



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1224566
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: _____



1224566

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
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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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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Jean 1
Doc ID	1224566

Tops

Name	Top	Datum
Lansing	3874	-2227
Stark	4244	-2597
Base KC	4336	-2689
Mississippian	4418	-2771
Kinderhook	4602	-2955
Viola	4704	-3057
Simpson Shale	4808	-3161
Simpson Sand	4830	-3183



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 10764 A

DATE _____ TICKET NO. _____

DATE OF JOB: 6-7-1-14	DISTRICT: _____	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: Giffin Management		LEASE: Jean		WELL NO. 1						
ADDRESS: _____		COUNTY: Barber		STATE: Ks						
CITY: _____ STATE: _____		SERVICE CREW: Pratt Cement								
AUTHORIZED BY: _____		JOB TYPE: 262' Surface								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
28443	2.25						6-30-14			
19903 20970	2.25									
14831 14862	2.25									
ARRIVED AT JOB						6-30-14				10:00
START OPERATION						6-30-14				11:58
FINISH OPERATION						7-1-14				12:18
RELEASED						7-1-14				
MILES FROM STATION TO WELL										

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. Zamm
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP100C	Common Cement	SK	180		2880 00
CC107	Cellotake	46lb	46		170 20
CC109	Calcium chloride	lb	340		357 00
CF153	Wooden Cement Plug	ea	1		160 00
E100	Unit Mileage Pickup	MI	35	14875	5146 25
E101	Heavy Equipment Mileage	MI	70		490 00
E113	Prop + Bulb Delivery Charge	TM	248		654 50
CE200	Depth 0-500	46lb	1		1000 00
CE240	Blending + Mixing Charge	SK	180		252 00
CE504	Plug Container Utilization	Job	1		250 00
2003	Service Supervisor	ea	1		175 00
				SUB TOTAL	

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL		4380	09

SERVICE REPRESENTATIVE: [Signature]
FIELD SERVICE ORDER NO. _____

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

Customer <i>Griffin Management</i>	Lease No.	Date <i>7-1-14</i>			
Lease <i>Jean</i>	Well # <i>1</i>				
Field Order # <i>10764A</i>	Station <i>Pratt</i>	Casing <i>8 5/8</i>	Depth <i>267</i>	County <i>Barber</i>	State <i>KS</i>
Type Job <i>262' Surface CWV</i>	Formation	Legal Description <i>16-32-12</i>			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>2 5/8</i>				Pre Pad	Max <i>6</i>	<i>350</i>	5 Min.	
Depth <i>267</i>	Depth	From	To	Pad	Min <i>6</i>	<i>200</i>	10 Min.	
Volume <i>16.35</i>	Volume	From	To	Frac	Avg <i>6</i>	<i>200</i>	15 Min.	
Max Press <i>500</i>	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection <i>2 5/8</i>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth	Packer Depth	From	To					

Customer Representative	Station Manager <i>Kevin Goidky</i>	Treater <i>Scott</i>
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Service Units	<i>26443</i>	<i>19403</i>	<i>19431</i>						
Driver Names	<i>Scott</i>	<i>Pat</i>	<i>Josh</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>10:00</i>					<i>On location Safety meeting Rig up</i>
<i>11:42</i>					<i>Circulate well</i>
<i>11:58</i>	<i>200</i>		<i>38.5</i>	<i>6</i>	<i>Mix 180 SKS Common Cement</i>
<i>12:11</i>					<i>Drop Plug</i>
<i>12:12</i>	<i>350</i>		<i>15</i>	<i>6</i>	<i>start Disp</i>
<i>12:18</i>	<i>200</i>				<i>Shut down</i>
					<i>Circulated cement to pit</i>
					<i>Job complete</i>



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ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 10782 A

DATE _____ TICKET NO. _____

DATE OF JOB: 7-10-14		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, LLC				LEASE: JEAN				WELL NO. 1	
ADDRESS:				COUNTY: BAIRD				STATE: KS	
CITY:				STATE:				SERVICE CREW: MATTAI MAIQUEZ COBB	
AUTHORIZED BY:				JOB TYPE: CNW Long string					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37586	1						7-9-14	PM	6:00
						ARRIVED AT JOB	7-10	PM	12:30
19889/19843	1					START OPERATION		AM	7:19
						FINISH OPERATION		AM	8:15
19959/73768	1					RELEASED		AM	9:30
						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	AA-2 CMT	SK	200		3,400.00	
CP 105	AA-2 CMT	SK	50		850.00	
CC 102	Call of line	LB	63		233.10	
CC 111	SALT	10	1141		570.50	
CC 112	CMT Friction Reducer	113	118		708.00	
CC 115	C-44	15	235		1,210.25	
CC 201	Gilsonite	10	1250		837.50	
CF 607	Latch Down Plug/Basket 5 1/2	EA	1		400.00	
CF 1251	Auto fill floor shoe 5 1/2	EA	1		360.00	
CF 1651	Turbolizer 5 1/2	EA	7		770.00	
CF 1901	Basket 5 1/2	EA	1		290.00	
C 704	CLAY MAX	SAI	6		210.00	
CC 151	Mud flush	gal	500		750.00	
E 100	P.M. Mils	Mi	35		148.75	
E 101	Heavy eq Mils	Mi	70		490.00	
E 113	Prod + Bulk Oct.	TM	411		904.75	
CC 205	Depth change 4001-5000'	4hr	1		2,520.00	
CC 240	Blend + Mix change	SK	250		350.00	
CP 501	Plug coil	Job	1		250.00	
5003	54" vial	EA	1		1175.00	
					SUB TOTAL	9,565.27

