

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1181999

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:			Sec.	TwpS. R	East _ West
Address 2:			F	eet from North / S	South Line of Section
City: S	tate: Zi	p:+	Fe	eet from East / V	West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section Co	orner:
Phone: ()			□ NE □ NV	V □SE □SW	
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:	We	ell #:
New Well Re	-Fntrv	Workover	Field Name:		
	_	_	Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground:	Kelly Bushing: _	
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total De	epth:
CM (Coal Bed Methane)	dow	тетір. ды.	Amount of Surface Pipe Se	et and Cemented at:	Feet
Cathodic Other (Con	e. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well In			If yes, show depth set:		Feet
Operator:			If Alternate II completion, of	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:	Original To	otal Depth:			
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Manageme	nt Plan	
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from t		
O constitued and	D		Chloride content:	ppm Fluid volume:	bbls
CommingledDual Completion			Dewatering method used:		
SWD			Location of fluid disposal if	f haulad offsita:	
☐ ENHR			Location of fluid disposal fi	nauleu olisite.	
GSW			Operator Name:		
_			Lease Name:	License #:	
Spud Date or Date Rea	ached 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 Approved by: Date:										

Page Two



Operator Name:			Lease Name: _			Well #:		
Sec Twp	S. R	East West	County:					
open and closed, flow and flow rates if gas t	ving and shut-in presson to surface test, along w	formations penetrated. I ures, whether shut-in pro vith final chart(s). Attach	essure reached stati n extra sheet if more	c level, hydrosta space is neede	itic pressures, bott d.	tom hole tempe	erature, fluid r	recovery,
		otain Geophysical Data a or newer AND an image		egs must be ema	ailed to kcc-well-lo	gs@kcc.ks.gov	v. Digital elec	tronic log
Drill Stem Tests Taken (Attach Additional	•	Yes No		_	on (Top), Depth ar		Samp	
Samples Sent to Geo	ological Survey	☐ Yes ☐ No	Nam	e		Тор	Datur	m
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
		CASING	RECORD Ne	ew Used				
		Report all strings set-	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 P Additiv	
		ADDITIONAL	OFMENTING / OOL					
Purpose:	Depth		CEMENTING / SQL	JEEZE RECORD		araant Additiraa		
Perforate	Top Bottom	Type of Cement	# Sacks Used		Type and F	ercent Additives		
Protect Casing Plug Back TD								
Plug Off Zone								
Did you perform a hydra	ulic fracturing treatment o	on this well?		Yes	No (If No, ski	p questions 2 ar	nd 3)	
	=	raulic fracturing treatment ex	xceed 350,000 gallons		= ' '	p question 3)	,	
Was the hydraulic fractu	ring treatment information	n submitted to the chemical	disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		ON RECORD - Bridge Plug Footage of Each Interval Per			cture, Shot, Cement			Depth
	Сроспу Г	octago of Laon morvar i or	ioratou	(>1	mount and rand or ma	teriar Good)		<u> Борин</u>
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or EN							
Fotimeted Day 1 . C	0" -	Flowing			Other (Explain)) O" D "		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wate	er B	bls. G	Gas-Oil Ratio	Gr 	ravity
DISPOSITI	ON OF GAS:	1	METHOD OF COMPLE	ETION:		PRODUCTIO	ON INTERVAL:	
Vented Sold		Open Hole	Perf. Dually	Comp. Con	mmingled			
	bmit ACO-18.)	Other (Specify)	(Submit)	ACO-5) (Sub	omit ACO-4)		-	

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Garten 1
Doc ID	1181999

Tops

Name	Тор	Datum
Elgin	3384	-1875
Heebner	3565	-2056
Lansing	3744	-2235
Stark	4128	-2619
B/KC	4218	-2709
Mississippi	4323	-2814
Kinderhook	4472	-2963
Chatanooga	4552	-3043
Viola	4588	-3079
Simpson	4682	-3173



