Confidentiality Requested: Yes No

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

1173571

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:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
OG GSW Temp. Abd. CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Duilling Fluid Management Dian
Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date 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	1173571
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTOLICTIONS. Chow important tang of formations panatrated. Do	tail all cores Pope	rt all final conject of drill stome 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 Shi	aata)	Yes No	L	og Formatio	on (Top), Depth and	d Datum	Sample
Samples Sent to Geolog	,	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne		on, 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	EEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing							
Plug Off Zone							
Did you perform a hydraulic	fracturing treatment of	on this well?		Yes	No (If No, skip	o questions 2 an	d 3)
		raulic fracturing treatment ex				o question 3)	
Was the hydraulic fracturing	treatment information	n submitted to the chemical c	lisclosure registry?	Yes	No (If No, fill c	out Page Three o	of the ACO-1)

Shots Per Foot	PE		RECORD - Bridge Plugs Set/Type age of Each Interval Perforated			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			
TUBING RECORD:	Size:	Set	At: F	Packer At:	Liner Ru		No		
Date of First, Resumed	I Production, S	WD or ENHR.	Producing Method:	Pumping	Gas Lift	Other (Explain)			
Estimated Production Per 24 Hours		Oil Bbls.	Gas Mcf	Wa	er	Bbls.	Gas-Oil Ratio	Gravity	
DISPOSITI	ON OF GAS:		METH	HOD OF COMPL	ETION:		PRODUCTION IN	TERVAL:	
Vented Sold Used on Lease			Open Hole Perf. Uually (Submit A Other (Specify)			Commingled (Submit ACO-4)			

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

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Rynerson 1
Doc ID	1173571

Tops

Name	Тор	Datum
Lansing	3658	-2170
Stark	4038	-2550
B/KC	4146	-2648
Mississippi	4208	-2720
Kinderhook	4392	-2904
Viola	4496	-3008
Simpson Shale	4602	-3114
Simpson Sand	4622	-3134

and the second				10244 NE Hwy. 61	
A REAL PROPERTY		HA	GIR	P.O. Box 8613	
North State			السا ا است	Pratt, Kansas 67124	
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FIELD SERVICE TICKET

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FIELD SERVICE ORDER NO.

REPRESENTATIVE

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

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CLOUD LITHO - Abilene, TX



TREATMENT REPORT

Customer	riften M	hanoyen	Lease No.		21 21 21		Date		(1)7
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Field Order	#3 Statio	" Pra-	۲ŗ	Casing	& 1/8 Dept	h262.5	County	AIB	State Vis
Type Job	ann.	sr		3 A A A	Formation			/	Description
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10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383

Tavlor Printing Inc 620.679.3650

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

FIELD SERVICE TICKET

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		1 <u>.</u>					DATE TICKET NO	
DATE OF 11-13-1	3	DISTRICT					CUSTOMER ORDER NO.:	
CUSTOMER Grif	fin	Manageme	nT	LEASE RYnerson / WELL NO.				
ADDRESS		0		COUNTY /			155	
CITY		STATE	* *	SERVICE C	REW E	O Pale Ju	10	
AUTHORIZED BY	1				JOB TYPE:	CNN	1 LongSTrin	19
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLED	DATE AND TIME
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	- 9 - 1						FINISH OPERATION	PM 345
					τ		RELEASED	AM 745
	2						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.

(WELL OWNER, OPEBATOR, CONTRACTOR OR AGENT)

1	PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERV	ICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	١T
CP	105	AA2 CEMENT		5/5	150-		2,550	00
CP	105	AA2 CEMENT	2	5/5	50	nan -	850	00
CC	102	Cello FLake		16	50	1	185	DO
CC	11)	SALT		16	913		4156	50
66	112	Cement Friction Reduc	en	16	94		564	00
CC	115	C-44	3	16	188		968	20
CL	201	Gilsonite		10	1000		670	00
CF	607	Latch Pown Plug		eg	1-	_	400	00
CF	1251	AUTO FILL FLOYT SHOE		eg	1 -		360	00
Cr	1651	Tyrba.	3	leg	51		550	10
Ct	1901	5/2 BASKET		Pq	17		290	00
C.	704	Claymax		GAL	6-		210	00
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E	100	PICKUP MILEgge		mi	35		148	75
E E CE	101	Heavy Mileage		mi	70		490	00
E	113	Bulk Delivery		TM	329		526	40
LE	205	Depth charde		ynr			2,520	00
CE	240	Mixing Charge		5/5	150		280	00
ÇE	504	Muy ConTainer		JOB			250	00
2	003	Syper Visor		ey	1	SUB TOTAL	175	80
	CHE	MICAL / ACID DATA:				21 N	8	
			SERVICE & EQUIP	MENT	%TAX	111	7.724	3/
			MATERIALS		%TAX			
-						TOTAL		

SERVICE

REPRESENTATIVE

3077-

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

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

10 -



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TREATMENT REPORT

Customer 6	iffi	'n	Mar	149	en	ease No	2		2		Date	12	10		
Lease A	Yner	SINV	2	0		Nell #	1	87 - 18 	6		11	-13-	12	a: ¹⁹⁷⁵	
Field Order	4 Stati	on p	raTT	•	Ec			Casing	5% Dep	th	County 6			St	ate/KS
Type Job	Cnw		ong		rin	5	4		Formatic	n	-	Legal	Description	4 -	32-12
PIPE DATA PERFORATING DATA								FLUID	UID USED TREATMENT RESUME						
Casing Size	Tubing S	Size	Shots/Ft				Acid			RATE PRESS			ISIP		
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HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Fracture Date: 11/23/20 County: Barber Operator Name: Griffin Management Well Name and Number: Rynerson #1 11/23/2013

Total Base Fluid Volume (gal)*: 459700

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 921E	Chemplex	Friction Reducer	Petroleum Distillate	64742-47-8	30%	0.0236241%
Plexsurf 580 ME	Chemplex	Product Stabalizer	Methyl Alcohol	67-56-1	10%	0.0025016%
Plexsurf 580 ME	Chemplex	Product Stabalizer	2-Butoxyethanol	111-76-2	50%	0.0125082%
Claymax	Chemplex	Clay Stabalizer	No hazardous ingredient	N/A	0%	0.000000%
AMA-398	Chemplex	Biocide	Dazomet	533-74-4	98%	0.0049000%
Plexgel Breaker XPA	Chemplex	Breaker/Slickwater	Hydrogen Peroxide	7722-84-1	7%	0.0021141%
Plexset 730	Chemplex	Activator	Methanol	67-56-1	50%	0.5000000%
Plexset 730	Chemplex	Activator	Alcohol Ethoxylates	Mixture	60.00%	0.600000%
Frac Sand	Uniman	Propant	Crystalline Silica in the form of Quartz	14808-60-7	100.00%	15.2%