



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1227540
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: _____



1227540

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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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Andrea Fisher 2
Doc ID	1227540

Tops

Name	Top	Datum
Lansing	3833	-2246
Stark Shale	4197	-2610
Base KC	4286	-2699
Mississippian	4368	-2781
Kinderhook	4553	-2966
Viola	4660	-3073
Simpson	4763	-3176
Simpson Sand	4780	-3193



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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 10667 A

DATE _____ TICKET NO. _____

DATE OF JOB: 6-10-2014 DISTRICT: P1911115		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: Grillon Menssement, LLC		LEASE: Anayas Fisher		WELL NO. 2						
ADDRESS:		COUNTY: Barber		STATE: KS						
CITY: STATE:		SERVICE CREW: Dgrin, McGrew, Josh								
AUTHORIZED BY:		JOB TYPE: CNW / Lonsstrings								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
27283	1						6-10			10:30
77686	1					ARRIVED AT JOB:	6-10			12:30
19905	1					START OPERATION	6-10			8:30
19955	1					FINISH OPERATION	6-10			9:30
73768	1					RELEASED	6-10			10:30
						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:
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA2 Cement	SK	200		3,400 00
CP105	AA2 Cement	SK	30		510 00
CC102	Cellofloc	Lb	58		214 60
CC111	SS1	Lb	105.1		527 00
CC112	Cement Friction Reducer	Lb	109		654 00
CC115	C-44	Lb	217		1,117 55
CC201	Gilsonite	Lb	1155		773 85
CF607	LS+ch Down Plus & Baffle, 5 1/2 (Blue)	ES	1		400 00
CF1251	Burr Fill Flost Shoe 5 1/2 (Blue)	ES	1		360 00
CF1651	Turbolizer, 5 1/2 (Blue)	ES	7		770 00
CF1901	5 1/2 BSSK (Blue)	ES	1		290 00
C704	Claymer KCL Substitute	GSI	6		210 00
CC151	mud Flush	GSI	500		750 00
E100	Unit + Mileage Charge - PICKUP	m.	35		148 75
E101	Heavy Equipment Mileage	m.	70		450 00
E113	Bulk Delivery	Ton	380		835 45
CE205	Depth Charge; 4000 - 5000'	4hs	1		2,520 00
CE240	Blending & Mixing Service Charge	SK	230		322 00
CE504	Plus Container Utilization Charge	Job	1		250 00
S003	Service Supervision Fee; 8 hrs on loc.	ES	1		175 00
				SUB TOTAL	8,978 10

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE:	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
(WELL OWNER-OPERATOR CONTRACTOR OR AGENT)	

FIELD SERVICE ORDER NO. _____

Customer <i>Gracen menssement</i>	Lease No.	Date <i>6-10-2014</i>	
Lease <i>Andrew Fisher</i>	Well # <i>2</i>		
Field Order # <i>10667</i>	Station <i>Pratt, KS</i>	Casing <i>5 1/2</i>	Depth <i>4632</i>
Type Job <i>CNW Longstring</i>	Formation <i>TD-4635</i>	County <i>Barber</i>	State <i>KS</i>
		Legal Description <i>15-32-12</i>	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size <i>5 1/2</i>	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth <i>4632</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <i>110</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>4611</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager <i>Kevin Gonzalez</i>	Treater <i>Darin Franklin</i>
Service Units <i>27283 77686 19905 19959 73768</i>		
Driver Names <i>Darin McGrew McGrew Josh Josh</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>12:30pm</i>					<i>on location / SSP, meeting</i>
<i>8:30am</i>	<i>300</i>		<i>5</i>	<i>5</i>	<i>pump 5 bbls water</i>
	<i>300</i>		<i>12</i>	<i>5</i>	<i>12 bbls mud flush</i>
	<i>300</i>		<i>5</i>	<i>5</i>	<i>5 bbls water</i>
	<i>200</i>		<i>49</i>	<i>5</i>	<i>mix 200 sy AA2 cement</i>
					<i>Shut down</i>
					<i>Wish pumpd lines</i>
					<i>Release Plug</i>
	<i>200</i>		<i>0</i>	<i>6</i>	<i>Stgr + displacement</i>
	<i>900</i>		<i>70</i>	<i>6</i>	<i>lit + pressure</i>
	<i>900</i>		<i>100</i>	<i>3</i>	<i>slow Rate</i>
<i>9:30</i>	<i>1500</i>		<i>109</i>	<i>3</i>	<i>Bump Plug</i>
					<i>Flow</i>
	<i>100</i>		<i>7</i>	<i>3</i>	<i>Plus Rate hole</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

