENT					%TAX ON \$
MATERIALS					%TAX ON \$
TOTAL					

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
---	--

FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>Griffin Management</i>	Lease No.	Date <i>10-20-13</i>
Lease <i>ORR</i>	Well # <i>B2</i>	
Field Order # <i>4055</i>	Station <i>Pratt</i>	Casing <i>5 1/2</i>
		Depth <i>3650</i>
Type Job <i>LNW Longstring</i>	Formation	County <i>Barber</i>
		State <i>KS</i>
		Legal Description <i>9-32-12</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>				Pre Pad	Max		5 Min.	
Depth <i>3650</i>	Depth	From	To	Pad	Min		10 Min.	
Volume <i>58</i>	Volume	From	To	Frac	Avg		15 Min.	
Max Press	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth <i>3641</i>	Packer Depth	From	To					

Customer Representative <i>JB</i>	Station Manager <i>Kevin</i>	Treater <i>Joe</i>
--------------------------------------	---------------------------------	-----------------------

Service Units	<i>19889</i>	<i>19843</i>	<i>19831</i>	<i>19862</i>	<i>28443</i>				
Driver Names	<i>ED</i>	<i>JEER</i>	<i>JEER</i>	<i>JEER</i>	<i>JEER</i>				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1645</i>					<i>ONLOC / safety meeting.</i>
<i>1730</i>					<i>Big still pulling drill pipe</i>
<i>1915</i>					<i>start pulling callers</i>
					<i>start running csg.</i>
					<i>Run 58 JTS of 5 1/2 15.5' csg</i>
					<i>Turbos on 5-6-7</i>
					<i>Basisset on 1</i>
<i>2000</i>	<i>150</i>		<i>20</i>	<i>6.5</i>	<i>H2O spacer</i>
	<i>150</i>		<i>10</i>	<i>6.5</i>	<i>mud flush</i>
	<i>150</i>		<i>5</i>	<i>6.5</i>	<i>H2O spacer</i>
	<i>200</i>		<i>30</i>	<i>6.5</i>	<i>mix 150SK AA2 cement @ 15.2'</i>
					<i>Shut Down clear Pump and Lines</i>
					<i>Release Plug</i>
	<i>150</i>		<i>0</i>	<i>6.5</i>	<i>Start H2O Disp with 2% CC</i>
	<i>200</i>		<i>54</i>	<i>6.5</i>	<i>4th PST</i>
	<i>500</i>		<i>70</i>	<i>4</i>	<i>Slow Rate</i>
<i>2230</i>	<i>1600</i>		<i>1085</i>	<i>0</i>	<i>Plug Pull</i>
			<i>0</i>	<i>4</i>	<i>30' 5th 40/40 Pdz for RT</i>
			<i>0</i>	<i>4</i>	<i>30' 13 60/40 Pdz for MT</i>
<i>2236</i>					<i>Turbos on 11-14</i>
					<i>Thank you</i>
					<i>JEER</i>



JASON MCLEMORE

CELL # 620-6170527

General Information

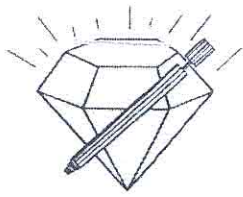
Company Name	CNG	Charles Griffen	Job Number	K046
Contact		Orr B2	Representative	Jason Mclemore
Well Name		DST #1 Elgin 3390-3426	Well Operator	CNG
Unique Well ID		9-32s-12w-Barber	Prepared By	Jason McLemore
Surface Location		Wildcat	Qualified By	Bruce Reed
Field		Vertical	Test Unit	#7
Well Type				

Test Information

Test Type	Drill Stem Test	Representative	Jason Mclemore
Formation	Elgin	Well Operator	CNG
Well Fluid Type	01 Oil	Report Date	2013/10/17
Test Purpose (AEUB)	Initial Test	Prepared By	Jason McLemore
Start Test Date	2013/10/17	Start Test Time	11:55:00
Final Test Date	2013/10/17	Final Test Time	19:46:00

Test Results

RECOVERED:
310 Frothy Muddy Oil 50%G, 45%O, 5%M
310 TOTAL FLUID



DIAMOND TESTING, LLC
P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
orrb2dst1

Company Charles N. Griffin Lease & Well No. Orr No. B-2
Elevation 1507 KB Formation Elgin Effective Pay _____ Ft. Ticket No. K046
Date 10-17-13 Sec. 9 Twp. 32S Range 12W County Barber State Kansas
Test Approved By Bruce A. Reed Diamond Representative Jason McLemore

Formation Test No. 1 Interval Tested from 3,390 ft. to 3,426 ft. Total Depth 3,426 ft.
Packer Depth 3,385 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Packer Depth 3,390 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) 3,371 ft. Recorder Number 5513 Cap. 5,000 psi.
Bottom Recorder Depth (Outside) 3,423 ft. Recorder Number 13338 Cap. 4,950 psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor Maverick Drilling, LLC - Rig 106 Drill Collar Length _____ ft. I.D. _____ in.
Mud Type Chemical Viscosity 48 Weight Pipe Length _____ ft. I.D. _____ in.
Weight 8.9 Water Loss 8.0 cc. Drill Pipe Length 3,357 ft. I.D. 3 1/2 in.
Chlorides 3,400 P.P.M. Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
Jars: Make Sterling Serial Number 7 Anchor Length 36 ft. Size 4 1/2-FH in.
Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.
Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2-XH in.

Blow: 1st Open: Strong blow increasing. Off bottom of bucket in 2 mins. Weak, 1 in. blow back during shut-in.

2nd Open: Strong blow increasing. Off bottom of bucket in 48 secs. Gas to surface in 30 mins. Strong, 8 in. blow back during shut-in.

Recovered 310 ft. of frothy, muddy oil = 4.411300 bbls. (Grind out: 50%-gas; 45%-oil; 5%-mud)

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) 2:00 P.M. Time Started off Bottom 5:15 P.M. Maximum Temperature 104°

Initial Hydrostatic Pressure.....(A) 1568 P.S.I.

Initial Flow Period.....Minutes 30 (B) 23 P.S.I. to (C) 73 P.S.I.

Initial Closed In Period.....Minutes 45 (D) 754 P.S.I.

Final Flow Period.....Minutes 60 (E) 99 P.S.I. to (F) 136 P.S.I.

Final Closed In Period.....Minutes 60 (G) 759 P.S.I.

Final Hydrostatic Pressure.....(H) 1555 P.S.I.

Orr B2
Formation: Elgin
Pool: Wildcat
Job Number: K046

CNG
DST #1 Elgin 3390-3426
Start Test Date: 2013/10/17
Final Test Date: 2013/10/17

Orr B2

