Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1238045

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
OG GSW Temp. Abd. CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Duilling Fluid Management Dian
Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
Recompletion Date Recompletion Date	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 Approved by: Date:

		1238	
Operator Name:		Lease Name:	_ Well #:
Sec TwpS.	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 (Attach Additional She	pate)	Yes No		.og Formatio	on (Top), Depth and	p), Depth and Datum		
Samples Sent to Geolog	,	Yes No	Nam	е		Тор	Datum	
Cores Taken Electric Log Run		Yes No						
List All E. Logs Run:								
		CASING Report all strings set-c	RECORD Ne		on, 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 / SQU	JEEZE RECORD				
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives		
Protect Casing Plug Back TD								
Plug Off Zone								
Did you perform a hydraulic	fracturing treatment of	on this well?		Yes	No (If No, skip	o questions 2 an	d 3)	
		raulic fracturing treatment ex	ceed 350,000 gallons	? 🗌 Yes 🗌		, question 3)		

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?

Shots Per Foot		PERFORATION Specify Fo	N RECORD - Bridge Plugs Set/Type botage of Each Interval Perforated						ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner R	lun:	No	
Date of First, Resumed	l Product	ion, SWD or ENH	٦.	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
				-						
DISPOSITI	_	GAS: Used on Lease		Open Hole	METHOD	OF COMPLE	Comp.	Commingled (Submit ACO-4)	PRODUCTION INTE	RVAL:
(If vented, Su	ıbmit ACC	D-18.)		Other <i>(Specify)</i>		Cubinit		(3001111 ACO-4)		

Yes

No

(If No, fill out Page Three of the ACO-1)

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Barbara 2
Doc ID	1238045

Tops

Name	Тор	Datum
Lansing	3894	-2239
Stark	4264	-2609
Base KC	4354	-2699
Mississippian	4438	-2783
Kinderhook	4606	-2951
Viola	4707	-3052
Simpson Shale	4812	-3157
Simpson Sand	4836	-3181



CLOUD LITHO - Abilene, TX

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

FIELD SERVICE TICKET 1718 **10758** A

DATE OF 6-25-1	Ч с	DISTRICT Pral			WELLA		PROD INJ WDW CUSTOMER ORDER NO.:					
CUSTOMER Grit	fin	Managramen	1	3 8	LEASE Barbary 2 WELL NO.							
ADDRESS	3 3			2 9	COUNTY Barber STATE KS							
CITY	-	STATE	a ³ y		SERVICE CI							
AUTHORIZED BY	м			JOB TYPE: CNW SUI FOCA								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLED 6- 24TH 4 5 TIME					
17686 19905	30.m.	b. mandana a seconda	Server a	L SACESSER -	a secondaria da secondaria	10 STATE	110 1120					
9826 19860	30mil	7			a 8	1						
28443		- A Sa - A - Ba-	1 a	2 10		2 03	START OPERATION 6-24-14 AM 2-34					
			_		5 [*] 1 2 2 [*]	×	FINISH OPERATION 6-25-15 COIS					
	X 6.5 5						RELEASED 6-25-15-10115					
si p		a — a — s		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.	MILES FROM STATION TO WELL 35					

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

TEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICE	S USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP 1000		in the	SK	180	7	2,880	00
CL 102	Celloflake		16	46		170	20
CC 109	Calgium Chloride		15	340	e jar ^a dj	357	00
CF 153	wooden plyg	a 10 A	eg	1		160	00
E 100	-PICKYP MILEAGE	× 1.	mi	35	9) is	148	75
E 101 E 113	HEAVY MILEAGE		mi	70		490	00
	BULK DeLivery		TM	298		654	50
CE 200	Oepth charge	· · · · · · · · · · · · · · · · · · ·	4hr	1		1,000	00
CE 240	Mixing Charge	6	5/5	180		252	00
CE 504	PLUG CONTAINER	9. v. 19	JOB	1	n n h	250	00
5 003	SUPPRVISOr	and the second second	89	1	8 2	175	00
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FIELD SERVICE				1 601/	OR CONTRACTOR OR	and the second	



