



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1173571  
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: \_\_\_\_\_

1173571

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Rynerson 1
Doc ID	1173571

Tops

Name	Top	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



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 09363 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: 11-8-13	DISTRICT: PIGTT	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: GILFON MANAGEMENT		LEASE: RYANSON		WELL NO.: 1						
ADDRESS:		COUNTY: BAIBO		STATE: KS						
CITY:		STATE:		SERVICE CREW: MATTA, GILSON, PLYE						
AUTHORIZED BY:		JOB TYPE: COW SP								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
37586	.5						11-8-13			12:50
						ARRIVED AT JOB				3:35
33708/20920	.5					START OPERATION				6:35
						FINISH OPERATION				7:00
14954/19918	.5					RELEASED				7:30
						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: X Paul E. Jarman  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100C	COMMON CRT	54	180		2,880 00
CC 102	CELLOFAX	10	45		170 20
CC 109	CALCIUM CHLORIDE	10	340	357 00	<del>357</del>
CF 153	WOODEN CRT PLY 8 5/8	EA	1		160 00
E 100	P.V. MILS	ME	35		148 75
E 101	HEAVY EQ. MILS	ME	70		490 00
E 113	PIPB + BULK DEL.	FM	298		476 00
CE 200	DEPTH CHARGE 0-500'	4hrs	1		1,000 00
CE 240	BLEND + MIX CHARGE	54	180		252 00
CE 504	PLY CONT. UTILIZATION	JOB	1		250 00
5003	SERVICE SUPERVISOR	PA	1		175 00

CHEMICAL / ACID DATA:			

SUB TOTAL	4,133	32
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: MIKE MATTA  
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: X Paul E. Jarman  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. \_\_\_\_\_

# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer <b>Griffen Management</b>	Lease No.	Date <b>11-8-13</b>
Lease <b>Rynelson</b>	Well # <b>1</b>	
Field Order # <b>9363</b>	Station <b>Pratt</b>	Casing <b>8 5/8</b>
		Depth <b>262.5</b>
Type Job <b>cnw sr</b>	Formation	County <b>Baird</b>
		State <b>KS</b>
		Legal Description

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size <b>8 5/8</b>	Tubing Size	Shots/Ft		Acid <b>180 SK COM. AM</b>	RATE <b>2.7%</b>	PRESS <b>cc 1/4 CF</b>	ISIP
Depth <b>262.5</b>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <b>16.7</b>	Volume	From	To	Pad	Min		10 Min.
Max Press <b>300</b>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection <b>Pac.</b>	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <b>247.5</b>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative <b>JR Griffen</b>	Station Manager <b>Kevin Gaudin</b>	Treater <b>MIKE MARRAI</b>
Service Units <b>37584</b>	<b>33708 20920</b>	<b>19959 19918</b>
Driver Names <b>MARRAI</b>	<b>GRIFEN</b>	<b>PHYE</b>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:15 AM					ON LOCATION / SAFETY MEETINGS
4:55					RUN 8 5/8 24# CSNG
6:10					CSNG ON BOTTOM
6:20					HOOK UP TO CSNG / BIOMAX LINE W RIG
6:35	100		5	4	PUMP 5 BBI H2O
6:37	100		40	4	MIX 180 SKS COM. CNT.
6:50	100			4	RELEASE PLUG / START DISP.
7:00	200		15.5		PLUG DOWN
					CIRC. TRIM JOB
					5 BBI'S TO PIT
					JOB COMPLETE
					THANK YOU
					MIKE MARRAI