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

FIELD SERVICE TICKET 1718 09352 A

		W. Carre		ne 620-672	2-1201	× Š	786	DATE	TICKET NO		
DATE OF D-2	22-13	DI	STRICT PIGTT			NEW NEW	OLD	PROD INJ	WDW	CUSTOMER ORDER NO.:	- 10 - 10 - 10 - 10
CUSTOMER	DISTRICT / G T T T T T T T T T T T T T T T T T T							0		WELL NO.	. 1
ADDRESS	1 52 0	220	* * * * * * * * * * * * * * * * * * * *	T s de		COUNTY	BAI	311	STATE	()	
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CE 240			MIX CHAIR		-		54	180		252	
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					MAT	ERIALS	nt	%TAX	ON \$	2 2 3	
								No. 8	TOTAL		E L
								1 9. E		118	

THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY:X

FIELD SERVICE ORDER NO.

REPRESENTATIVE

mile marmi

SERVICE

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Mic MALLIN

TREATMENT REPORT

Type Job C O N S. P. Formation Legal Description Y-37-PIPE DATA PERFORATING DATA FLUID USED TREATMENT RESUME Casing Size St. Tubing Size Shots/Ft Color April 150 Sur. (April				AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.			- 20 m - 10 m		11 17	on and Ashalta by 196
Field Octor 1 Station Profit	₩ease G	Acten	E	. Well #			Charles and	10-0	(-1)	
Type Job C O W S. P. Formation Legal Description Y-37-PIPE DATA PERFORATING DATA FLUID USED TREATMENT RESUME Casing Site of Tubing Size Shots/Ft O O O O O O O O O O O O O O O O O O	Field Order	#57 Station	Plati	٢ .	Casing	85/4 Dept	h 262 Coun	Ity BAIBE) S	tate KS
Casing Site of Tubing Size Depth 27 Depth From To Pre Pad Max 5 Min. Volume (L. U. Volume From To Pad Max 10 Min. Max Press From To Frac Avg 15 Min. Well Connection Annulus Vol. From To Flush 15.7 Plug Depth Packer Depth From To Flush 15.7 Station Manager KV in 9 Molt Treater M. Ite MATMI Service Units 37586 Diriver Names Names Pressure Blbs. Pumped Rate Service Log Service Units Pressure Pressure Blbs. Pumped Rate Service Log Source Children Service Cog May 15.5 Service Log Service	Type Job				Y				Description	-37-12
Depth 10 Depth From To Pre Pad Max 5 Min. Volume (L, L Volume From To Pad Min 10 Min. Max Press From To Frac Avg 15 Min. Well Connection Annulus Vol. From To Flush 15.5 Gas Volume Total Load Qustomer Representative Station Manager KLV in 5001/y Treater M. IK MATTAN Service Units 3,75 KU 2746 1996 1996 1996 1996 1996 1996 1996 19	PIP	E DATA	PERI	FORATING DATA	FLUID	USED	*	TREATMEN	TRESUME	
