



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1181998
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: _____

1181998

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Carr OWWO 1
Doc ID	1181998

Tops

Name	Top	Datum
Heebner	3545	-2032
Douglas Shale	3588	-2075
Brown Lime	3741	-2228
Lansing	3753	-2240
Hertha	4158	-2645
Base/KC	4214	-2701
Mississippi	4384	-2871
Kinderhook Shale	4488	-2975
Chattanooga Shale	4564	-3051
Viola	4602	-3089
Simpson Sand	4692	-3179
Arbuckle	4800	-3287



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 09326 A

DATE 11-22-13 TICKET NO. _____

DATE OF JOB <u>11-22-13</u> DISTRICT <u>Pratt</u>	NEW WELL <input checked="" type="checkbox"/> OLD WELL <input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:
CUSTOMER <u>Griffin Management</u>	LEASE <u>Carr Ouhoo</u> WELL NO. <u>1</u>
ADDRESS	COUNTY <u>Barber</u> STATE <u>ks</u>
CITY STATE	SERVICE CREW <u>Delgado, Anthony, Pearson, Hanson</u>
AUTHORIZED BY	JOB TYPE: <u>5/8 L.C. OCSW</u>

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
274							<u>11-22-13</u>			<u>7:00</u>
<u>27463</u>	<u>1</u>									<u>9:00</u>
<u>19955-19960</u>	<u>1</u>									<u>11:30</u>
<u>28443</u>	<u>1</u>									<u>7:30</u>
<u>33708-20920</u>	<u>1</u>	<u>Griffin Management</u>								<u>1:30</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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA2 Cement	SK	215		365500
CP105	AA2 Cement	SK	50		85000
CC102	Coll Stone	Lb	67		24790
CC111	Salt	Lb	1214		60700
CC112	Friction Reducer	Lb	125		25000
CC115	C-44	Lb	250		128750
CC201	Gilswrite	Lb	1330		89110
CF607	Latch Down Plug + Baffle 5 1/2"	ea	1		40000
CF1257	Auto Fill Float Shoe 5 1/2"	ea	1		36000
CF1657	Turbulizer 5 1/2"	ea	7		77000
CF1901	Basket 5 1/2"	ea	1		29000
C704	KCL	Gal	6		21000
CC151	med Slur	Gal	500		43000
E100	Pickup Mileage	M.	35		14875
E101	Heavy Equipment Mileage	M.	70		49000
E113	Bulk Delivery	Tm	438		70000
CE205	Depth Charge 4000-5000'	ea	1		252000
CE240	Blending & Mixing	SK	265		37100
CE504	Plus container	ea	1		25000
J003	Service Supervisor	ea	1		

SUB TOTAL 17500
KG 924195

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Steve Orlando THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: TA/H

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

Customer <i>Griffin Management</i>	Lease No.	Date <i>11-22-13</i>
Lease <i>Carr Duvvo</i>	Well # <i>1</i>	
Field Order # <i>9326</i>	Station <i>Pratt</i>	Casing <i>5 1/2</i>
	Depth <i>4812</i>	County <i>Barber</i>
Type Job <i>CCSPW-LONGSTRAW</i>	Formation	State <i>KS</i>
		Legal Description <i>14-32-12</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 1/2</i>	Tubing Size	Shots/Ft		AA2 Cement <i>2155 lbs</i>	RATE	PRESS	ISIP	
Depth <i>4812</i>	Depth	From	To	Pre Pad <i>1.36 yield</i>	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 <i>J.R. Griffin</i>	Station Manager <i>Kevin Goodley</i>	Treater <i>Steve Orlando</i>
Service Units <i>27283 27463 19959 19960 33202 20920</i>		
Driver Names <i>Orlando Anthony Poirson Hanson Whitfield</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>9:00 AM</i>					<i>On location - Safety Meeting</i>
					<i>Run 4812' 5 1/2 15.5# casing</i>
					<i>Centralizers 2-3-6-7-8</i>
					<i>Casing on Bottom - Break Circ w/ris</i>
<i>11:35</i>	<i>300</i>		<i>20</i>	<i>5</i>	<i>H2O w/ KCL</i>
	<i>300</i>		<i>12</i>	<i>5</i>	<i>Mud flush</i>
	<i>300</i>		<i>3</i>	<i>5</i>	<i>H2O spacer</i>
	<i>300</i>		<i>52</i>	<i>5</i>	<i>Mix 215 sls AA2 @ 15.3#/gal</i>
					<i>Shut Down - Clear pump + line</i>
	<i>0</i>		<i>0</i>	<i>6</i>	<i>Start H2O Displacement w/ 20 KCL</i>
	<i>300</i>		<i>80</i>	<i>5</i>	<i>LIFT pressure</i>
	<i>800</i>		<i>105</i>	<i>5</i>	<i>Slow Rate</i>
<i>12:30</i>	<i>1500</i>		<i>114</i>	<i>4</i>	<i>Plug Down - Hold</i>
					<i>Plug 24'/min w/ 50 sls AA2</i>