



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1182017  
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: \_\_\_\_\_

1182017

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)* \_\_\_\_\_

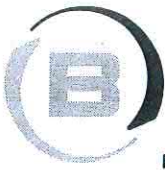
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<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> <input type="checkbox"/> Other <i>(Specify)</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	Phyllis Krehbiel 1
Doc ID	1182017

Tops

Name	Top	Datum
Lansing	3681	-2223
Stark Shale	4061	-2603
B/KC	4150	-2692
Mississippi	4248	-2790
Kinderhook	4418	-2960
Viola	4536	-3078
Simpson	4609	-3151
Simpson Sand	4621	-3163



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

1700 S. Country Estates Rd.  
Liberal, Kansas 67905  
Phone 620-624-2277

FIELD SERVICE TICKET  
1717 04851 A

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

DATE OF JOB: 1-28-14	DISTRICT: 1717	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: Griffen Management	LEASE: Phyllis Krehbiel #1	WELL NO.:						
ADDRESS:	COUNTY: Barber	STATE: KS						
CITY:	STATE:	SERVICE CREW: E Mendez, E Amparan						
AUTHORIZED BY: J Bennett TRB	JOB TYPE: 242 85% Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE: 1-28-14	TIME
39726	8						AM	12:00
27462	8						AM	1:00
3811	8						AM	9:00
37724	8						AM	10:00
							AM	11:00
							AM	11:00
						MILES FROM STATION TO WELL	30 mi	

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 E. Farmer  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CE110	Premium Plus	SK	300		4890 00
CE102	Cellulose	lb	75		277 50
CE109	Calcium chloride	lb	864		592 20
CE153	855 wooden Plug	ea	1		160 00
E100	Unit Mileage	mi	30		127 50
E101	Lease Equipment Mileage	mi	60		420 00
E113	Proppant + Bulk Delivery	bank/ft	423		676 80
CE200	Pump Dept 0-500'	hr	1		1000 00
CE240	Blending + Mixing Service	SK	300		420 00
CE803	High Head 10"	ea	1		300 00
CE804	Plug Container	ea	1		250 00
5003	Spore Separator	ea	1		175 00
					# 6223 63

SUB TOTAL # 6223 63

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Paul Surva  
FIELD SERVICE ORDER NO. \_\_\_\_\_

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Paul E. Farmer  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

### Cement Report

Customer		Griffen Management		Lease No.		Date		1-28-14	
Lease		Phyllis Krenzel		Well #		Service Receipt		04857	
Casing		8 5/8" 24" 410'		County		State		Barber KS	
Job Type		242-8 5/8" surface		Legal Description		13-32-12			
<b>Pipe Data</b>				<b>Perforating Data</b>				<b>Cement Data</b>	
Casing size		8 5/8" 24" Tubing Size		<b>Shots/Ft</b>				<b>Lead</b>	
Depth		410'		From		To		Tail in 300 # Premium Plus	
Volume		Disp 24 bbl		From		To			
Max Press		1000#		From		To			
Well Connection		1 D-400'		From		To			
Plug Depth		30'		From		To			
Annulus Vol.		Packer Depth		From		To			
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log				
4:00					on loc-site assessment				
4:15					spot trucks - rig up				
6:00					TD 410', circ job				
6:00					start CSG				
8:30					CSG on botm, break circ				
8:30					Safety meeting - TSA				
9:00					pressure tests 2000#				
9:00	400		766	5	mix + pump 300 # Class C w/ 2% CC, 4# CFI				
9:20	300		10	3	drop plug, disp CSG				
9:30	500		24	0	land plug, shut in circ amt to surface				
Service Units		3472e 27462 381137724							
Driver Names		A Olvera B Mudeza B Antran							

Or Griffen  
Customer Representative

O Bennett  
Station Manager

A Olvera  
Cementer



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

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

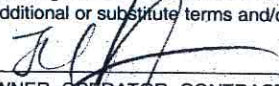
FIELD SERVICE TICKET  
1718 09794 A

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

DATE OF JOB <b>02-04-14</b> DISTRICT <b>PRATT KS</b>		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 <b>Griffen Management</b>		LEASE <b>PHYLLIS KREHBIEL</b> / WELL NO.				
ADDRESS		COUNTY <b>BARBER</b> STATE <b>KS</b>				
CITY STATE		SERVICE CREW <b>Sullivan, Graws, Phye</b>				
AUTHORIZED BY		JOB TYPE: <b>cnw stickup</b>				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <b>2-2-14</b> DATE <b>2-2-14</b> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> TIME <b>4:00</b>
<b>33708-20920</b>	<b>45 min</b>					ARRIVED AT JOB <b>2-3-14</b> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> TIME <b>10:30</b>
<b>70959-19918</b>	<b>45 min</b>					START OPERATION <b>2-4-14</b> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> TIME <b>2:55</b>
<b>37900</b>						FINISH OPERATION AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> TIME <b>3:40</b>
						RELEASED AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> TIME <b>4:15</b>
						MILES FROM STATION TO WELL <b>32</b>

