



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1225578
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: _____



1225578

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Barbara 1
Doc ID	1225578

All Electric Logs Run

Dual Induction Log
Dual Compensated Porosity Log
Sonic Cement Bond Log
Computer Processed Interpretation

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Barbara 1
Doc ID	1225578

Tops

Name	Top	Datum
Heebner	3689	-2066
Lansing	3872	-2249
Stark	4244	-2621
Base KC	4333	-2710
Mississippian	4415	-2792
Kinderhook	4576	-2953
Viola	4676	-3053
Simpson Shale	4782	-3159
Simpson Sand	4805	-3182



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 10410 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>4-28-2014</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>Griffin Management</u>		LEASE <u>Bsrbrs</u> WELL NO. <u>1</u>							
ADDRESS		COUNTY <u>Berber</u> STATE <u>KS</u>							
CITY STATE		SERVICE CREW <u>Darin, Pst E, Josh</u>							
AUTHORIZED BY		JOB TYPE: <u>CNW/SURFCE</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>27283</u>	<u>1/2</u>						<u>4-28</u>	<u>AM</u>	<u>8:30</u>
<u>27463</u>	<u>1/2</u>					ARRIVED AT JOB	<u>4-28</u>	<u>PM</u>	<u>10:00</u>
<u>19960</u>	<u>1/2</u>					START OPERATION	<u>4-28</u>	<u>PM</u>	<u>11:30</u>
<u>21010</u>	<u>1/2</u>					FINISH OPERATION	<u>4-28</u>	<u>PM</u>	<u>12:00</u>
						RELEASED	<u>4-28</u>	<u>AM</u>	<u>1:00</u>
						MILES FROM STATION TO WELL			<u>36</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: [Signature]
(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		2,880 00
CC102	Cellofiske	Lb	46		170 20
CC109	Calcium Chloride	Lb	340		357 00
CF153	Wooden Cement Plug 8 5/8	EG	1		160 00
E100	Unit mileage Chrsse - Pickup	mi	35		148 75
E101	Heavy Equipment Mileage	mi	70		490 00
E113	Bulk Delivery	Tnlh	298		654 50
CE200	Depth Chrsse 0.500	4hrs	1		1,000 00
CE240	Blending & Mixing Service Chrsse	SK	180		252 00
CE504	Plus Container Utilization Chrsse	Job	1		250 00
SG03	Service Supervisor first 8 hrs on loc.	EG	1		175 00

SUB TOTAL 4,380 09

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Doris Frank THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>Griffin Menssmentz</i>	Lease No.	Date <i>4-28-2014</i>
Lease <i>Beinsrs</i>	Well # <i>1</i>	
Field Order # <i>10410</i>	Station <i>Prs+1113</i>	Casing <i>8 5/8</i> Depth <i>267</i> County <i>Beihar</i> State <i>ks</i>
Type Job <i>CNW/Surface</i>	Formation <i>TD-267</i>	Legal Description <i>16-32-12</i>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size <i>8 5/8</i>	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth <i>267</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <i>15</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>217</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative <i>Cris</i>	Station Manager <i>Kevin Gortler</i>	Treater <i>Darin Franklin</i>
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Service Units	<i>27283</i>	<i>27463</i>	<i>19960</i>	<i>24010</i>					
Driver Names	<i>Darin</i>	<i>Pos</i>	<i>Josh</i>	<i>Josh</i>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>10:00am</i>					<i>On location / SSPeq, meetings</i>
<i>11:30am</i>	<i>300</i>		<i>3</i>	<i>5</i>	<i>PUMP 3 hrs w/stop</i>
	<i>300</i>		<i>38</i>	<i>5</i>	<i>PUMP 180sr Common cement 15.6 pp</i>
					<i>1.20 vella, 5.23 wctor</i>
<i>12:00am</i>	<i>300</i>		<i>15</i>	<i>5</i>	<i>Displace Fresh w/stop</i>
<i>12:00am</i>					<i>Shut in</i>
					<i>Circulate 10 hrs to pit</i>
					<i>Job Complete / Darin & Crew</i>
					<i>Thank you!!!</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