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Well Connection Annulus Vol. From To HHP Used Annulus Pressure Plug Depth Packer Depth From To Flush 15.5 Gas Volume Total Load Customer Representative Station Manager KC VIN 5 001CY Treater MIK MATTMI Customer Representative Station Manager KC VIN 5 001CY Treater MIK MATTMI Driver NATM CATAN CATAN CATAN Pressure Pressure Bbls. Pumped Rate Service Log S. DU ON 10C ATTOM SAFTEY METTING YANT CSAY CSILY ON BOTTOM 10.35 10.35 10.55 7 MIX 180 SKS CM1 11.13 PM 3 00 15.5 Plug OD MA 10.56 They Down	Max Press) Max Press	From	То	Frac		Avg	1 a x	15 Min.	2 had 50 had
Customer Representative Station Manager KCVIN 5001CY Treater MIR MATTAN Service Units 37586 27467 Iqquu 2100 Fiver MATTAN Carmer MATTAN Time Pressure Pressure Bbls. Pumped Rate Service Log ON 100 ATTOM FUN CSNY CSNY ON BOTTOM 10.35 If you and the bold of th	Well Connecti	ion Annulus V	/ol. From	То		- 1000 16 gr 3	HHP Used		Annulus Pres	sure
Service Units 3,7586 2746) 19960 2100 Driver MATTON CTIMES PRESSURE PRESSURE Bbls. Pumped Rate Service Log 8:00 9:45 90:30 10:35 10:75 200 5 7 7 7 7 7 7 7 7 7 7 7 7	Plug Depth _	Packer De	From	To	Flush 15.	5	Gas Volume	5 8 9 a	Total Load	
Priver Names **Casing Tubing Pressure Bbls. Pumped Rate **Service Log** **ON ON OC ATION SAFREY MERTING** **PUM CSNY **ON ON BOTTOM** **IDON UP TO CSNY BICAN CIC W RIGHT **IDON U	Customer Re	presentative) nes 4.	Station	Manager W	VIN 50	Moley Tre	eater Milk	matral.	y fo.
Names (43) Time (Casing Tubing Pressure Bbls. Pumped Rate Service Log 8: UU 9: US 10:35 10:75 2: UU 10:35 10:75 2: UU 10:35 11:10 3: UU 5: STAM 015. 11:13 PM 3: UU 5: STAM 015. 10: Mix 180 SKS CMT 10: Mi	Control of the last of the las	37586		27467	19960	2/0/0				The second second
8:00 ON 10 CATION SAFREY MICHING 9:45 40:30 10:35 10:55 10:00 10	Driver Names	100 To 10	- nt 1	CRIMICS	Anth	ONY .		v an again		
9:45 90:30 CSHY ON BOTTOM 10:35 HEDOU UP TO CSMY BICAR CIC W RIG 10:55 200 5 Prime 5 BBI 11,0 11:00 300 5 STAM DISI. 11:13 PM 300 15:5 Plug DOWN 10:15 CIC TRIY JOB	-	Pressure		Bbls. Pumped	Rate	9. 8. 4.		Service Log		
10:35 10			(On	LUCATION /	SAFREY	mering	
10:35 10:55 200 5 5 Print 5 BBI 11, 0 11:00 700 40 5 Mix 180 SKS CMT. 5 STATE DIST. 10:13PM 300 15:5 10:BBIS CMT 70 PIS		* \)			ryn	csny	1 1 2 3 4 6 5		(man)
10:55 200 5 5 Pamp 5 BBI 11,0 11:00 200 40 5 Mix 180 SKS CMT. 11:10 300 5 STAM 0151. 11:13PM 300 15.5 Play 00 MM 10 BBIS CMT 70 PIF		- (M		
11:00 700 40 5 mix 180 SKS cms. 11:10 300 5 STAM 0151. 11:13 PM 300 15.5 Plug DOWN 10 BAIS CMT 70 PIS CIC THY JOB		7					NAME OF ANY	BICAK.	ile w Ric	<i>j</i>
11:10 300 5 STAM 0161. 11:13 PM 300 15.5 Plug DONN 10 BAIS CMT TO PIS CIC THY JOB		* * *		5	24 144 4.			, 0		
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BASIC ENERGY SERVICES PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 00059 A

