



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1194015
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: _____

1194015

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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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 09863 A

10-325-12W

DATE _____ TICKET NO. _____

DATE OF JOB: 2-9-14	DISTRICT: Pratt, Kansas	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: Cunningham				WELL NO. 3		
ADDRESS:		COUNTY: Barber		STATE: Kansas				
CITY:		STATE:		SERVICE CREW: C. Messick; M. McGraw; J. Hamby				
AUTHORIZED BY:		JOB TYPE: C.N.W. - Surface						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
28,443	.75					2-9-14	AM	3:00
						ARRIVED AT JOB		AM
								5:45
77,686-19,905	.75					START OPERATION		AM
								7:00
70,890-19,918	.75					FINISH OPERATION		AM
								7:45
						RELEASED	2-9-14	AM
								8:00
						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 E. Farmer*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100C	Common Cement	sh	180		\$ 2,880 00
CC 102	Cellflake	Lb	46		\$ 170 20
CC 109	Calcium Chloride	Lb	340		\$ 357 00
CF 153	Wooden Plug, 8 5/8"	ea	1		\$ 160 00
E 100	Pickup Mileage	mi	35		\$ 148 75
E 101	Heavy Equipment Mileage	mi	70		\$ 490 00
E 113	Bulk Delivery	tm	298		\$ 476 00
CE 200	Cement Pump: 0 Feet To 500 Feet	hrs	4		\$ 1,000 00
CE 240	Blending and Mixing Service	sh	180		\$ 252 00
CE 504	Plug Container	Job	1		\$ 250 00
S003	Service Supervisor	hrs	8		\$ 175 00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *R. Messick*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Paul E. Farmer*

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

BASIC

energy services, L.P.

TREATMENT REPORT

Customer: Griffin Management	Lease No.	Date: 2-9-14
Lease: Cunningham	Well # 3	
Field Order # 9863	Station Pratt, Kansas	Casing 8 7/8 24Lb
Type Job C.N.W. - Surface	Depth 274 Feet	County Barber
	Formation	State Kansas
		Legal Description 10-325-12W

PIPE DATA		PERFORATING DATA		CEMENT USED		TREATMENT RESUME		
Casing Size 8 7/8 24Lb/ft	Tubing Size	Shots/Ft		180 sacks	Common Cement with	RATE	PRESS	ISIP
Depth 274	Depth	From	To	28	Calcium Chloride,			5 Min.
Volume 17.4 Bbl.	Volume	From	To	.25Lb/sk cell	plate			10 Min.
Max Press 300 P.S.I.	Max Press	From	To	15.6Lb. / 5.23 Gal.	5H, 1.20 CU. FT / SK.			15 Min.
Well Connection Flug Container	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth 259 Feet	Packer Depth	From	To	16.8 Bbl. Fresh Water	Gas Volume			Total Load

Customer Representative Cecil Farmer	Station Manager Kevin Gordley	Treater Clarence R. Messick
Service Units 28,443	77,686	19,905
Driver Names Messick	Mc Graw	Hamby
	70,890	19,918

Time	P.	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:15						Trucks on location and hold safety meeting.
5:45						Maverick Drilling start to run 6 Joints new 24Lb./Ft. 8 7/8" casing.
6:48						Casing in well. Circulate for 5 minutes
6:55		300			5	start Fresh water Pre-Flush.
		275		10	5	start mixing 180 sacks common cement.
		0		48		stop pumping. shut in well. Release Wooder Plug. Open Well.
7:15		150			5	Start Fresh water Pre-Flush.
7:20		275		16.8		Plug down. Shut in well.
						Circulated 10 Bbl. cement to the pit.
						Wash up pump truck.
8:00						Job complete.
						Thank You.
						Clarence, Milte, Jerry



