Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1173564

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 #	API No. 15				
Name:	Spot Description:				
Address 1:					
Address 2:	Feet from Dorth / South Line of Section				
City: State: Zip:+	Feet from East / West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()					
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
	Producing Formation:				
Oil WSW SWD SIOW	Elevation: Ground: Kelly Bushing:				
□ Gas □ DaA □ ENH □ SiGW □ OG □ GSW □ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?				
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet				
Operator:	If Alternate II completion, cement circulated from:				
	feet depth to:w/sx cmt.				
Original Comp. Date: Original Total Depth:					
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan				
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)				
	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #:	Dewatering method used:				
Dual Completion Permit #: SWD Permit #:					
SWD Permit #: ENHR Permit #:	Location of fluid disposal if hauled offsite:				
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East _ West				
Recompletion Date Reached TD Recompletion Date	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:							

	Page Two	1173564				
Operator Name:	Lease Name:	Well #:				
Sec TwpS. R East _ West	County:					
INCTRUCTIONS. Chow important tang of formations populated	Datail all cares Report all	final copies of drill stoms tasts giving interval tasted, time tool				

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 (Attach Additional Sheets)		Yes No		0	on (Top), Depth ar		Sample
Samples Sent to Geological Survey		Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-o	conductor, surface, inte	ermediate, product	ion, 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 / SQL	IEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	ercent Additives	

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

No	(If No, skip questions 2 and 3)
No	(If No, skip question 3)

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					е	,		ement Squeeze Record I of Material Used)	Depth
TUBING RECORD: Size: Set At:			Packer At: Liner Run:				No			
Date of First, Resumed Production, SWD or ENHR.				Producing M	lethod:	oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbl	S.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:				METHOD OF COMPLETION:			PRODUCTION IN	TERVAL:		
			Open Hole Perf. Dually ((Submit Ad		ACO-5)	Commingled (Submit ACO-4)				
		,		Other (Specify)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Houlton 3
Doc ID	1173564

Tops

Name	Тор	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



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

FIELD SERVICE TICKET

1718 00070 A

in the second se		NG & WINELINE				DATE TICKET NO				
DATE OF /1- 14-1	STRICT	_				CUSTOMER ORDER NO.:				
CUSTOMER Griffen Management					LEASE HOULTAN 3 WELL NO.					
ADDRESS		U			COUNTY /	Sort	er statek	5		
CITY STATE					SERVICE CREW EP PALE JOE					
AUTHORIZED BY		1		P.	JOB TYPE:	Sur	face (nW			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLED 11-14	ATE AM TIME		
70959-19918	30min Domin					1	ARRIVED AT JOB	AM 830		
28443					_		START OPERATION	AM 945		
							FINISH OPERATION	AM 1015		
			-				RELEASED	AM 1115		
S		21					MILES FROM STATION TO WE	LL 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. i iman SIGNED:

	Į.	R R N			(WELL OWNE	R, OPERATOR, CON	ITRACTOR OR A	GENT
ITEM/	PRICE REF. NO.	MATERIAL, EQUIPMENT AND SER	VICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	NT
CP	100C	COMMON CEMENT		SK	180-		2,880	00
66	102	Celloflake		Ih	46-	/	170	20
	109	Calcium Chloride		lh	340-	- mark	357	00
CF	153	Wooden CEMMENT PLUG		29			160	00
E	100	FICKUP MILEgge		mi	35		48	75
L	101	Heavy Milegge	54	mi	70		490	00
t	113	BULK DeLivery		TM	298	10	476	00
CE_	200	pepth Charge		HAL	1		1,000	00
CE	240	MIXING Charge		ŠK	180		252	00
CE	509	lug container		50B	1		250	00
5	003	SUPERVISON		eg	1		175	00
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			SERVICE & E	QUIPMENT	%TAX	the second se	12	
			MATERIALS		%TAX			
						TOTAL		
1	h.		51					

SERVICE REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.



TREATMENT REPORT

Customer Griffen Manageme					Lease N	0,		Date								
	YLTON		1.41 >	0	Well # 3						11-19-13					
Field Order # .	70 Static		1	-		Casing & 5/8 Depth					County Barber State KS					
Type Job C/	1W	Su,	rfac	e		ß		Formation	n	λ. 3.	Legal	Description	9-32-12			
PIPE DATA PERFORATING							FLUID	USED		TREATMENT RESUME						
Casing Size	Tubing Size Shots/Ft				d	8	8	RATE PRESS ISIP								
Depth	Depth		From	8	То	Pre	Pad	8	Max		r i i i i i i i i i i i i i i i i i i i	5 Min.				
Volume	Volume			То	Pad			Min			10 Min.	10 Min.				
Max Press	Max Press		То	Fra	0	1890 - 17	Avg		-	15 Min.	3					
Well Connection	Annulus '	Vol.	From		То		<u>ي</u>		HHP Used	1	3	Annulus	Pressure			
Plug Depth	Packer D	epth	From		То	Flue			Gas Volun	ne	2	Total Load				
Customer Repre	esentative	0)	rß.G.	11551	Statio	on Mana	ager <i>Ke</i>	VIN		Treater	TOL					
Service Units /	9889	19	843		709.	59	19918		2.8443							
Driver Names	E	D				De	71 e	81	500							
Time	Casing Pressure		ubing essure	Bbls.	. Pumped	1	Rate			Se	rvice Log	0				
2030			•		-	x [©]		ONL	OE. /	Safet	y Me	ering	2-			
2.2			5					@ Run 6JTS OF 85% (59 247					477			
2100		81					1	STarl	Rynni	unning CSG.						
2145								START Running CSG. CSG on Bottom / Break circ. with B								
2150	×				0	1		HOOK UP TO PUMP TO START JOB								
2150	a		2		5	24	5	H20.	420 SPacer							
2	200			38			5	Mix 180 SKOT COMMON CEMENT 613 Shut Down / Release Plug								
			e- 1.1		0		5									
	10				4)				ent.	to sur	fall			
2215	400	-		1	5	5		Plug	Dou	14	a.					
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10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383