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	AA-2 cmt	SK	200		3,400 00
CP 105	AA-2 cmt	SK	50		850 00
CC 102	CellHole	lb	63		233 10
CC 111	SALT	lb	1141		570 50
CC 112	cm T Fracturing Ribon	lb	118		708 00
CC 115	C-44	lb	235		1,210 25
CC 201	Gilsonite	lb	125.0		837 50
CF 607	LARD. down Plug + Baffle 5/2	SA	1		400 00
CF 1251	Rate Fill Sand	SA	1		360 00
CF 1051	Turbidum	SA	5		550 00
CF 1901	BASKET	SK	1		290 00
C 704	CLAY mix	gal	6		210 00
CC 151	mod. Alum	mt	300		430 00
E 100	Pulver	mt	30		127 50
E 101	Hydr. Equit	mt	60		420 00
E 113	Beulk Pellet	mt	353		564 00
CE 205	Depth charge 4000-5000'	SA	1		2,520 00
CE 240	Blending mixer	SK	250		350 00
CE 504	Plug container Potted	SA	1		250 00
5003	Servis (open)	SA	1		175 00
SUB TOTAL					<b>8,673.51</b>

CHEMICAL / ACID DATA:


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

TOTAL

SERVICE REPRESENTATIVE 

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

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer <i>Griffen Management</i>		Lease No.		Date	
Lease <i>PHYLLIS-KREHBIEL</i>		Well # <i>1</i>		<i>02-04-14</i>	
Field Order # <i>9794</i>	Station <i>PRATT KS</i>	Casing <i>5 1/2</i>	Depth <i>4720'</i>	County <i>BARBER</i>	State <i>KS</i>
Type Job <i>CNW 5 1/2 LongSting</i>			Formation	Legal Description <i>13-32-12</i>	

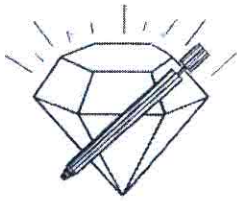
PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size <i>5 1/2</i>	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth <i>4720'</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <i>111</i>	Volume	From	To	Pad	Min		10' Min.
Max Press <i>2000</i>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <i>4899</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative			Station Manager <i>DAVE SCOTT</i>			Treater <i>Robert J. D.</i>		
Service Units	<i>37900</i>	<i>33706</i>	<i>20920</i>	<i>20959</i>	<i>19918</i>			
Driver Names	<i>Sullivan</i>	<i>GRAVES</i>	<i>Phyc</i>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>11:00</i>					<i>on loc. Safety meeting</i>
					<i>Rud 111 545 5 1/2 15.5 csp.</i>
<i>1:50</i>					<i>(Casing on Bottom)</i>
<i>2:00</i>					<i>Hook Dig circ csp.</i>
<i>2:55</i>	<i>250</i>		<i>20</i>	<i>3</i>	<i> pump 20 Bbl 2% KCL H<sup>20</sup></i>
			<i>12</i>		<i>mud filter</i>
			<i>3</i>		<i>SPACCA</i>
			<i>48</i>	<i>4.5</i>	<i>mix cont 200sk AA-2 cont @ 15.2 pp.</i>
					<i>cont mixed shut down wash lines, pump</i>
					<i>Release Plug</i>
				<i>6</i>	<i>St Disp w/ 2% KCL H<sup>20</sup></i>
	<i>300</i>				<i>1st Plg</i>
<i>3:40</i>	<i>1800</i>		<i>111</i>	<i>3.5</i>	<i>Shovelite</i>
			<i>7</i>		<i>Plug down</i>
			<i>5</i>		<i>Play RH w/ 30sk AA2</i>
					<i>Play MH w/ 20sk</i>
					<i>JOB Complete</i>
					<i>Thank you</i>







**DIAMOND TESTING, LLC**  
P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
(620) 653-7550 • (800) 542-7313  
phylliskdst1

Company Charles N. Griffin Lease & Well No. Phyllis Krehbiel No. 1  
Elevation 1458 KB Formation Simpson Sand Effective Pay \_\_\_\_\_ Ft. Ticket No. K086  
Date 2-2-14 Sec. 13 Twp. 32S Range 12W County Barber State Kansas  
Test Approved By Bruce A. Reed Diamond Representative Jason McLemore

Formation Test No. 1 Interval Tested from 4,604 ft. to 4,630 ft. Total Depth 4,630 ft.  
Packer Depth 4,599 ft. Size 6 3/4 in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
Packer Depth 4,604 ft. Size 6 3/4 in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
Depth of Selective Zone Set \_\_\_\_\_ ft.

