



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1200680
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: _____



1200680

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Andrea Fisher 1
Doc ID	1200680

Tops

Name	Top	Datum
Lansing	3847	-2248
Stark Shale	4216	-2617
Base KC	4304	-2705
Mississippian	4385	-2786
Kinderhook	4560	-2961
Viola	4662	-3063
Simpson	4770	-3171
Simpson Sand	4793	-3194



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 10210 A

DATE _____ TICKET NO. _____

DATE OF JOB 4-6-14 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 Grieken Management		LEASE ANDREA KISHAN		WELL NO. 1		
ADDRESS _____		COUNTY Barber		STATE KS		
CITY _____ STATE _____		SERVICE CREW MATTIA, KUCERA, ERISI				
AUTHORIZED BY _____		JOB TYPE: CNW SURFACE				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 4-6-14 DATE 4-6-14 AM/PM 12:00 TIME
37586	.5					ARRIVED AT JOB AM/PM 2:05
27463	.5					START OPERATION AM/PM 3:25
19959/21010	.5					FINISH OPERATION AM/PM 3:40
73768	.5					RELEASED AM/PM 4:30
						MILES FROM STATION TO WELL 7.5

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 Paul E. Jarman
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100C	common CRT	SK	180		2,880 00
CC 102	Cellulose	lb	46		172 20
CC 109	Calcium chloride	lb	340		357 00
CE 153	WOODEN Plug 5 5/8	ea	1		160 00
E 100	P.U. Milase	Ml	35		148 75
E 101	Heavy eq. Milase	Ml	70		490 00
E 113	Prod + Build Def.	Tm	298		654 50
CC 200	Dept Charge 0-500'	lhr	1		1,000 00
CC 240	Blend + mix charge	SK	180		252 00
CC 504	Plug container	job	1		250 00
S 003	Service Supervisor	ea	1		175 00

CHEMICAL / ACID DATA:			

SUB TOTAL 4,380 09	
SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
TOTAL	

SERVICE REPRESENTATIVE MIKE MATTHEW	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>X Paul E. Jarman</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____

Customer GRIFFIN MANAGEMENT	Lease No.	Date 4-6-14			
Lease ANDREA FISHER	Well #				
Field Order # 10210	Station PIATT	Casing 8 5/8	Depth 263.05	County BAIDER	State KS
Type Job C/W SURFACE	Formation TD 265	Legal Description 15-32-12			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 5/8	Tubing Size	Shots/Ft		Acid 2M7 180 SKS COMMON	RATE 14	PRESS 22	ISIP CC	
Depth 263.05	Depth	From	To	Pre Pad	Max			5 Min.
Volume 16.7	Volume	From	To	Pad	Min			10 Min.
Max Press 300	Max Press	From	To	Frac	Avg			15 Min.
Well Connection PC	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth 243.05	Packer Depth	From	To	Flush 15.5	Gas Volume			Total Load

Customer Representative Cecil	Station Manager	Treater
Service Units 37586	27463	19959 73768
Driver Names MATHI	KUAMIA	ERNEST

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:05					ON LOCATION / SALT/ MORTAR
					Rig running casing
2:45					CASING ON BOTTOM
2:55					HOOK UP TO CSNG. / BREAK CIRC W. RIG
3:25	150		3	5	PUMP 3 BBL WATER
3:26	200		38	6	MIX 180 SKS COMMON CMT
3:35					RELEASE PLUG
3:35	200			5	START DISPLACEMENT
3:40	200		15.5		PLUG DOWN
					10 BALS CMT TO PIT

JOB COMPLETE
THANK YOU!
MIKE MATHI



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 09347 A

DATE _____ TICKET NO. _____

DATE OF JOB 4-11-14	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 Andrey fisher						1 WELL NO.	
ADDRESS		COUNTY Barber			STATE KS				
CITY		STATE		SERVICE CREW EO shaw JOE					
AUTHORIZED BY		JOB TYPE: 5 1/2 Long strings CNW							
EQUIPMENT#	HRS.	EQUIPMENT#	HRS.	EQUIPMENT#	HRS.	TRUCK CALLED	DATE 4-11-14	AM/PM PM	TIME 9:00
33708-20926	45 min					ARRIVED AT JOB	4-11-14	AM/PM PM	1:00
14959-73768	45 min					START OPERATION	4-11-14	AM/PM PM	1845
28847						FINISH OPERATION	4-11-14	AM/PM PM	19:30
						RELEASED	4-11-14	AM/PM PM	20:30
						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: *[Signature]*
(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	celloflake	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	1251		838 17	
CC 607	Latch Down Plug & Baffle	eq	1		400 00	
CF 1251	Auto fill float shoe	eq	1		360 00	
CF 1651	Turbo	eq	5		550 00	
CF 1901	Basket	eq	1		290 00	
C 704	KCl	Gal	6		210 00	
CC 151	Mud flush	Gal	500		750 00	
E 100	Pickup mileage	Mi	35		148 75	
E 101	Heavy mileage	Mi	70		490 00	
E 113	BULK Delivery	Tm	411		904 75	
CE 205	DEPTH Charge	4hr	1		2,520 00	
CE 240	Mixing Charge	SK	250		350 00	
CE 504	Plug Container	JOB	1		250 00	
S 003	Supervisor	ea	1		175 00	
					SUB TOTAL	9277 20