FIELD SERVICE TICKET
1718 10729 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>6-2-14</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>CRP EDU MANAGEMENT</u>		LEASE <u>ANDREW FISHER #2</u> WELL NO.								
ADDRESS		COUNTY <u>BARBER</u> STATE <u>KS</u>								
CITY STATE		SERVICE CREW <u>H.G. McCray, JOSH</u>								
AUTHORIZED BY		JOB TYPE: <u>C/W - SURFACE</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>19907</u>		<u>19960</u>	<u>1/2</u>				<u>6-2-14</u>			<u>0800</u>
		<u>21010</u>	<u>1/2</u>			ARRIVED AT JOB				<u>10:30</u>
<u>19889</u>	<u>1/2</u>					START OPERATION				<u>11:00</u>
<u>19843</u>						FINISH OPERATION				<u>11:30</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: Scott Adams
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>CC100</u>	<u>COMMON CEMENT</u>	<u>SL</u>	<u>180</u>		<u>2880.00</u>
<u>CC102</u>	<u>WELL FLARE</u>	<u>lb.</u>	<u>46</u>		<u>170.20</u>
<u>CC109</u>	<u>CALCIUM CHLORIDE</u>	<u>lb.</u>	<u>340</u>		<u>357.00</u>
<u>E100</u>	<u>PICKUP MILE</u>	<u>mi.</u>	<u>35</u>		<u>148.75</u>
<u>E101</u>	<u>TRUCK MILE</u>	<u>mi.</u>	<u>70</u>		<u>490.00</u>
<u>E113</u>	<u>BULK DELIVERY</u>	<u>TN</u>	<u>298</u>		<u>694.50</u>
<u>CE200</u>	<u>DEPTH CHARGE 0-500'</u>	<u>EA</u>	<u>1</u>		<u>1000.00</u>
<u>CE240</u>	<u>BLENDING CHARGE</u>	<u>SL</u>	<u>180</u>		<u>252.00</u>
<u>S003</u>	<u>SERVICE SUPERVISOR</u>	<u>EA</u>	<u>1</u>		<u>175.00</u>

CHEMICAL / ACID DATA:			

SUB TOTAL	<u>4105.39</u>
SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
TOTAL	

SERVICE REPRESENTATIVE: <u>Scott Adams</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Scott Adams</u>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer	GRIFFIN MINERALCEMENT			Lease No.			Date	6-2-14	
Lease	HENDER FISHING			Well #	#2				
Field Order #	Station	Casing	Depth	County	BARBER		State	KS	
10129	PRATT, KS	8 7/8	270					15-32-12	
Type Job	CRW - SURFACE			Formation					

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
8 7/8							5 Min.	
270	Depth	From	To	Pre Pad	Max			
							10 Min.	
Volume	Volume	From	To	Pad	Min			
							15 Min.	
Max Press	Max Press	From	To	Frac	Avg			
							Annulus Pressure	
Well Connection	Annulus Vol.	From	To		HHP Used			
							Total Load	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume			

Customer Representative	SCOTT		Station Manager	KORON		Treater	CROWLEY		
Service Units	19907	19889-19843	19900-21010						
Driver Names	KG	MCCORM	JOSH						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:30					CRW LOCATION
					RUN 256' 8 7/8 - 6 TTS
					SET AT 270' w/LS
					PRODUC OFF
7:30	100		38	5	MIX 180 SEC COMMON
					2% CC, 1/4 P/SK CELLFILLAGE
	0	0	0	5	START DISP
7:30	700		15	5	FINISH DISP
					SHUT ON SWABBER & VALVE
					CEPIC 10 MIN CEMENT
7:40					JOB COMPLETE

