



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1173564
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
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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: _____

1173564

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
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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
<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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> _____
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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: _____ _____
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Houlton 3
Doc ID	1173564

Tops

Name	Top	Datum
Elgin Sand	3420	-1944
Heebner	3510	-2034
Douglas	3574	-2098
Lansing	3688	-2212
Stark	4055	-2579
B/KC	4150	-2674
Mississippi	4235	-2759
Kinderhook	4404	-2928



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 09070 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>11-14-13</u> DISTRICT _____		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>Griffen Management</u>		LEASE <u>Houlton</u> <u>3</u> WELL NO.								
ADDRESS _____		COUNTY <u>Barber</u> STATE <u>KS</u>								
CITY _____ STATE _____		SERVICE CREW <u>EP Pale Joe</u>								
AUTHORIZED BY _____		JOB TYPE: <u>Surface CW</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>19889-198443</u>	<u>30min</u>						<u>11-14-13</u>			<u>630</u>
<u>70959-19918</u>	<u>30min</u>									<u>830</u>
<u>28443</u>										<u>945</u>
										<u>1015</u>
										<u>1115</u>
										<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: X Paul E. Farmer
(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	celloflake	lb	46		170 20
CC 109	Calcium Chloride	lb	340		357 00
CF 153	Wooden Cement Plug	ea	1		160 00
E 100	Pick up Mileage	mi	35		148 75
E 101	Heavy Mileage	mi	70		490 00
E 113	Bulk Delivery	Tm	298		476 00
CE 200	Depth Charge	Hr	1		1,000 00
CE 240	Mixing Charge	SK	180		252 00
CE 504	Plug Container	JOB	1		250 00
S 003	Supervisor	ea	1		175 00

CHEMICAL / ACID DATA:			

SUB TOTAL		<u>4,133</u>	<u>32</u>
SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL			

SERVICE REPRESENTATIVE [Signature] THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: X Paul E. Farmer
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Customer Griffen Management		Lease No.		Date 11-19-13	
Lease HOULTON		Well # 3			
Field Order # 4070	Station	Casing 8 5/8	Depth	County Barber	State KS
Type Job CNW Surface			Formation	Legal Description 9-32-12	

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

Customer Representative DJR Griffin		Station Manager KEVIN			Treater JOE	
Service Units	19889	19843	70959	19918	28443	
Driver Names	ED		Dale		JOE	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2030					ON LOC. / safety meeting
					⊙ Run 6 JTS of 8 5/8 csg 24'
2100					Start Running csg.
2145					Csg on Bottom / Break circ. with Bl
2150					HOOK UP TO PUMP TO START JOB
2150			5	5	H2O spacer
	200		38	5	Mix 180 SK of common cement @ 15.0
			0	5	Shut Down / Release Plug
			14	5	14 BBL of cement to surface
2215	400		15	5	Plug Down
					1 BBL cement to PIT
					JOB COMPLETE
					Thank you
					JOE



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ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 09535 A

DATE _____ TICKET NO. _____

DATE OF JOB: 11-19-13		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: Houlton		3		WELL NO.	
ADDRESS:				COUNTY: BARRER		STATE: KS			
CITY:				STATE:		SERVICE CREW: Sullivan, Hanson, Kucina			
AUTHORIZED BY:				JOB TYPE: CWL 5 1/2 Long Str					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
33728-20920	40						11-19-13	AM	1:00
19959-19800	40							AM	3:45
37900								AM	7:30
								AM	8:10
								AM	9:00
						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)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 cont	sk	150		2,550 00
CP 103	60/40 pot ext	sk	50		600 00
CC 102	COLLEAVE	lb	38		140 60
CC 111	SALT	lb	685		342 50
CC 112	cont Fracture Polymer	lb	71		426 00
CC 115	C-44	lb	141		726 15
CC 201	Gilsonite	lb	750		502 50
CF 607	Large Harder Plug - 5 1/2	SA	1		400 00
CF 1291	Wide Full Stop	SA	1		360 00
CF 1651	Turndown	SA	5		550 00
CF 1901	Basket	SA	1		290 00
C 704	CLAY 446	gal	6		210 00
CC 151	man-plate	PL	500		430 00
E 100	spool rod	mi	35		148 75
E 101	4000 seat	mi	20		490 00
E 113	Brush Pulley	TR	322		515 80
CF 905	Depth Check 4000-5000	SK	1		2,520 00
CF 240	Blendby - man	sk	200		280 00
CF 504	Plug Conductor Pencil	SA	1		250 00
5003	Schurco Super	SA	1		175 00
SUB TOTAL					7,144 00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
FIELD SERVICE ORDER NO. _____	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>Griffith Management</i>	Lease No.	Date <i>11-19-13</i>	
Lease <i>HOUGHTON</i>	Well # <i>3</i>		
Field Order # <i>9535</i>	Station	Casing <i>5 1/2</i>	Depth <i>4459</i>
Type Job <i>CDW 5 1/2 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 <i>5 1/2</i>	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth <i>4459</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <i>105.5</i>	Volume	From	To	Pad	Min		10 Min.
Max Press <i>2000</i>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <i>4438</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Johnson</i>
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Service Units	<i>37900</i>	<i>33208</i>	<i>29920</i>	<i>19959</i>	<i>19860</i>				
Driver Names	<i>Calloway</i>	<i>GRAVES</i>	<i>KUJMAN</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>3:45</i>	<i>Arr</i>				<i>on loc safety meeting</i>
					<i>CDW 5 1/2 - #155 req.</i>
<i>6:30</i>					<i>CASING ON BOTTOM</i>
<i>6:40</i>					<i>Hook Rig Circ. req.</i>
<i>7:30</i>			<i>20</i>	<i>3.5</i>	<i>Surf 20 Bar 2 1/2 KCL 4 1/2</i>
			<i>12</i>		<i>at mud hole</i>
			<i>3</i>		<i>SPACER</i>
			<i>36</i>	<i>4.5</i>	<i>mix emt 150 sk AA-2 emt @ 15.3 pag</i>
					<i>emt mixed shut down wash pump, lines</i>
					<i>Release Plug</i>
				<i>5.5</i>	<i>at Dip w/ 2 1/2 KCL 4 1/2</i>
	<i>250</i>				<i>lift 15s</i>
	<i>350</i>			<i>3.5</i>	<i>Slow Rate</i>
<i>8:10</i>	<i>1,800</i>		<i>105.9</i>		<i>Plug down</i>
			<i>7</i>		<i>plug RH w/ 20 sk calloway req.</i>
			<i>5</i>		<i>plug MH w/ 20 sk "</i>
					<i>50B Complete</i>
					<i>Thank you</i>