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 10077 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>2-14-14</u>	DISTRICT <u>PRATT KS</u>	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 <u>Grithen Management</u>	LEASE <u>Cunningham</u>	3		WELL NO.						
ADDRESS	COUNTY <u>BARBER</u>	STATE <u>KS</u>								
CITY	STATE	SERVICE CREW <u>Sullivan, Graug, Phye</u>								
AUTHORIZED BY	JOB TYPE: <u>CNW 5 1/2" Long Stop</u>									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <u>2-14-14</u>	DATE	AM	PM	TIME
<u>33708-20920</u>	<u>45</u>									<u>2:00</u>
<u>70890-19918</u>	<u>45</u>					ARRIVED AT JOB				<u>5:45</u>
<u>37900</u>						START OPERATION				<u>10:30</u>
						FINISH OPERATION				<u>11:15</u>
						RELEASED				<u>12:00</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
CP 105	AA-2 cont	SK	150		2,550.00
CP 103	60/40 po2 cont	SK	50		600.00
CC 102	Cellfak	lb	38		140.60
CC 111	SALT	lb	685		342.50
CC 112	Fluorin Aider	lb	71		426.00
CC 115	C-44	lb	141		726.15
CC 201	silsonite	lb	750		502.50
CF 607	latch down Plug - Baffle 5/2	SA	1		400.00
CF 1251	Aids Fill Horn Shoe	SA	1		360.00
PF 1651	cont.	SA	5		550.00
CF 1501	BASKET	SA	1		290.00
C 204	Claymax	GAL	6		210.00
CC 151	min fluid	GAL	500		430.00
E 100	pickup rd	mi	35		148.75
E 101	4 way Eqnt	mi	20		400.00
E 113	Bulk Delivery	mi	322		515.20
CE 205	Depth chng 4000-5000'	SA	1		2,520.00
CE 240	Blender mixing	SK	200		280.00
CE 504	Play horizontal Rotted	SA	1		250.00
5003	Sealant Injection	SA	1		175.00
SUB TOTAL					<u>7,263.09</u>

CHEMICAL / ACID DATA:			

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

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

Customer <i>GRIFFIN MANNING</i>	Lease No.	Date <i>02-14-14</i>
Lease <i>CUNNINGHAM</i>	Well # <i>3</i>	
Field Order # <i>10077</i>	Station <i>PRATT</i>	Casing <i>5 1/2</i>
Type Job <i>CNW 5 1/2 LBS STAG</i>	Formation	Depth <i>4</i>
		County <i>BARBER</i>
		State <i>KS</i>
		Legal Description <i>10-32-12</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>								
Depth <i>4587</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>108 1/2</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>1500</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>4546</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert [Signature]</i>
Service Units <i>37900 33708 20920 20890 19914</i>		
Driver Names <i>Sullivan Graves Phye</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>5:45</i>					<i>on his side, muddy</i>
					<i>RWD 5 1/2 csg.</i>
<i>9:39</i>					<i>CASING ON BOTTOM</i>
<i>9:45</i>					<i>Hook Rig circ. csg.</i>
<i>10:30</i>			<i>20</i>	<i>3.5</i>	<i>st 20.38L KCl 4²⁰</i>
			<i>12</i>		<i>st mud fluid</i>
			<i>3</i>		<i>SPACER</i>
			<i>36</i>	<i>4.5</i>	<i>mix cont 150 st AA-2 cont @ 15.000</i>
					<i>cont mixed st + down wash, lube, pump</i>
					<i>Release Plug 322</i>
				<i>6</i>	<i>st Disp w/ 50% KCl 4²⁰</i>
	<i>300</i>				<i>Lift Ps.</i>
	<i>550</i>			<i>3.5</i>	<i>Slow Rate</i>
<i>11:15</i>	<i>1500</i>		<i>108 1/2</i>		<i>Plug closed</i>
			<i>7</i>		<i>1 Plug RH w/ 30 st</i>
			<i>5</i>		<i>Plug mid w/ 30 st</i>
					<i>JOB COMPLETE</i>
					<i>[Signature]</i>