Confidentiality Requested: Yes No

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

1238075

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? Yes No							
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 III Approved by: Date:												

	Page Two	1238075
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 Sheets)		Yes No		-	on (Top), Depth an		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-	conductor, surface, inte	ermediate, product	ion, 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 / SQL	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Protect Casing Plug Back TD							

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 hyd	Yes	No	(If No, skip question 3)		
Was the hydraulic fracturing	treatment informatio	Yes	No (If No, fill out Page Three of the ACO-			

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

Shots Per Foot		ORATION RECOP			1	Depth			
TUBING RECORD:	Size:	Set At:	t At: Packer At:			Liner R	un:	No	
Date of First, Resumed	Date of First, Resumed Production, SWD or ENHR.				oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours			Gas N	lcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DIODOOITI	011 05 040								
DISPOSITION OF GAS:			Dpen Hole	Perf.	DF COMPLE	Comp.	Commingled (Submit ACO-4)	PRODUCTION INT	ERVAL:

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

Tops

Name	Тор	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

(P)	BA	SIC
		SERVICES
- A	PRESSURE PUMP	PING & WIRELINE

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

64672.2284 FIELD SERVICE TICKET 1718 10875 A

			0	DATE TICKET NO								
DATE OF JOB 8-10-		DISTRICT PRA-	-Ks									
CUSTOMER GRI	FFIN) mANAgn	int	LEASE RYNERSON 2 WELL NO.								
ADDRESS			а 49	COUNTY BARBER STATE KS								
CITY		STATE		N 25	SERVICE CREW SullivAD Erride, Physe							
AUTHORIZED BY		к <u>в</u> * >	9 N		JOB TYPE: CNW 51/2 LOISISI SIGI							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQU	IPMENT#	HRS	TRUCK CALLED S-10-12 PM C.00					
33708-20970		5			0 20 0 20 0 20 5 4 0 20 5 4		ARRIVED AT JOB					
37900			_	1.0°			START OPERATION					
		С. 8, 1	2		40. S.		FINISH OPERATION)					
			N.		÷		RELEASED AM 1:45					
		· · · · · · · · · · · · · · · · · · ·		32	N B	SF 3	MILES FROM STATION TO WELL 36					

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.

NI SIGNED:

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES	S USÈD , UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT					
CP 105	AA-2 CMIT	SK	225		3.8250					
P 105	A17-2 Cmf	SK	30	÷ ^B	510 0					
c 102	CellEAKE	16	64		236 8					
C 111	SALT	16	1170	and a state of the	585 0					
0112	CFR	16	121		726 0					
×115	c 44	16	241	, 2 ⁻²¹	1,241 1					
C 201	cilsonite	16	1275	8 a a	854 2					
F 607	LATCH NOWN Pluc	512 54	1		400 0					
F 1251	Auto Fill Shoe	SA	1	x with	340 0					
F 1651	TURDONIZO	SA	5	e p ^e	550 0					
F 1901	BASKIT	51	1	1 (1997 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 19	2900					
704	CLAY MAX	nL	6	· · · · · · · · · · · · · · · · · · ·	2100					
c151	mun Huch	CAL	500	·	- 7500					
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101	HPAUL ECANT n'	m	70	A 8 M	490 0					
113	But Alung	TM	422		927 8					
205	pepth chadie	SH-	1		2 5200					
240	Blewding - mixy	sk	255		357 0					
504	Pluy Contance Rutch	5°A	1	8 B 2	250 0					
003	SPAPErce Superior	94	1	SUB TOTAL	1750					
CHE	MICAL / ACID DATA:			KG	9 206 2					
		SERVICE & EQUIPMENT	%TAX		1, 100.2					
		MATERIALS	%TAX	ON\$,						
		· · · · · · · · · · · · · · · · · · ·	11	ANK TOTAL	1.1.2					
		Section 1	n 19	for	±					
			1							
ERVICE EPRESENTATIV	- / / / / / / / / / / / / / / / / / / /	ATERIAL AND SERVICE	BY: An	YUM	£					
IELD SERVICE C	BDER NO	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)								
LED ULITVIUE C					and the second se					