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>[Signature]</i>
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)	

FIELD SERVICE ORDER NO. _____

Customer Griffon Management	Lease No.	Date 9-10-14
Lease JEAN	Well # 1	
Field Order # 10782	Station Pratt	Casing 5 1/2
Type Job C/W Long string	Formation RTD 4900	Depth 4887
		County SABIN
		State KS
		Legal Description 16-32-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid CMF 250	RATE 5 GAL/HR	PRESS 4 CF	ISIP 1020 SAM .5 CFR
Depth 4887	Depth	From	To	Pre Pad	Max 170 GAL/HR		5 Min 5.75 min
Volume 116.3	Volume	From	To	Pad	Min		10 Min.
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.
Well Connection PC	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth 4009.5	Packer Depth	From	To	Flush 115.8	Gas Volume		Total Load

Customer Representative: JR Griffon Station Manager: Kevin Guidley Treater: Mike MATTAI

Service Units	37506	19889	19843	19959	73768
Driver Names	MATTAI	MATTAI		COBB	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:30					ON LOCATION / SARTREY Meeting
3:00					Run 5 1/2 casing / 55' BASER ON 3400
					TUBES ON 2, 3, 8, 9, 10, 11, 12
6:15					CASING ON BOTTOM
6:28					Hook up to casing / Break circ w. Rig
7:14	250		20	5.5	Pump 20 BBL 2% KCl WATER
7:21	250		12	5.5	Pump 12 BBL mud flush
7:24	250		3	5.5	Pump 3 BBL WATER
7:25	200		48	5	Mix 200 GAL AA-2 CMF
7:40			4	3	WASH Pump + LINES, Release Plug
7:44	100			6.5	START DIP. w. 2% KCl
7:57	300		80	6	LIFT PRESSURE
8:01	600		105	3	SLOW RATE
8:05	1500		115.8		Plug DOWN, released + hold
8:10			7.5		Plug RAT + Mouse hole
					CIRCULATION THRU JOB
					JOB COMPLETE
					Thank You!
					MIKE MATTAI

****CELLS WITH BLUE BACKGROUND ARE THE ONLY CELLS TO BE EDITED****

Company Name:	Griffin Management
Fracture Start Date/Time:	7/29/14 14:39
Fracture End Date/Time:	7/29/14 16:51
State:	Kansas
County:	Barber
Legal Description:	16-32S-12W
API Number:	15-007-24185
Well Name:	Jean #1
Longitude:	-98.6243892
Latitude:	37.2643691
Total Clean Fluid Volume* (gal):	377,286

Additive	Specific Gravity	Additive Quantity	Mass (lbs)	
Water	1.00	377,286	3,148,452	gal
Sand (Proppant)	2.65	163,100	163,100	lb
Plexcide B7	1.33	20	222	gal
Plexcide B7	1.33	20	222	gal
Plexgel Breaker XPA	1.03	72	619	gal
Plexset 730	0.90	102	766	gal
Plexset 730	0.90	102	766	gal
Plexsurf 580 ME	0.95	93	737	gal
Plexsurf 580 ME	0.95	93	737	gal
Plexslick 957	1.11	259	2,399	gal
Claymax	1.09	185	1,683	gal
				gal
				gal
				gal
				gal
				gal
				gal
				gal
				gal

Ingredients Section:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Mass per Component (LBS)	Maximum Ingredient Concentration in HF Fluid (% by mass)**
Water	Operator	Carrier/Base Fluid	Water	7732-18-5	100.00%	3,148,452	94.84136%
Sand (Proppant)	Uniman	Proppant	Crystalline Silica in the form of Quartz	14808-60-7	100.00%	163,100	4.91309%
Plexcide B7	Chemplex	Biocide	Sodium Hydroxide	1310-73-2	5.00%	11	0.00033%
Plexcide B7	Chemplex	Biocide	Alkaline Bromide Salts	NA	0.00%	0	0.00000%
Plexgel Breaker XPA	Chemplex	Slickwater Breaker	Hydrogen Peroxide	7722-84-1	7.00%	43	0.00130%
Plexset 730	Chemplex	Activator	Methanol	67-56-1	50.00%	383	0.01154%
Plexset 730	Chemplex	Activator	Alcohol Ethoxylates	Mixture	60.00%	460	0.01385%
Plexsurf 580 ME	Chemplex	Product Stabilizer	Methyl Alcohol	67-56-1	10.00%	74	0.00222%
Plexsurf 580 ME	Chemplex	Product Stabilizer	2-Butoxyethanol	111-76-2	50.00%	369	0.01110%
Plexslick 957	Chemplex	Friction Reducer	Petroleum Hydrotreated Light Distillate	64742-47-8	25.00%	600	0.01807%
Claymax	Chemplex	Clay Stabilizer	No hazardous ingredient	NA	0.00%	0	0.00000%

Total Slurry Mass (Lbs)
3,319,703