



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1246527  
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: \_\_\_\_\_



1246527

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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# QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

6298

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410  
Fax 620-672-3663

Rich's Cell 620-727-3409  
Brady's Cell 620-727-6964

Date	01 29 15	Sec.	16	Twp.	32	Range	12	County	Barber	State	KS	On Location	10:00 PM	Finish	12:00 AM
Lease	Jean		Well No.		3		Location								
Contractor							Maverick #106								
Type Job							Surface								
Hole Size							12 1/4								
Csg.							8 7/8								
Tbg. Size							Depth								
Tool							Depth								
Cement Left in Csg.							20'								
Meas Line							Displace 15 1/2 BBLs								
Owner							Charles N. Griffin								
To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.															
Charge To							Griffin Management								
Street															
City							State								
The above was done to satisfaction and supervision of owner agent or contractor.															
Cement Amount Ordered							175sx class A + 2% gel + 3% cc + 1/4 # Flowseal								
<b>EQUIPMENT</b>															
Pumptrk	8	No.	David B			Common 175									
Bulktrk	9	No.	David B			Poz. Mix									
Bulktrk		No.				Gel. 3									
Pickup		No.	David F			Calcium 6									
<b>JOB SERVICES &amp; REMARKS</b>															
Rat Hole							Hulls								
Mouse Hole							Salt								
Centralizers							Flowseal 43.75								
Baskets							Kol-Seal								
D/V or Port Collar							Mud CLR 48								
Pipe on BHM, Break Circ. w/ Rig, Pump Spacer, Mix 175sx A 2# 3 cement, Start Disp. w/ Fresh H <sub>2</sub> O, See increase in PSI, slow rate, stop Pump at 15 1/2 BBLs total Disp., Shut in, Cement did Circ.							CFL-117 or CD110 CAF 38								
							Sand								
							Handling 184								
							Mileage 10								
<b>FLOAT EQUIPMENT</b>															
							Guide Shoe								
							Centralizer								
							Baskets								
							AFU Inserts								
							Float Shoe								
							Latch Down								
							LMV 10								
							Service Supervisor								
							Pumptrk Charge Surface								
							Mileage 20								
Tax															
Discount															
Total Charge															
Signature <i>Carl E. Janner</i>															





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

16-32-12

FIELD SERVICE TICKET  
1718 11675 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <u>2-3-2015</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, LLC</u>		LEASE <u>Jean</u> WELL NO. <u>3</u>							
ADDRESS		COUNTY <u>Barber</u> STATE <u>KS</u>							
CITY STATE		SERVICE CREW <u>Dgrin, Ed, Beschey</u>							
AUTHORIZED BY		JOB TYPE: <u>CNW / 4 1/2 Longstrings</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
<u>27463</u>	<u>3/4</u>						<u>2-3</u>	<u>PM</u>	<u>8:00</u>
<u>73768</u>	<u>1/2</u>					ARRIVED AT JOB	<u>2-3</u>	<u>AM</u>	<u>12:30</u>
						START OPERATION	<u>2-3</u>	<u>AM</u>	<u>5:30</u>
						FINISH OPERATION	<u>2-3</u>	<u>PM</u>	<u>6:15</u>
						RELEASED	<u>2-3</u>	<u>AM</u>	<u>7:00</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: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA2 Cement	SK	150		2550 00
CP103	60/40 POZ	SK	50		600 00
CC102	Cellofibre	Lb	38		140 60
CC111	SG1+	Lb	685		342 50
CC112	Cement Friction Reducer	Lb	71		426 00
CC115	C-44	Lb	141		726 15
CC201	Gilsonite	Lb	750		502 50
CF606	Latch Down Plug 4 1/2 (Blue)	ES	1		370 00
CF1250	Auto Fill Float shoe 4 1/2 (Blue)	ES	1		330 00
CF1650	Turbolizer, 4 1/2 (Blue)	ES	3		255 00
C704	C/Gymco KCL Substitute	GSI	5		175 00
CC151	mix Flush	GSI	500		750 00
E100	white mellese chesse-picklers, small usas & cc's	mi	35		157 50
E101	Hesuy Equipment mellese	mi	70		525 00
E113	Propress + gas Bulk Delivery chesers, partition	Tn/m	322		805 00
CE205	Depth Chesse; 4001-5000	Lhr	1		2520 00
CE240	Blenders & Mixing Service chesse	SK	288		280 00
CE504	Plus container Utilization chesse	Job	1		250 00
SG03	Service Supervisor, first 8 hrs on loc.	ES	1		175 00

SUB TOTAL 11,880 25

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
Discarded		TOTAL	6,296 53

SERVICE REPRESENTATIVE Darin Franklin THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: \_\_\_\_\_  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Customer <i>Griffin Management, LLC</i>	Lease No.	Date <i>2-3-2015</i>
Lease <i>Jegn</i>	Well # <i>3</i>	
Field Order # <i>11675</i>	Station <i>Pratt, KS</i>	Casing <i>4 1/2</i>
		Depth <i>41589</i>
Type Job <i>CNW 4 1/2 Longstring</i>	Formation <i>TD-41600</i>	Legal Description <i>16-32-12</i>
		County <i>Border</i>
		State <i>KS</i>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>4 1/2</i>				Pre Pad	Max		5 Min.
Depth <i>41589</i>	Depth	From	To	Pad	Min		10 Min.
Volume <i>73</i>	Volume	From	To	Frac	Avg		15 Min.
Max Press	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush <i>2% KCl water</i>	Gas Volume		Total Load
Plug Depth <i>4374</i>	Packer Depth	From	To				

Customer Representative	Station Manager <i>Kevin Golexy</i>	Treater <i>Darin Franklin</i>
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Service Units	<i>27283</i>	<i>27463</i>	<i>19826</i>	<i>73768</i>					
Driver Names	<i>Darin</i>	<i>Ed</i>	<i>Beschov</i>	<i>Beschov</i>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>12:30 pm</i>					<i>on location / SSletting</i>
					<i>Run</i>
					<i>Turbolizers -</i>
					<i>150 SIK AB 2 Cement, .25 lbs/cell flsck</i>
					<i>10% SS17, .5% Friction Reducer, 1% Ggs</i>
					<i>Blok, 5 lb/sk G. Isone, 15.3 pos, 1.34 yield, 5.4845</i>
<i>5:30 pm</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 Flush</i>
	<i>300</i>		<i>5</i>	<i>5</i>	<i>5 bbls water</i>
	<i>300</i>		<i>36</i>	<i>5</i>	<i>Mix 150 SIK Cement</i>
					<i>Shut down</i>
					<i>Wash pump &amp; lines</i>
					<i>Release plug</i>
<i>200</i>			<i>0</i>	<i>5</i>	<i>Start displacement</i>
<i>400</i>			<i>52</i>	<i>5</i>	<i>Slow lift pressure</i>
<i>500</i>			<i>60</i>	<i>3</i>	<i>Slow Rise</i>
<i>1500</i>			<i>72</i>	<i>3</i>	<i>Bump plug</i>
					<i>Release - Held</i>
	<i>100</i>		<i>7</i>	<i>3</i>	<i>Plug Rest &amp; mouse holes</i>
					<i>Job Complete / Darin &amp; crew</i>
					<i>Thank you!!!</i>





who provided it. The Occupational Safety and Health Administration's (OSHA) regulations govern the criteria for the disclosure of this information. Please note that Federal Law protects "proprietary" information and how this information is reported on an MSDS is subject to 29 CFR 1910.1200(i) and Appendix D.

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etary", "trade secret", and "confidential business information" and the criteria for

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