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

FIELD SERVICE TICKET 1718 00535 A

DATE TICKET NO._____

file

DATE OF JOB // -/9 -/	13	DISTRICT PIER	KS			PROD INJ WDW CUSTOMER ORDER NO.:					
CUSTOMER (7R)	An	- MAUAgent	6	LEASE HOULTON 3 WELL NO.							
ADDRESS		• /			COUNTY	BARI	SER STATE KS				
CITY		STATE		SERVICE CREW Sylling, Kalang Kainan							
AUTHORIZED BY		*) 5 1/2 LONIStig				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLED 11-19 DATE AM TIME				
<u>33708 - 20920</u> 19959 - 19800	40				0.04		ARRIVED AT JOB				
37900	9	2	-		19		START OPERATION AM 730				
				2			FINISH OPERATION				
P. P					2		RELEASED / 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. 1 SIGNED:

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICE	S USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	NT
CP 105	AA-2 cart	0	sk	150		2. 450	
CP 103	60/40 Poz. c.t.		sk	50		600	00
CC 102	CollEAKE		16	38		140	60
CC 111	SALT	,	ih	685	2	342	50
CC/12	Cont Friction Robert	/	16	71		426	00
CC 115	6-44		16	141		726	12
CC201	Gilsenita		16	750		-502	50
F 607		the second se	32	1		400	00
CF1251	Aute, 7.11 Shod	- 9	H	1		360	and the second s
F1651	Tartofin	5	A	5		550	00
CF 1901	BAJist		369	1		290	00
6704	CLDY 112		12	6		210	50
CC 151	mun-Alinly	/	SI.	500		430	00
E100	Acted in		r.	35		149	25
2101	Groy Sent		1-2mm	20		490	CO)
8113	Buth heley	5	124	327		\$15	20
CF 205	Depth thing 4000-5000		51	1		2 520	00
F 240	Blandy - Knie - China	14	5£	200		280	00
CE 504	Play Cridnow Thertel		1		<i>e</i>	250	01
5003.	Shido Sufe	9	A	1	SUB TOTAL	175	00
CHE	EMICAL / ACID DATA:				V.C.	7.144	NZ
		SERVICE & EQUIPME	NT	%TAX			
		MATERIALS		%TAX	ON \$		
				100	K TOTAL		
				kog	Come N		1
				V			
SERVICE REPRESENTATIV	THE ABOVE N	ATERIAL AND SERVICI	E	DV:		2/	L
	The first Should be and the bit		ALC: NO CONTRACTOR		acqui 1	Carrow C	

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer	RAN)	010.3		4 L	ease No.						Date					la la	
Lease	louk.			1	V	Vell #	3	U.			2		11	- 19	- /1	2		
Field Order #	Station	n -	N		22	/		Casing	De	pth/s	- 9	County	RA	CBER.			State	
	12 -	- 11		1	\sim				Formati			Contractory of the	En	Legal	escription			
	DATA			ORAT	1			FLUID USED					[BEA				-	1
Casing Size							Acid				TREATMENT RESUME RATE PRESS ISIP							
Depth 159	Depth	Depth From T			T		Pre	Pre Pad			Мах			9 - 14 - 18 - 18 - 18 - 18 - 18 - 18 - 18	5 Min.			
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Max Press	Max Press	s	From From		To		Fra	с	3	Av	Avg				15 Mir	۱.		
Well Connection	n Annulus V	/01	From		To To		-		HHP Use							us Pre	essure	
Plug Depth	Packer De	onth	From		То		Flue	sh		Gas Volume					Total L	Total Load		
Customer Repr	esentative				10	Station	Mana	ager	0	4		Trea	ter /	2/ 1	: C	1/	~	
Service Units	22000	22	208	209.	or)	1995	G	19860	VE SU	577				brat	17/1	100	2, 2	
Driver Names	110		RAU	V	<i>c Q</i>			NAN		-		3.					-	1
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HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Fracture Date: 12/9 County: Barber County, KS 12/9/2013

Operator Name: Griffin Management Well Name and Number: Houlton #3

Total Base Fluid Volume (gal)*: 369500

Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**
Plexslick 947	Chemplex	Friction Reducer	Petroleum Distillate	64742-47-8	30%	0.0223275%
Plexsurf 580 ME	Chemplex	Product Stabalizer	Methyl Alcohol	67-56-1	10%	0.0025169%
Plexsurf 580 ME	Chemplex	Product Stabalizer	2-Butoxyethanol	111-76-2	50%	0.0125846%
Claymax	Chemplex	Clay Stabalizer	No hazardous ingredient	111 / 0 1	50%	01012001070
Chemplex AMA-398	Chemplex	Biocide	Dazomet	533-74-4	98%	0.0039200%
Plexgel Breaker XPA	Chemplex	Breaker/Slickwater	Hydrogen Peroxide	7722-84-1	7%	0.0017647%
Plexset 730	Chemplex	Activator	Methanol	67-56-1	50%	0.500000%
Plexset 730 Frac Sand	Chemplex Uniman	Activator Propant	Alcohol Ethoxylates Crystalline Silica in the form of Quartz	Mixture 14808-60-7	60.00% 100.00%	0.6000000%