TREATMENT REPORT

Customer Gr	iffin	Mana	acme	Lease No.	ę					Date	ŕ	20	11.2		
	barg	1170	U C	Well # 2						1	6	1.5	-14		
Field Order #	8 Station	Pratt				Casing	5%	Dept	h 263	Count	Bgi	ber		State K	5
Type Job CV)W - 3	11,47	He	8			Foi	matior	1			Legal D	escription	6-32-1	2
PIPE	DATA	PERI		NG DATA		FLUID	USED				TREAT		RESUM		
Casing Size	Tubing Size	e Shots/F	-t		Acid	1			1	RATE	PRE	SS	ISIP		
Depth 263	Depth	From	Т	ò	Pre	Pad			Max				5 Min.	1	
Volume 15	Volume	From	-T	n"	Pad	8 (3) ME	1.000	Ŀ	Min				10 Min.		
Max Press	Max Press	From	T	0	Frac	>			Avg				15 Min.		
Well Connection	Annulus Vo	I. From	т	o					HHP Use	d)1	Annulus	Pressure	
Plug Depth,	Packer Dep	From	Т	0	Flus	h			Gas Volu	me	65		Total Loa	ıd	
Customer Repre	esentative	Cecil	2	Station	Mana	iger Ke	Viu	1		Trea	ater \mathcal{T}_{i}	De			
	77686 1	9905	19826	19860	9		280	143							
Driver Names	mil	58	J	094	1. Ha		JU	le	-						
Time	Casing Pressure	Tubing Pressure	Bbls. P	umped	F	Rate					Servio	ce Log		11	
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							1		hank					672-5383	

10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124

FIELD SERVICE TICKET 1718 **10763** A

B	B	A	P.O	44 NE Hv). Box 861 tt, Kansas	3				18 107						
				one 620-67				DATE	TICKET NO		· · ·	7. 9 N			
DATE OF	30-1	41	DISTRICT	5	i di d	NEW WELL					JSTOMER RDER NO.:	ġ.			
CUSTOMER (Sill	nin	Manuar	rend	110										
ADDRESS	11171	111	manager		66C	COUNTY Barber STATE KS									
and a second	a							ir	STATE	RS	<u>)</u>	11			
CITY			STATE	·	0 1	SERVICE C	REW	at	Cime	n 7	<u> </u>				
AUTHORIZED E		and the second s	riffin	2		JOB TYPE:	4910	' 5/2'	Long	57	tring	CN			
EQUIPMEN	T#	HRS	EQUIPMENT#	HRS	EQU	JIPMENT#	HRS	TRUCK CALL	ED	DATE		ЛE			
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REF. NO.		E CONTRACTOR OF	IATERIAL, EQUIPMENT	AND SERV	ICES US	ED	UNIT	QUANTITY	UNIT PRICE		\$ AMOUN	П			
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SERVICE	/E	late	7 - 1			RIAL AND SEF		BY.	i CF	×					
FIELD SERVICE	1	10.					Construction of the state	States and a second second	OR CONTRACTOR	OR	AGENT)				



TREATMENT REPORT

Customer	fin 1	Mann	1 a day and	Lease No.				Date				
Lease	have	- C	1	Well # 2				1	1 -	7	5 111	
Field Order #	Station	Dat		Saur.	Casing	Depth	1000	County	57	20) -14	State
Type Job	A	Fill			2	Formation	4910		Dall	egal De	escription	TCS.
441	0' 5%	7 1.0	ing s-	ling	-CNN	/	_			1		12
	DATA	1.1	FORATING	G DATA	FLUID	USED	TREATMENT RESUME					
Casing Size	Tubing Siz	ze Shots/F	=t		Acid		RATE		PRESS	6	ISIP	
Depth JGIO	Depth	From	То	1	Pre Pad	Max 💰		5	SCA	2	5 Min.	5.
Volume 117	Volume	From	То		Pad	1 5: 1080 2	Min	5	é	38 -	10 Min.	
Max Press	Max Press	From	То		Frac		Avg	5 200		0	15 Min.	
Well Connection		From	То				HHP Used	Ł			Annulus P	ressure
Plug Depth	Packer De	From	То		Flush		Gas Volur	ne	8		Total Load	8
Customer Repr				Station	Manager Kei	up Go	du	Treat		0-1-1		
Service Units	284/43	3370S. 20470	19831 19867			Sec.	1					× .
Driver Names	Scott	Pu-1	Josh									
Time	Casing Pressure	Tubing Pressure	Bbls. Pur	mped	Rate				Service	Log		
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1:26			0			Run	floa	1 6	NUID.	ane vi	9	9 apr
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10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383