0540720414
FIELD SERVICE TICKET

1718 10701 A

DATE _____ TICKET NO. _____

DATE OF JOB <i>05-05-14</i> DISTRICT <i>1718 - Pratt, KS</i>		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 <i>Griffen Management</i>		LEASE <i>BARBARA</i> / WELL NO.								
ADDRESS		COUNTY <i>Barber</i> STATE <i>KS</i>								
CITY STATE		SERVICE CREW <i>Roger - Pat - Joshua</i>								
AUTHORIZED BY <i>Kevin Goodley</i>		JOB TYPE: <i>242 - 5 1/2" Longstring CWW</i>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<i>21255</i>	<i>6</i>						<i>05-05-14</i>			<i>1000</i>
<i>19859-19843</i>	<i>6</i>					ARRIVED AT JOB				<i>1500</i>
<i>19959-23268</i>	<i>6</i>					START OPERATION				<i>1800</i>
						FINISH OPERATION				<i>1900</i>
						RELEASED				<i>1930</i>
						MILES FROM STATION TO WELL				<i>70</i>

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 Cement	sk	200		3400.00
CP 105	AA 2 Cement	sk	30		510.00
CC 102	Celluloflax	lb	58		214.60
CC 111	Salt	lb	1054		527.00
CC 112	Cement Friction Reducer	lb	109		654.00
CC 115	C-44	lb	217		1117.55
CC 201	Gilsonite	lb	1150		770.50
CF 607	Latch Down Plug & Baffle, 5 1/2"	ea	1		400.00
CF 1251	Auto fill Float Shoe, 5 1/2"	ea	1		360.00
CF 1651	Turbolizer 5 1/2"	ea	5		550.00
CF 1901	Basket, Canvas - 5 1/2"	ea	1		290.00

SUB TOTAL *8986* \$

CHEMICAL / ACID DATA:			

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

TOTAL

SERVICE REPRESENTATIVE *[Signature]*
FIELD SERVICE ORDER NO.

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




Cement Report

Customer <i>Griffen Management</i>		Lease No. <i>BARBARA 1</i>		Date <i>05-05-14</i>	
Lease <i>BARBARA</i>		Well # <i>1</i>		Service Receipt	
Casing <i>5 1/2"</i>	Depth <i>4884'</i>	County <i>Barber</i>		State <i>KS</i>	
Job Type <i>5 1/2" Csg. Cmn</i>		Formation		Legal Description <i>16-32-12</i>	

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2"</i>	Tubing Size	Shots/Ft		Lead <i>200 sks 15.3 ppg</i> <i>1 1/2" Gal. Pkts</i> <i>10% Salt</i> <i>5% FMA - 322</i> <i>13% 95 Blk</i> <i>5% 5% Gilsomite</i>
Depth <i>4884'</i>	Depth	From	To	
Volume <i>116 BBLs</i>	Volume	From	To	
Max Press	Max Press	From	To	
Well Connection	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1000</i>					<i>Called Out</i>
<i>1300</i>					<i>On Location</i>
<i>1500</i>					<i>Trucks on Location</i>
					<i>Safety Meeting - Set up</i>
<i>1700</i>					<i>On Bottom - Circulate</i>
<i>1748</i>					<i>Test Lines to Rig Floor 2500 psi</i>
<i>1855</i>					<i>Pump 15 sks Lat Hole</i>
<i>1750</i>			<i>12</i>	<i>4</i>	<i>Pump 500 gals Mud Flush</i>
<i>1753</i>			<i>48.4</i>	<i>6</i>	<i>Mix Pump Cement 15.3 ppg</i>
<i>1805</i>					<i>Finished Mixing Cement</i>
<i>1807</i>					<i>Washup Lines</i>
<i>1815</i>					<i>Drop Top Latch Down Plug</i>
<i>1817</i>	<i>300</i>		<i>116</i>	<i>6</i>	<i>Displace</i>
<i>1845</i>					<i>Land & Latch Plug</i>
					<i>Released</i>
					<i>Plug Float Held</i>
<i>1900</i>					<i>Backup</i>
<i>1900</i>					<i>Job Completed</i>
					<i>THANKS</i>

Service Units	<i>25755</i>	<i>19889-19843</i>	<i>19959-13768</i>		
Driver Names	<i>Roger</i>	<i>Pat</i>	<i>Joshua</i>		

Customer Representative Station Manager Cementer