	PRESSURE PL	JMPING & WIRE	ELINE					DATE	TICKET	NO	6	8	
DATE OF 10	- 28:1	DISTRICT /	ratt	80		NEW MELL	OLD	PROD INJ		ow 🗆 g	USTOME RDER NO	R 0.:	
CUSTOMER 6	riffin	n man	ageme	297		LEASE 69	rten)		1	WELL		
ADDRESS			~			COUNTY			ST	ATE /55			
CITY		STA	TE					D Jesse	Il	e			
AUTHORIZED B	Y					JOB TYPE:	cnh	Long	STrin	9			-
EQUIPMENT	A CONTRACTOR OF THE CONTRACTOR	EQUI	PMENT#	HRS	EQL	IIPMENT#	HRS	TRUCK CALL		10-29-7	E AM	TIM	1E
19889 1986		27 10						ARRIVED AT	JOB	10271		81	
78918 - 198	160 451	nir		+	5 8			START OPER	RATION	10287	AM	14	
3.071)								FINISH OPER	RATION	-	AM	31	-
								RELEASED	3	7		3.3	
								MILES FROM	STATIO	N TO WELL			-
The undersigned products, and/or sup become a part of thi	is authorized to oplies includes	o execute this co all of and only the	ontract as an a	gent of the c	customer. As	such, the unde	rsigned agre ck of this do	ed or merchandise ees and acknowle cument. No addition GIGNED:	dges that onal or sub	this contract of this contract of the contract	and/or con	ditions	shall
ITEM/PRICE REF. NO.	" <u>\$</u>	MATERIAL, E	QUIPMENT	AND SERV	VICES USE	ED	UNIT	QUANTITY	UNIT	PRICE	\$ AN	IOUN	Т
CP 105		ement					SK	225			3,82	5	00
CP 105		ement					5/5	30			5	10	00
CC 102		flake.		412			16	64			23		80
CC 111.	Salt	* (0.0-	1			10	1170				85	00
CC 112 CC 115	C-UU	T fricti	un ne	A UCE	A.		16	121			70		20
<u> </u>	5 77						16	241		<u> </u>	1,24	11	15

CP	105	AA2 CEMENT		0.	SK	225		3,825	00
CP	105	AA2 CEMENT			5/5	30		510	00
CL	102	cello flake			16	64		236	20
CC	111	SQLT	26		10	1170		5 85	500
66	112	Cement friction	Beducen		16	121		726	00
((115	C-44			16	241		1,241	15
CC	201	GILSONITE			16	1275		854	25
CF	607	LATCH DOWN PLUG	Baffle		29	1		400	00
CF	1251	AUTO FILL Shoe			69	i		360	
CF	1651	Turbolizer			29	5		550	
CF.	1901	BASKET	E.		24			290	00
(704	CLAY MAX		•5	gill	6		210	00
66	151	mud Flysh			age	500		430	00
E	100	PICKUP MIL COGE	*	21	mi	35		148	75
E	101	Heavy MILEGGE		-	mi	70		490	10
E	113	BULK DELIVERY			TM	4/22		674	50
ZE	205	DEPTH Charge	0		4/18	1		2,520	bo
CE	240	MIXING Charge			SK	255		357	00
CE	504	Plus Cantainer			JOB.			250	00
5	003	SUPELVISOR	13	38	24	1	SUB TOTAL-	175	00
	CHE	EMICAL / ACID DATA:			969			3,900	25
				SERVICE & EQU	IPMENT	%TAX O	ns KCI	7700	
				MATERIALS		%TAX O			-
				A			TOTAL		

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
	MATELL OWNER OF STREET



TREATMENT REPORT

Customer 6	riffi	n Ma	ngyt	N	ase No	÷.,	4) 21 April 12			Date,		<u>, , , , , , , , , , , , , , , , , , , </u>	0-12			
Lease C	griter	ጎ	U		ell#	1					1	0.0	8-17	r jamen istojali. K		
Field Order	59 Statio		1	3.5	- V		Casin	9 5 1/2 Depth	4770	County	Ba	rber		State 155		
Type Job (nw	Longs	Tring	i.			10	Formation	1			Legal D	escription /	1-32-12		
A 1980	E DATA		FORATI	21	DATA		FLUI	D USED .	e e	T	REA	(4)	RESUME	201		
Casing Size/	2 Tubing S	ize Shots/	Ft		Ü	Ac	id	2, 2	F	18	PRE	1100	ISIP			
Depth	Depth	From		То	T-17 17,	Pr	e Pad		Max	7		. A	5 Min.			
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