



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1200675
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: _____



1200675

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	Doris Ann Alexander 1
Doc ID	1200675

Tops

Name	Top	Datum
Wabaunsee	3305	-1275
Stotler	3453	-1423
Topeka	3705	-1675
Heebner	4185	-2155
Brown Lime	4367	-2337
Base KC	4808	-2778
Marmaton	4828	-2798
Mississippian	4895	-2865
Mississippian Lime	5013	-2983



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

.0244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 10217 A

DATE _____ TICKET NO. _____

DATE OF JOB 4-13-14 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 INC		LEASE DORIS ANN ALEXANDER WELL NO. 1							
ADDRESS		COUNTY BAIRD STATE KS							
CITY STATE		SERVICE CREW MATTAL, KUCIAK, PHYC							
AUTHORIZED BY		JOB TYPE: CAN SURFACE							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37586	.5						4-12-14	PM	10:40
						ARRIVED AT JOB	4-13	AM	12:46
27463	.5					START OPERATION		AM	4:37
						FINISH OPERATION		PM	4:50
70959/19918	.5					RELEASED		AM	5:30
						MILES FROM STATION TO WELL			50

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: *V. Paul E. Janner*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100C	COMMON CMI	SA	190		3,040 00
CC 102	CELLOFIBRE	LB	48		177 60
CC 109	CALCIUM CHLORIDE	LB	358		375 90
CF 153	WOODEN PLUG	EA	1		160 00
E 100	P.u. miles	MI	50		212 50
E 101	Heavy eq miles	MI	100		700 00
E 113	PROP + GUM PUL	TM	448		984 50
CE 200	DEPTH CHARGE 0-500'	4H	1		1,000 00
CE 240	BLEND + MIX DUMPER	SA	190		260 00
CE 504	PLUG CONTAINER	JOB	1		250 00
S 003	SERVICE SUPERVISOR	EA	1		175 00

RECEIVED

APR 18 2014

CHEMICAL / ACID DATA:			

SUB TOTAL	4,918 81
SERVICE & EQUIPMENT	%TAX ON \$ <i>BW</i>
MATERIALS	%TAX ON \$
TOTAL	

SERVICE REPRESENTATIVE *MIKE MATTAL* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *V. Paul E. Janner*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer <i>GRIFFIN MANAGEMENT III</i>	Lease No.	Date <i>4-13-14</i>
Lease <i>DORIS ANN ALEXANDER</i>	Well # <i>1</i>	
Field Order # <i>10217</i>	Station <i>PLATT</i>	Casing <i>8 5/8</i>
		Depth <i>262.92</i>
Type Job <i>CNV SURFACE</i>	Formation	County <i>BAIRD</i>
		State <i>KS</i>
		Legal Description <i>10-32-15</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>8 5/8</i>	Tubing Size	Shots/Ft		Acid <i>190 COMMON</i>	RATE <i>22 CC</i>	PRESS <i>14 #</i>	ISIP	
Depth <i>262.92</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>16.8</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>300</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <i>PC</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>242.92</i>	Packer Depth	From	To	Flush <i>15.5</i>	Gas Volume		Total Load	

Customer Representative <i>JR GRIFFIN</i>	Station Manager <i>KEVIN GUIDRY</i>	Treater <i>MIKE MATTAI</i>
Service Units <i>37586</i>	<i>27463</i>	<i>70959 19918</i>
Driver Names <i>MATTAI</i>	<i>KUCIWI</i>	<i>PHYE</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>12:40</i>					<i>ON LOCATION / SURELY MOVING</i>
<i>3:20</i>					<i>RUN 8 5/8 24" CASING</i>
<i>4:15</i>					<i>CASING ON BOTTOM</i>
<i>4:25</i>					<i>HOOK UP TO CASING / BREAK CIRC W RIG</i>
<i>4:37</i>	<i>200</i>		<i>3</i>	<i>5</i>	<i>PUMP 3 BBL H2O</i>
<i>4:39</i>	<i>200</i>		<i>40</i>	<i>6</i>	<i>MIX 190 SWS COMMON CRT</i>
<i>4:52</i>					<i>RELEASE PLUG</i>
<i>4:54</i>	<i>250</i>			<i>5</i>	<i>START DISPLACEMENT</i>
<i>4:58</i>	<i>250</i>		<i>15.5</i>		<i>PLUG DOWN, SHUT IN WELL</i>
					<i>20 BBLS CRT TO FT</i>
					<i>JOB COMPLETE</i>
					<i>THANK YOU!</i>
					<i>MIKE MATTAI</i>