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PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 09089 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB 11-13-13		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 Griffin Management		LEASE RYnerson		1 WELL NO.					
ADDRESS		COUNTY Barber		STATE KS					
CITY		STATE		SERVICE CREW EO Dale JOE					
AUTHORIZED BY		JOB TYPE: CAW Longstring							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 11-13-13	AM/PM	TIME
19884	19843								6:30
70959	19918								8:30
28443									10:30
									3:45
									4:45
						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 cement	SK	150		2,550 00
CP 105	AA 2 cement	SK	50		850 00
CC 102	cello flake	lb	50		185 00
CC 111	SalT	lb	913		456 50
CC 112	Cement Friction Reducer	lb	94		564 00
CC 115	C-44	lb	188		968 20
CC 201	Gilsonite	lb	1000		670 00
CF 607	Latch Down Plug	eg	1		400 00
CF 1251	Auto fill float shoe	eg	1		360 00
CF 1651	Turbo	eg	5		550 00
CF 1901	5/2 Basket	eg	1		290 00
C 704	Claymax	gal	6		210 00
CC 151	mud flush	gal	500		430 00
E 100	Pickup Mileage	mi	35		148 75
E 101	Heavy Mileage	mi	70		490 00
E 113	Bulk Delivery	TM	329		526 40
CE 205	Depth Charge	4hr	1		2,520 00
CE 240	Mixing Charge	SK	150		280 00
CE 504	Plug Container	JOB	1		250 00
S 003	Supervisor	eg	1		175 00
SUB-TOTAL					175 00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	10	7,724 31
MATERIALS	%TAX ON \$	10	
TOTAL			

SERVICE REPRESENTATIVE *[Signature]*  
FIELD SERVICE ORDER NO. \_\_\_\_\_

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer <b>Griffin Management</b>	Lease No. <b>AYner son</b>	Well # <b>1</b>	Date <b>11-13-13</b>
Lease <b>AYner son</b>	Field Order # <b>9069</b>	Station <b>Pratt</b>	Casing <b>5 1/2</b>
Type Job <b>CNW Longstring</b>	Depth <b></b>	County <b>Barber</b>	State <b>KS</b>
Formation <b></b>	Legal Description <b>4-32-12</b>		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <b>5 1/2</b>	Tubing Size <b></b>	Shots/Ft <b></b>		Acid <b></b>		RATE	PRESS	ISIP
Depth <b>4515</b>	Depth <b></b>	From <b></b>	To <b></b>	Pre Pad <b></b>		Max		5 Min.
Volume <b>107</b>	Volume <b></b>	From <b></b>	To <b></b>	Pad <b></b>		Min		10 Min.
Max Press <b>8200</b>	Max Press <b></b>	From <b></b>	To <b></b>	Frac <b></b>		Avg		15 Min.
Well Connection <b></b>	Annulus Vol. <b></b>	From <b></b>	To <b></b>			HHP Used		Annulus Pressure
Plug Depth <b>4506</b>	Packer Depth <b></b>	From <b></b>	To <b></b>	Flush <b></b>		Gas Volume		Total Load

Customer Representative <b>JR Griffin</b>	Station Manager <b>Kevin</b>	Treater <b>JOE</b>
Service Units <b>19889</b>	<b>19843</b>	<b>70959</b>
Driver Names <b>ED</b>	<b>Dale</b>	<b>JOE</b>
<b>14918</b>	<b>28443</b>	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<b>0830</b>					ON LOC. / safety meeting
					Run 108 JTS of 5 1/2 csg 15.5 #
					Turbo. on 5-6-7-8-9
					Basket on 1
<b>1215</b>					START Running csg
<b>1400</b>					csg. on Bottom
<b>1410</b>					HOOK UP TO Big TO Circ.
<b>1510</b>					HOOK UP TO PUMP TO START JOB
<b>1510</b>			<b>20</b>	<b>5</b>	H2O Spacer
			<b>12</b>	<b>6</b>	mud flush
			<b>5</b>	<b>6</b>	H2O Spacer
			<b>36</b>	<b>6</b>	mix 150 sks of AA2 cement @ 15.5 #
			<b>0</b>	<b>0</b>	shut down Release Plug wash pump
			<b>0</b>	<b>0</b>	Release Plug
<b>1530</b>	<b>200</b>		<b>0</b>	<b>7</b>	start H2O DISP with 2% KCL
	<b>400</b>		<b>82</b>	<b>6.5</b>	LIFT PSI
	<b>600</b>		<b>97</b>	<b>4</b>	slow Rate
<b>1545</b>	<b>1600</b>		<b>107</b>	<b>0</b>	Plug Down
					Aug RH + m f
					JOB COMPLETE
					Thank you
					JOE

