



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238075
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
-----------------------------------	-----------------	---

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: _____



1238075

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
--	---

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
----------------	-------	---------	------------	---

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> _____
---	--

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: _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Rynerson 2
Doc ID	1238075

Tops

Name	Top	Datum
Lansing	3640	-2159
Stark Shale	4028	-2547
Base KC	4123	-2642
Mississippian	4194	-2713
Kinderhook	4354	-2873
Viola	4457	-2976
Simpson	4559	-3078
Simpson Sand	4580	-3099



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

00467-3384
FIELD SERVICE TICKET
1718 10875 A

DATE _____ TICKET NO. _____

DATE OF JOB 8-10-14 DISTRICT PRATT KS		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 RYNERSON 2 WELL NO.:							
ADDRESS		COUNTY BARBER STATE KS							
CITY STATE		SERVICE CREW Sullivan, Egan, Phyc							
AUTHORIZED BY		JOB TYPE: CNW 5 1/2 Long Strip							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
33708-20970	45						8-10-14	PM	6:00
19903-19860	45					ARRIVED AT JOB		PM	8:15
37900						START OPERATION		AM	12:15
						FINISH OPERATION		PM	1:00
						RELEASED		AM	1:45
						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: *Am*
(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	225		3,825.00
CP 105	AA-2 cmt	SK	30		510.00
CC 102	CELEAKC	lb	64		236.80
CC 111	SALT	lb	1170		585.00
CC 112	CFR	lb	121		726.00
CC 115	C44	lb	241		1,241.15
CC 201	gilsonite	lb	1275		854.25
CF 607	LATCH DOWN Plug 5 1/2	SA	1		400.00
CF 1251	Auto Fill Shoe	SA	1		360.00
CF 1651	Turbolizer	SA	5		550.00
CF 1901	BASKIT	SA	1		290.00
C 704	CLAY MAX	gal	6		210.00
CC 151	MUD Thick	gal	500		750.00
E 100	pickup	mi	35		148.75
E 101	Heavy Spud mi	m	70		490.00
E 113	Bulk Delivery	Tm	422		977.85
E 205	Depth Change	SA	1		2,520.00
E 240	Blend Dry - mix	SK	255		357.00
E 304	Plug Container Rental	SK	1		250.00
5007	SPRINCE SUPER	SA	1		175.00
				SUB TOTAL	9,706.28

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE *Robert Fuller* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Angie Willy*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>GRIFFIN MANAGEMENT</i>	Lease No.	Date <i>8-10-14</i>	
Lease <i>RYNERSON</i>	Well # <i>2</i>		
Field Order # <i>10875</i>	Station <i>PRATH</i>	Casing <i>5 1/2</i>	Depth <i>4460</i>
Type Job <i>CNW 5 1/2 Long Stndg</i>	Formation	County <i>BARBER</i>	State <i>KS</i>
Legal Description <i>4-32-12</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>4460</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <i>105 1/2</i>	Volume	From	To	Pad	Min		10 Min.
Max Press <i>2900</i>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <i>4937</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Sullivan</i>
Service Units <i>37900 33708 20920 19903 19860</i>		
Driver Names <i>Sullivan C. G. D. G. P. H. C.</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>8:15</i>					<i>on loc</i>
					<i>Run 5 1/2 13.5 csp.</i>
					<i>Basket Bottom Shut 54</i>
					<i>cont. 1, 3, 5, 6, 7</i>
<i>11:05</i>					<i>CASING ON BOTTOM</i>
<i>11:15</i>					<i>Hook up circ esp.</i>
<i>12:15</i>			<i>20</i>	<i>3</i>	<i>It 20% KCH 4²⁰ SPACER</i>
			<i>12</i>		<i>st mud flush</i>
			<i>3</i>		<i>SPACER</i>
				<i>4.5</i>	<i>mix cont 225 sk AA-2 cont @ 15 app.</i>
			<i>57</i>		<i>cont mixed shot down wash down pump</i>
					<i>Release Plug</i>
				<i>6</i>	<i>ft disp</i>
	<i>350</i>				<i>litt PSI</i>
<i>1:00</i>	<i>1800</i>		<i>106</i>	<i>4</i>	<i>plug down</i>
			<i>7</i>		<i>plug R/H w/30 sk 120</i>
					<i>Job complete</i>



Cement Report

Customer <i>Coniflow Management</i>	Lease No. <i>Ryerson # 2</i>	Date <i>08-02-14</i>
Lease <i>Ryerson</i>	Well # <i>2</i>	Service Receipt <i>1717 174829A</i>
Casing <i>8 5/8"</i>	Depth <i>263'</i>	County <i>Barber</i> State <i>KS</i>
Job Type <i>8 5/8" SURFACE</i>	Formation	Legal Description <i>4-32-12</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8"</i>	Tubing Size	Shots/Ft		<i>Lead 175s/ks 14.8ppg</i> <i>Premix/Compos</i> <i>26 Cpl-2</i> <i>1/4# Cell of lake</i>
Depth <i>263'</i>	Depth	From	To	
Volume <i>15.9 bbls</i>	Volume	From	To	
Max Press	Max Press	From	To	
Well Connection	Annulus Vol.	From	To	Tail in
Plug Depth <i>248'</i>	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1700</i>					<i>Called West</i> <i>On location</i> <i>Safety meeting</i> <i>Set up</i>
<i>2130</i>					
<i>2140</i>					
<i>2200</i>					
					<i>On Bottom</i> <i>Makeup Harder/Westfield - Circ</i>
<i>1130</i>					<i>Test line to 1000psi</i>
<i>1135</i>			<i>10</i>		<i>Pump 10 Bbls H₂O</i>
<i>1138</i>			<i>41.80 Bbls</i>	<i>3</i>	<i>Mix & Pump Tail Cement 14.8 ppg</i> <i>175 cks 1.34 cwt/sk 26.4 bbls mlw</i> <i>Finished mixing cement</i>
<i>1152</i>			<i>15.90 Bbls</i>	<i>2</i>	<i>Drop Plug Displace on top of Plug</i>
<i>1206</i>					<i>Close valves in</i> <i>Rack up</i> <i>Job Completed</i> <i>Thanks</i>

Service Units	<i>21755</i>	<i>38750-19842</i>	<i>19827-19883</i>		
Driver Names	<i>Rogan</i>	<i>Charles</i>	<i>Daniel</i>		

Scott Adair Customer Representative
 Jerry Bennett Station Manager
 Rogan Brown Cementer

Taylor Printing, Inc.