CHEMICAL / ACID DATA:			

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

RECEIVED

APR 17 2014

TOTAL

SERVICE REPRESENTATIVE *[Signature]*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

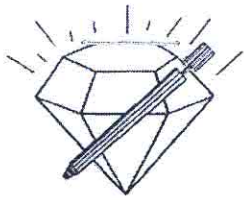
Customer Griffin Management		Lease No.	Date 4-11-14		
Lease Andrea Fisher		Well # 1			
Field Order # 9347	Station Pratt	Casing 5/2	Depth 4856	County Barber	State ..
Type Job CN W Longstring			Formation	Legal Description 15-32-12	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
5/2								
Depth 4856	Depth	From	To	Pre Pad		Max		5 Min.
Volume 115.5	Volume	From	To	Pad		Min		10 Min.
Max Press 1500	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth 4935	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative JR Griffin	Station Manager Kevin	Treater JOE
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Service Units	33708	20920	19959	73768	28443				
Driver Names	E D	shaw		JOE					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1300					on LOC / safety meeting
					Run JTS of 5/2 csg.
					cent on 8-9-10-11-12
					Basket on 1
1545					Start Running csg
					Running 117 5/2 15.5" csg
1750					csg on Bottom
1800					Hook up to Rig to circ.
					Hook up to Pump TRK to start JOB
1845			10	5.5	H2O Spacer
			12	5.5	mud flush
			5	5.5	H2O Spacer
			48	5.5	mix 200 S/S AA-2 cement
					Shut Down / clear Pump & Lines
1905			0	6.5	Start H2O Disp
	300		75	6.5	LIFT PSI
	6		93	4	SLOW Rate
19:30	1400		115	0	Plug Down
					JOB complete
					Thank you
					JOE



DIAMOND TESTING, LLC
P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
andfish1dst1

Company Charles N. Griffin Lease & Well No. Andrea Fisher No. 1
Elevation 1599 KB Formation Simpson Sand Effective Pay Ft. Ticket No. K115
Date 4-10-14 Sec. 15 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 4,760 ft. to 4,860 ft. Total Depth 4,860 ft.
Packer Depth 4,755 ft. Size 6 3/4 in. Packer Depth ft. Size in.
Packer Depth 4,760 ft. Size 6 3/4 in. Packer Depth ft. Size in.
Depth of Selective Zone Set ft.

Top Recorder Depth (Inside) 4,748 ft. Recorder Number 5513 Cap. 5,000 psi.
Bottom Recorder Depth (Outside) 4,749 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 48 Weight Pipe Length ft. I.D. in.
Weight 9.1 Water Loss 7.8 cc. Drill Pipe Length 4,735 ft. I.D. 3 1/2 in.
Chlorides 4,900 P.P.M. Test Tool Length 25 ft. Tool Size 3 1/2-IF in.
Jars: Make Sterling Serial Number Not Run Anchor Length 8' perf. w/92' drill pipe 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 2 mins. No blow back during shut-in.
2nd Open: Strong blow increasing. Off bottom of bucket on open. Gas to surface in 5 mins. Gauged gas. No blow back during shut-in. (SEE GAS VOLUME REPORT)

Recovered 105 ft. of oil cut mud = 1.494150 bbls. (Grind out: 20%-oil; 80%-mud)
Recovered ft. of
Recovered ft. of
Recovered ft. of
Recovered ft. of
Recovered ft. of

Remarks

Time Set Packer(s) 11:31 P.M. Time Started off Bottom 2:31 A.M. Maximum Temperature 126°
Initial Hydrostatic Pressure.....(A) 2309 P.S.I.
Initial Flow Period.....Minutes 30 (B) 27 P.S.I. to (C) 36 P.S.I.
Initial Closed In Period.....Minutes 45 (D) 194 P.S.I.
Final Flow Period.....Minutes 45 (E) 42 P.S.I. to (F) 55 P.S.I.
Final Closed In Period.....Minutes 60 (G) 191 P.S.I.
Final Hydrostatic Pressure.....(H) 2301 P.S.I.



JASON MCLEMORE

CELL # 620-617-0527

General Information

Company Name	CNG	Charles Griffin	Job Number	K115
Contact		Andrea Fisher #1	Representative	Jason McLemore
Well Name		DST #1 Simpson Sand	Well Operator	CNG
Unique Well ID		15-32s-12w-Barber	Prepared By	Jason McLemore
Surface Location		Bloom West	Qualified By	Bruce Reed
Field		Vertical	Test Unit	#6
Well Type				

Test Information

Test Type	Drill Stem Test	Representative	Jason McLemore
Formation	Simpson Sand	Well Operator	CNG
Well Fluid Type	01 Oil	Report Date	2014/04/11
Test Purpose (AEUB)	Initial Test	Prepared By	Jason McLemore
Start Test Date	2014/04/10	Start Test Time	19:55:00
Final Test Date	2014/04/11	Final Test Time	06:15:00

Test Results

RECOVERED:

105'	Oil Cut Mud, 20% Oil, 80% Mud
105'	TOTAL FLUID

CNG
 DST #1 Simpson Sand
 Start Test Date: 2014/04/10
 Final Test Date: 2014/04/11

Andrea Fisher #1

Andrea Fisher #1
 Formation: Simpson Sand
 Pool: Wildcat
 Job Number: K1115