TREATMENT REPORT

Customer RIFFIN MAISACOMENT Lease No.									Date									
Lease RY	NERSO	N	7	CLY.I_	Well	Well #					8-10-14							
Field Order # Station P2 H						Casing Depth					160	County State						
Type Job	+,)	2			For	mation				Legal De	escription	n	-					
PIPE		-"2 P	ERFO	RATIN	NG D	ATA		FLUID U	JSED		0	2	TREA	TMENT	RESUM	E		
Casing Size	Tubing Siz	e Sh	ots/Ft				Acid			_		RATE	PRE	SS	ISIP			
Depth 60	Depth	Fro	om	Ť	ō		Pre I	Pad			Max			T	5 Min.			
Volume 1/2	Volume	Fro	×	Т			Pad		a *	1	Min	8		-4	10 Min.		- NGR RE STREEME FOR	
Max Press	Max Press	Fro	om	Т	ō		Frac				Avg				15 Min.			
Well Connection	Annulus Vo	ol. Fro	om	т	ō						HHP Use	d	1.	C.	Annulus	Press	ure	
Plug Depth	Packer De	pth Fro	om	Т	ō		Flus	h			Gas Volu	me	- <i>*</i>		Total Lo	ad		
Customer Repre	esentative					Station	Mana	ger Dia	UE S	icot		Trea	ater	shert	1.11	isno		
Service Units	7900	3370	8 3	20920		990-	3/	9860						C				
Driver Names	111JAD	Egg	ipg			Phy	e		_							8	12	
Time	Casing Pressure	Tubir Press		Bbls. F	Pumpe	d	F	Rate					Serv	ice Log				
8:15									00	loc								
										22			». V					
							_		R	WD.	5 1/2	1/2 13.5 csp.						
									BASKet Button Shur 54									
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10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383

Environment And		Li	00 S. Country beral, Kansas one 620-624-	s 6790	tes Rd. 5		1717 04	829	A
		NG & WIRELINE		2			DATE TICKET NO		
DATE OF JOB OS-SZ	10 10 m	DISTRICT / 7/7 -	liperal,	15	NEW WELL				STOMER DER NO.:
CUSTOMER Cz. ft	en In.	ANAGENENT			LEASE Ri	INense	nn	2	WELL NO.
ADDRESS		1			COUNTY	pabe.	~ STATE	15	_
CITY		STATE			SERVICE CH	REW KG	gere-Confis- >	when	1
AUTHORIZED BY	Jenny	Bentrett			JOB TYPE:	21/2	85/d Surface	/	×
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQU	IPMENT#	HRS	TRUCK CALLED 08-02	-PATE	EM TIME
387501-1984/2	6-			<i>2</i>			ARRIVED AT JOB		AM 2/30
19827-19883	4						START OPERATION /	/	AM 2300
1 1851 11002	7						FINISH OPERATION /	1	PM 2100
							RELEASED 08-03	3-14	AM20100
							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.

	Vannalla
CI CUER	Scott adella
SIGNED:	

FIELD SERVICE TICKET

			(WELL OWNER	R, OPERATOR, CONT	RACTOR OR AG	ENT)
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	Т
CLIDO	Premium/ Common	5/0	175		2800	00
CC102 CC109	Celloflake Calcium Chloride	lk-	49 330		162 346	
CF153 V	Wooden Cement Plug BSTell	CA	1		160	00
E100	Unit Milenge Change - Fickup	Mi	35		148	75
E113	Proppart and But Delivery Charges - per to mile	TNIM	70 289		490	1
CE200	Dept/ Change - 0' - 500'	445	1		1000	00
CE 240 CE 504	Mig Containen Utilization Change	5 K Job	175		245	
5003	Sendice Sufanvisore, Finst Stheen La.	ER	/		175	
				SUB TOTAL	4361	d.

CHEMI	CAL / AC	ID DATA:	
		The second s	

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

SERVICE ier Birn REPRESENTATIVE

FIELD SERVICE ORDER NO.