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 09657 A

DATE _____ TICKET NO. _____

DATE OF JOB 4-20-14 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 Doris Ann Alexander WELL NO. 1							
ADDRESS		COUNTY Barber STATE KS							
CITY STATE		SERVICE CREW Mike Dale Joe							
AUTHORIZED BY		JOB TYPE: CNW Longstring							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
77686-19905	45min						4-19-14	<input checked="" type="checkbox"/>	900
19831-19867	45min					ARRIVED AT JOB	4-20-14	<input checked="" type="checkbox"/>	515
37216						START OPERATION		<input type="checkbox"/>	845
						FINISH OPERATION		<input type="checkbox"/>	930
						RELEASED		<input checked="" type="checkbox"/>	1030
						MILES FROM STATION TO WELL			50

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: X
(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	200		3,400 00
CP 105	AA2 cement	SK	50		850 00
CC 102	cello flake	lb	63		233 10
CC 111	SALT	lb	1141		570 50
CC 112	CEMENT friction Reducer	lb	118		708 00
CC 115	C-44	lb	235		1,210 25
CC 201	GILSONITE	lb	1250		837 50
CF 607	Latch Down Plug & Baffle	eq	1		400 00
CF 1251	AUTO FILL FLOAT shoe	eq	1		360 00
CF 1651	Turbos	eq	5		550 00
CF 1901	BASKET	eq	1		290 00
C 704	Claymax	gal	6		210 00
CC 151	mud flush	gal	500		750 00
E 100	PICKUP mileage	mi	50		212 50
E 101	Heavy mileage	mi	100		700 00
E 113	Bulk Delivery	tm	588		1,292 50
CE 206	Depth Charge	4hr	1		2,880 00
CE 240	Mixing Charge	SK	250		350 00
CE 504	Plug container	JOB	1		250 00
S 003	Supervisor	eq	1		175 00
SUB TOTAL					9,899 90
SERVICE & EQUIPMENT		%TAX ON \$			
MATERIALS		%TAX ON \$			
TOTAL					

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE [Signature]

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

FIELD SERVICE ORDER NO.

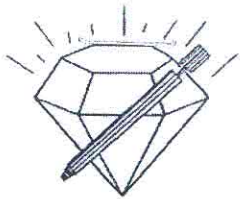
Customer <i>Griffin Management</i>	Lease No.	Date <i>4-20-14</i>
Lease <i>Dorris Ann Alexander</i>	Well # <i>1</i>	
Field Order # <i>9657</i>	Station <i>Pratt</i>	Casing <i>5 1/2</i>
		Depth <i>5200</i>
Type Job <i>CNW Long String</i>	Formation	County <i>Barber</i>
		State <i>KS</i>
		Legal Description <i>10-32-15</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>520</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <i>123</i>	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 <i>5173</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative <i>JR Griffin</i>	Station Manager <i>Kevin</i>	Treater <i>JOE</i>
---	------------------------------	--------------------

Service Units	<i>77686</i>	<i>19905</i>	<i>19831</i>	<i>19862</i>	<i>37216</i>				
Driver Names	<i>mike</i>	<i>Dade</i>		<i>JOE</i>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0515</i>					<i>ON LOC / safety meeting</i>
<i>0545</i>					<i>START RUNNING CSG</i>
					<i>Run 124 JTS of 5 1/2 CSG 15.5#</i>
					<i>TURBO ON 2-3-4-5-6</i>
					<i>BASKET ON SHOE</i>
<i>8:00</i>					<i>CSG ON BOTTOM / circ with Big</i>
					<i>HOOK UP TO PUMP TRK for JOB</i>
<i>0845</i>	<i>400</i>		<i>20</i>	<i>6</i>	<i>H2O SPACER</i>
			<i>12</i>	<i>6</i>	<i>MUD FLUSH</i>
			<i>5</i>	<i>6</i>	<i>H2O SPACER</i>
	<i>400</i>		<i>48</i>	<i>6</i>	<i>MIX 200 SLS OF AA2 cement @ 15.3#</i>
					<i>SHUT DOWN / CLEAR PUMP & LINES</i>
<i>9:07</i>			<i>0</i>	<i>6</i>	<i>START H2O DISP WITH 2% CC</i>
<i>500</i>			<i>90</i>	<i>6</i>	<i>LIFT PST</i>
<i>500</i>			<i>117</i>	<i>4</i>	<i>Slow RATE</i>
<i>930</i>	<i>1400</i>		<i>123</i>	<i>0</i>	<i>PLUG DOWN</i>
			<i>5</i>		<i>20 SK BH</i>
			<i>7</i>		<i>30 SK MH</i>
					<i>JOB COMPLETE</i>
					<i>Thank you</i>
					<i>JOE</i>



