



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1181999
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
-----------------------------------	-----------------	---

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: _____

1181999

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: _____ _____
--	---	---

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

Tops

Name	Top	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



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 09352 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-22-13 DISTRICT Pratt		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 MANDANT		LEASE GRIFFIN WELL NO. 1								
ADDRESS		COUNTY BAIBAR STATE KS								
CITY STATE		SERVICE CREW MATTAI, GAVES, ANTHONY								
AUTHORIZED BY		JOB TYPE: CNW SP SURFACE								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
37586	.5						10-22-13			6:00
						ARRIVED AT JOB:				8:00
27467	.5					START OPERATION				10:55
						FINISH OPERATION				11:15
19960/21010	.5					RELEASED				11:45
						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: *Paul G. Janner*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100C	COMMON CRT	SH	180		2880 00
CC 102	CELLULOSE	LB	46		170 20
CC 109	CALCIUM CHLORIDE	LB	340		357 00
CF 153	WOODEN CRT PLYG	EA	1		160 00
E 100	P.H. MILLS	BT	35		148 75
E 101	HEAVY EQ MILLS	ME	70		490 00
E 113	PROP + BULK DELIVERY	TM	298		476 00
CE 200	DEPTH CHARGE 0-500'	4HRS	1		1,000 00
CE 240	BLEND + MIX CHARGE	SH	180		252 00
CE 504	PLYG CONT UTILIZATION	JOB	1		250 00
S003	SERVICE SUPERVISOR	EA	1		175 00

SUB TOTAL **4,133 32**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE MIKE MATTAI	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Paul G. Janner</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
---	--

FIELD SERVICE ORDER NO. _____

Mike MATTM

TREATMENT REPORT

Customer Griffen Management	Lease No.	Date 10-22-13
Lease Garten	Well # 1	
Field Order # 9352	Station PRATT	Casing 8 5/8 Depth 262
Type Job CNW S.P.	Formation	County Barber State KS
		Legal Description 14-32-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 5/8	Tubing Size	Shots/Ft	Griffen	Acid CMT 180 SKS	RATE 270	PRESS 270	ISIP	
Depth 262	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 16.6	Volume	From	To	Pad	Min		10 Min.	
Max Press 300	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection 3V	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 247	Packer Depth	From	To	Flush 15.5	Gas Volume		Total Load	

Customer Representative	Station Manager Kevin Goolley	Treater Mike Mattm
Service Units 37586	27462	19960 21010
Driver Names MATTM	GRIMES	ANTHONY

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:00					ON LOCATION / SAFETY MEETING
9:45					RUN CSNG
10:30					CSNG ON BOTTOM
10:35					HOLD UP TO CSNG / BREAK CIRC W RIG
10:55	200		5	5	PUMP 5. BBI H ₂ O
11:00	200		40	5	MIX 180 SKS CMT
11:10	300			5	START DISP.
11:13 PM	300		15.5		PLUG DOWN
					10 BALS CMT TO PIT
					CIRC TRAY JOB
					JOB COMPLETE
					THANK YOU
					MIKE MATTM



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 00059 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-28-13 DISTRICT Pratt		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 Garten 1 WELL NO.							
ADDRESS		COUNTY Barber STATE KS							
CITY STATE		SERVICE CREW Ed Jesse Joe							
AUTHORIZED BY		JOB TYPE: CAW Long String							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19889	19843						10/27/13	AM	4:20
78918	19860						10/27/13	AM	8:15
28443							10/28/13	AM	1:45
								AM	2:30
								AM	2:30
								AM	3:30
						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:
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA2 Cement	SK	225		3,825 00
CP 105	AA2 Cement	S/S	30		510 00
CL 102	Cello Flake	lb	64		236 80
CL 111	SALT	lb	1170		585 00
CL 112	Cement friction Reducer	lb	121		726 00
CL 115	C-44	lb	241		1,241 15
CL 201	Gilsonite	lb	1275		854 25
CF 607	Latch Down Plug & Baffle	eq	1		400 00
CF 1251	Auto Kill shoe	eq	1		360 00
CF 1651	Turbolizer	eq	5		550 00
CF 1901	Basket	eq	1		290 00
C 704	Clay max	gal	6		210 00
CL 151	Mud Flush	gal	500		430 00
E 100	Pickup mi Leage.	mi	35		148 75
E 101	Heavy mi Leage	mi	70		490 00
E 113	BULK Delivery	TM	422		674 80
CE 205	DEPTH Charge	4hrs	1		2,520 00
CE 240	Mixing Charge	SK	255		357 00
CE 504	Plug Container	JOB	1		250 00
S 003	Supervisor	eq	1		175 00
				SUB TOTAL	8,900 25
CHEMICAL / ACID DATA:				SERVICE & EQUIPMENT	%TAX ON \$
				MATERIALS	%TAX ON \$
				TOTAL	

SERVICE REPRESENTATIVE:

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

BASIC

energy services, L.P.

TREATMENT REPORT

Customer Griffin Management	Lease No.	Date 10-28-17
Lease Garten	Well # 1	
Field Order # 9059	Station	Casing 5 1/2
		Depth 4770
		County Barber
		State 155
Type Job LNW Long string	Formation	Legal Description 14-32-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5/2								
Depth	Depth	From	To	Pre Pad	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 JB Griffin	Station Manager Iselin	Treater JOE
---	-------------------------------	--------------------

Service Units	19889	19843	78918	19860	28443				
Driver Names	ED	Jesse			JOE				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2030					ON LOC / Safety meeting
					Run 114 JTS 15.5 CSG
					cen. 89-10-11-12
					Basket on 1
945					Start CSG
1240					CSG on BOTTOM
1245					Circ with Rig
145					Hook up to PUMP TO START JOB
			20	5	H2O Spacer with 20% CC
	200		12	5	Mud Flush
	400		3	5	H2O Spacer
	400		54	5	Mix 225 S/S A+2 @ 153#
	0		0	0	Shut Down @ Clear Pump @ Lines
	0		0	0	Release Plug
	100		0	6.5	Start H2O DISP with 2% CC
	400		70	6.5	List PSI
			103	5	Slow Rate
230			113	0	Plug Down
			5		BH
			6		MH
					JOB complete
					Thank you JOE