CLOUD LITHO - Ablene, TX

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

WELL OWNER OPERATOR CONTRACTOR OF AGENT)

(в)		SERVICE I, Kansas	S SM					Cement Report
Customer	Libera			Lease No.	yntensor	v #2	Date	28-02-14
. 1					74.4		Service Receip	pt 17/7 174829A
Casing gs	1011	Depth 2/	3)	County Pr	rebon		State KS	
Job Type	5/8 500	the second se	Formation	-1		Legal Description	n4-32-	12
		Pipe I	Data			Perforatin	g Data	Cement Data
Casing size	85/811	/	Tubing Size			Shots	/Ft	Premium Componi Ile CACL 2 Ily & Cellofhalice
Depth 7	631		Depth		From		То	Premium Component
Volume	59.61	L	Volume		From		То	The Celloffalie
Max Press	201-00		Max Press		From		То	Tail in
Well Conne	ction		Annulus Voi.		From		То	
Plug Depth	2481		Packer Depth		From		То	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumbed	Rate	RI	AAA	Service	e Log
1700	and a second				(A)/C	d lla	11	
2130					1	NLOCAT	1	
2140					51	stery Me	sting	
2200	2200				4			
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_			1			J.	36 Comb	loted
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						······································		
							- Million (1997)	
				1				
Service Unit	s 217	55	38750-19842	19827-	19883			
Driver Name	1	ien	CARlos	Daniel				

Senny Jonnie Station Manager Customer Représentative

Bring

Taylor Printing, Inc.

CELLS WITH BLUE BACKGROUND ARE THE ONLY CELLS TO BE EDITED

Company Name:	Griffin Management
Fracture Start Date/Time:	8/22/14 8:55
Fracture End Date/Time:	8/22/2014 11:03AM
State:	Kansas
County:	Barber
Legal Description:	Sec. 4-32S-12W
API Number:	15-007-24204
Well Name:	Rynerson #2
Longitude:	-98.6370956
Latitude:	37.2875045
and the second	The second
	A STATE OF THE STATE OF THE STATE
Total Clean Fluid Volume* (gal):	379,092

Additive	Specific Gravity	Additive Quantity	Mass (lbs)
Water	100		
	1.00	379,092	3,163,523
Sand (Proppant)	2.65	163,100	163,100
Plexcide B7	1.33	20	222 -
Plexcide B7	1.33	20	222
Plexgel Breaker XPA	1.03	72	619
Plexset 730	0.90	102	766
Plexset 730	0.90	102	766
Plexsurf 580 ME	0.95	93	737
Plexsurf 580 ME	0.95	93	737
Plexslick 957	1.11	259	2,399
Claymax	1.09	185	1,683
Carl Carl Carl Carl			
And the second second second			
and the second			
And the second second second	Standard Line and State	and the second second second	
			Total Slurry Mass (Lbs 3,334,774

Ingredients Section:

		A REAL PROPERTY OF A REAP						
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	Comments
ater	Operator	Carrier/Base Fluid	Water	7732-18-5	100.00%		(% by mass)**	
nd (Proppant)	Uniman	Proppant	Crystalline Silica in the form of Quartz	14808-60-7		3,163,523	94.86468%	
xcide B7	Chemplex	Biocide	Sodium Hydroxide	1310-73-2	100.00%	163,100	4.89089%	
xcide B7	Chemplex	Biocide	Alkaline Bromide Salts	NA	5.00%	11	0.00033%	1
xgel Breaker XPA	Chemplex	Slickwater Breaker	Hydrogen Peroxide		0.00%	0	0.00000%	
xset 730	Chemplex	Activator	Methanol	7722-84-1	7.00%	43	0.00130%	
exset 730	Chemplex	Activator		67-56-1	50.00%	383	0.01149%	
xsurf 580 ME	Chemplex	Product Stabalizer	Alcohol Ethoxylates	Mixture	60.00%	460	0.01378%	
xsurf 580 ME	Chemplex	Product Stabalizer	Methyl Alcohol	67-56-1	10.00%	. 74	0.00221%	
xslick 957	Chemplex	Friction Reducer	2-Butoxyethanol	111-76-2	50.00%	369	0.01105%	
rymax			Petroleum Hydrotreated LightDistillate	64742-47-8	25.00%	600	0.01799%	
ymax.	Chemplex	Clay Stabilizer	No hazardous ingredient	NA	0.00%	0	0.00000%	
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		an Distance assessment of the second second				Charles and the second second	A CONTRACTOR OF THE OWNER OF	
	and the second sec				Charles and the second second		The second s	A REAL PROPERTY AND A REAL
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