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

	Company Name:	Griffin Management
total and the	Fracture Start Date/Time:	7/18/14 12:53
	Fracture End Date/Time:	7/18/14 15:01
		Kansas
A	County:	Barber
	Legal Description:	
and the second second	API Number:	15-007-24184
	Well Name:	
and the second		
	Longitude:	-98.6272596
	Latitude:	37.260527
and the second states and	and the second se	
Manager Charles and	And Internation Press	
Tota	d Clean Fluid Volume* (gal):	377.874

Additive	Specific Gravity	Additive Quantity	Mass (lbs)		
Water	1.00	377,874	3,153,359		
Saud (Proppant)	2.65	163,100	163.100		
Plexcisie B7	1.33	20	232 232 774 766 766 766 757 737		
Plexcide B7	1.33	20			
Plexgel Breaker XPA	1.03	90			
Placet 730	6.90	102			
Plexact 730	6.90	102			
Pleasurf 580 ME	0.95	93			
Plexsurf 580 ME	0.95	93			
Pleaslick 921E	1.06	259	2,291		
Claymax	1.09	185	1,683		
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	and the second second second		Contraction of the local distance		
	And the second		and the second second second second		
			City of the second second		
	State of the		The second s		
-	- Barrer R. Harris		The states		
			Contraction of the local division of the loc		
			Total Slurry Mass (Lbs)		

Ingredients Section:

	Supplier	Purpose		Chemical Abstract Service	Maximum Ingredient	t Mass per Component (LBS)		Comments
	Operator			Number (CAS #)	Concentration in Additive			
and (Proppant)	Uniman	Carrier/Base Flund	Water	7732-18-5	1% by mass)** 188:00%	-	(% hy mass)**	
excide B7	Chemplex	Proppant Biocide	Crystalline Silica in the form of Quartz	14808-60-7	100.00%	3,153,359	94.84765%	
excide B7	Chemples		Sodium Hydroxide	1310-73-2	-5.00%	163,100	4.90527%	and the second
xgel Breaker XPA	Champlex	Biocide	Alkaline Promide Saits	NA	0.00%	- 11	0.00033%	
neset 730	Chemplex	Slickwater Breaker	Hydrogen Peroside	7722-84-1		0	0.00000%	and the second second second second
exset 730	Chemplex	Activator	Methanol	67-56-1	7.00%	53	0.00163%	A CONTRACTOR OF THE OWNER
exsurf 580 ME	Chemplex	Activator	Alcohol Ethoxylates	Mixture		383	0.01152%	
exoaurf \$80 ME		Product Stabalizer	Methyl Alcohol	67-56-1	60.00%	\$60	0.01383%	
mslick 921E	Chemplex	Product Stabalizer	2-Butoxyethanol	1111-76-2	10.00%	7.4	0.00222%	
IVINEX STATES		Friction Reducer	Peiroleum Distitlinte	64742-47-8	\$0.00%	369	0.01109%	
avines.	Champlex	Clay Stabilizer	No hazardous ingrobient	NA	30.00%	687	0.62067%	
				104	- 0.00%	0	0.0000%	
		and the second	A CONTRACTOR OF THE OWNER OWNE				All and the second s	and the second sec
		A CALL STREET, SALES AND	and the second se		and the second se			
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		with the state of the state of the	and the second se			And the second sec	THE STATE OF	Non-MSDS Component
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the second second	the second s							Non-MSDS Component
				and the second sec		In the second	TALING CONTRACTOR	Non-MSDS Component
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