DIAMOND TESTING, LLC
P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
dorisann1dst1

Company Charles N. Griffin Lease & Well No. Doris Ann Alexander No. 1
Elevation 2030 KB Formation Mississippi Effective Pay _____ Ft. Ticket No. K118
Date 4-18-14 Sec. 10 Twp. 32S Range 15W County Barber State Kansas
Test Approved By Bruce A. Reed Diamond Representative Jason McLemore

Formation Test No. 1 Interval Tested from 4,900 ft. to 4,935 ft. Total Depth 4,935 ft.
Packer Depth 4,895 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Packer Depth 4,900 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) 4,888 ft. Recorder Number 5513 Cap. 5,000 psi.
Bottom Recorder Depth (Outside) 4,889 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 55 Weight Pipe Length _____ ft. I.D. _____ in.
Weight 9.2 Water Loss 7.0 cc. Drill Pipe Length 4,875 ft. I.D. 3 1/2 in.
Chlorides 5,200 P.P.M. Test Tool Length 25 ft. Tool Size 3 1/2-IF in.
Jars: Make Sterling Serial Number Not Run Anchor Length 35 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: Strong blow increasing. Off bottom of bucket in 1 min. No blow back during shut-in.

2nd Open: Fair, 4 in. blow decreasing to a weak, 1 in. blow. No blow back during shut-in.

Recovered 750 ft. of gas in pipe
Recovered 30 ft. of gas cut mud = .426900 bbls.
Recovered 30 ft. of TOTAL FLUID = .426900 bbls.
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Remarks Tool Sample Grind Out: 3%-oil; 97%-mud

Time Set Packer(s) 3:04 P.M. Time Started off Bottom 6:04 P.M. Maximum Temperature 124°
Initial Hydrostatic Pressure.....(A) 2442 P.S.I.
Initial Flow Period.....Minutes 30 (B) 17 P.S.I. to (C) 14 P.S.I.
Initial Closed In Period.....Minutes 45 (D) 56 P.S.I.
Final Flow Period.....Minutes 45 (E) 9 P.S.I. to (F) 12 P.S.I.
Final Closed In Period.....Minutes 60 (G) 55 P.S.I.
Final Hydrostatic Pressure.....(H) 2433 P.S.I.



JASON MCLEMORE

CELL # 620-617-0527

General Information

Company Name	Charles N. Griffin	Charles Griffin	Job Number	K118
Contact		Doris Ann Alexander #1	Representative	Jason McLemore
Well Name		DST #1 Mississippi 4900-4935	Well Operator	Charles N. Griffin
Unique Well ID		10-32s-15w-Barber	Prepared By	Jason McLemore
Surface Location		Wildcat	Qualified By	Bruce Reed
Field		Vertical	Test Unit	#6
Well Type				

Test Information

Test Type	Drill Stem Test	Representative	Jason McLemore
Formation	Mississippi	Well Operator	Charles N. Griffin
Well Fluid Type	01 Oil	Report Date	2014/04/18
Test Purpose (AEUB)	Initial Test	Prepared By	Jason McLemore
Start Test Date	2014/04/18	Start Test Time	12:20:00
Final Test Date	2014/04/18	Final Test Time	20:47:00

Test Results

RECOVERED:

30 Gas Cut Mud
30 TOTAL FLUID

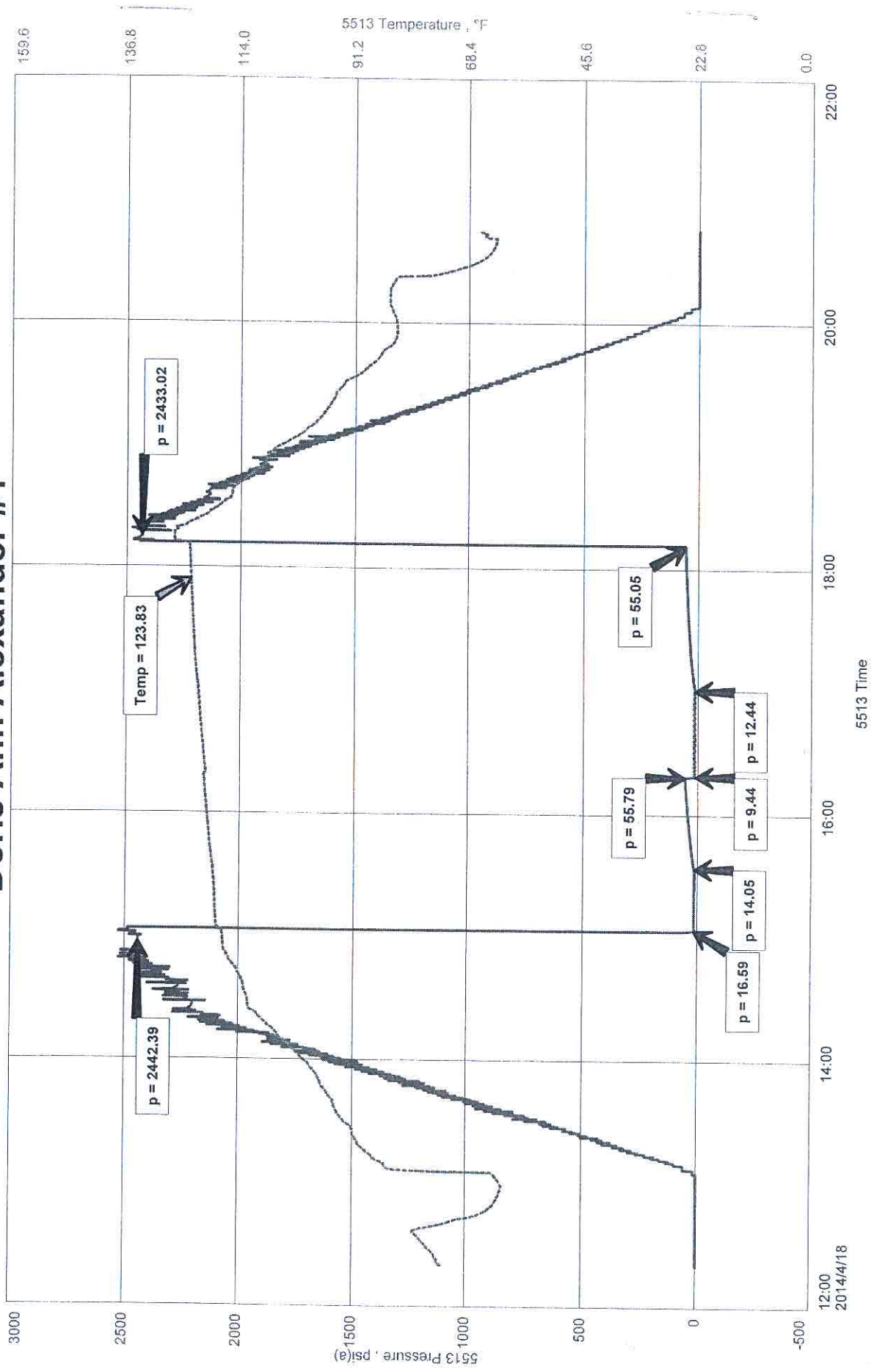
750' Gas In Pipe

TOOL SAMPLE: Mud with Oil Spots, 3% Oil, 97% Mud

Charles N. Griffin
DST #1 Mississippi 4900-4935
Start Test Date: 2014/04/18
Final Test Date: 2014/04/18

Doris Ann Alexander #1
Formation: Mississippi
Pool: Wildcat
Job Number: K118

Doris Ann Alexander #1



12:00
2014/4/18

14:00

16:00

18:00

20:00

22:00

3000

2500

2000

1500

1000

500

0

-500

1599.6

136.8

114.0

91.2

68.4

45.6

22.8

0.0