Top Recorder Depth (Inside) 4,585 ft. Recorder Number 5513 Cap. 5,000 psi.  
Bottom Recorder Depth (Outside) 4,586 ft. Recorder Number 5588 Cap. 6,000 psi.  
Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ psi.

Drilling Contractor Maverick Drilling, LLC - Rig 106 Drill Collar Length \_\_\_\_\_ ft. I.D. \_\_\_\_\_ in.  
Mud Type Chemical Viscosity 57 Weight Pipe Length \_\_\_\_\_ ft. I.D. \_\_\_\_\_ in.  
Weight 9.2 Water Loss 8.0 cc. Drill Pipe Length 4,571 ft. I.D. 3 1/2 in.  
Chlorides 5,400 P.P.M. Test Tool Length 33 ft. Tool Size 3 1/2-IF in.  
Jars: Make Sterling Serial Number 6 Anchor Length 26 ft. Size 4 1/2-FH in.  
Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.  
Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2-XH in.

Blow: 1st Open: Good blow increasing. Off bottom of bucket in 4 mins. No blow back during shut-in.  
2nd Open: Good blow increasing. Off bottom of bucket in 14 mins. No blow back during shut-in.

Recovered 180 ft. of gas in pipe  
Recovered 90 ft. of oil cut watery mud = 1.280700 bbls. (Grind out: 3%-oil; 15%-water; 82%-mud)  
Recovered 240 ft. of muddy water = 3.415200 bbls. (Grind out: 90%-water; 10%-mud) Chlorides: 74,000 Ppm PH: 7.0  
Recovered 330 ft. of TOTAL FLUID = 4.695900 bbls.  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Remarks Tool Sample Grind Out: Salt water

Time Set Packer(s) 7:07 P.M. Time Started off Bottom 10:07 P.M. Maximum Temperature 126°  
Initial Hydrostatic Pressure.....(A) 2313 P.S.I.  
Initial Flow Period.....Minutes 30 (B) 41 P.S.I. to (C) 88 P.S.I.  
Initial Closed In Period.....Minutes 45 (D) 1668 P.S.I.  
Final Flow Period.....Minutes 45 (E) 98 P.S.I. to (F) 175 P.S.I.  
Final Closed In Period.....Minutes 60 (G) 1661 P.S.I.  
Final Hydrostatic Pressure.....(H) 2294 P.S.I.



**JASON MCLEMORE**

**CELL # 620-617-0527**

**General Information**

Company Name	Charles N. Griffin	Job Number	K086
Contact	Charles N. Griffin	Representative	Jason McLemore
Well Name	Phyllis Krehbiel #1	Well Operator	Charles N. Griffin
Unique Well ID	DST #1 Simpson Sand 4604-4630	Prepared By	Jason McLemore
Surface Location	13-32s-12w-Barber	Qualified By	Bruce Reed
Field	Bloom North	Test Unit	#6
Well Type	Vertical		

**Test Information**

Test Type	Drill Stem Test	Representative	Jason McLemore
Formation	Simpson Sand	Well Operator	Charles N. Griffin
Well Fluid Type	01 Oil	Report Date	2014/02/03
Test Purpose (AEUB)	Initial Test	Prepared By	Jason McLemore
Start Test Date	2014/02/02	Start Test Time	16:29:00
Final Test Date	2014/02/03	Final Test Time	01:08:00

**Test Results**

RECOVERED:  
 90 OCWM, 3% Oil, 15% Water, 82% Mud  
 240 Muddy Water, 90% Water, 10% Mud  
 330 Total Fluid

180' Gas In Pipe

CHLORIDES: 74000  
 PH: 7

Tool Sample: Salt Water

Phyllis Krehbiel #1  
 Formation: Simpson Sand  
 Pool: Wildcat  
 Job Number: K086

Charles N. Griffin  
 DST #1 Simpson Sand 4604-4630  
 Start Test Date: 2014/02/02  
 Final Test Date: 2014/02/03

# Phyllis Krehbiel #1

