



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1248303
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: _____



1248303

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: 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

6337

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	02-05-15	Sec.	16	Twp.	32S	Range	12W	County	Barber	State	KS	On Location	2:55 PM	Finish	3:15 PM
Lease	Barbara	Well No.	4-B		Location										
Contractor	Maverick #106				Owner		Griffin								
Type Job	Surface				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.										
Hole Size	12 1/4		T.D.		270		Charge To								
Csg.	8 5/8		Depth		265		Griffin Management								
Tbg. Size			Depth				Street								
Tool			Depth				City State								
Cement Left in Csg.	20'		Shoe Joint		N/A		The above was done to satisfaction and supervision of owner agent or contractor.								
Meas Line			Displace		1 5/8 BBLs Fresh		Cement Amount Ordered 175sx class A + 2 1/2 gal + 3 1/2 gal								
EQUIPMENT															
Pumptrk	8	No.	David F				+ 1/4 # Flowseal								
Bulktrk	9	No.	David B				Common 175								
Bulktrk		No.					Poz. Mix								
Pickup		No.	Mike B				Gel. 3								
JOB SERVICES & REMARKS															
Rat Hole							Hulls								
Mouse Hole							Salt								
Centralizers							Flowseal 43.75								
Baskets							Kol-Seal								
D/V or Port Collar							Mud CLR 48								
Pipe on Bttm							CFL-117 or CD110 CAF 38								
Break Circ, Pump							Sand								
Spacer, Mix 175sx A 342, Disp w/							Handling 184								
1 5/8 BBLs Fresh, Shut in w/ 150#							Mileage 10								
PST, Cement Did Circ							FLOAT EQUIPMENT								
													Guide Shoe		
													Centralizer		
													Baskets		
													AFU Inserts		
													Float Shoe		
													Latch Down		
													LMV 10		
													Service Supervisor		
													Pumptrk Charge Surface		
													Mileage 20		
													Tax		
													Discount		
													Total Charge		
Signature															



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 11775 A

DATE _____ TICKET NO. _____

16-32-12

DATE OF JOB <u>02-12-15</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>Griffen Management</u>		LEASE <u>BARBARA B</u> <u>4</u> WELL NO.	
ADDRESS		COUNTY <u>BARBER</u> STATE <u>KS</u>	
CITY STATE		SERVICE CREW <u>Sullivan, Egan, Phye</u>	
AUTHORIZED BY		JOB TYPE: <u>CNW 5 1/2 log Sue</u>	

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
20920							<u>2-10-15</u>	<u>PM</u>	<u>1:00</u>
<u>20920</u>	<u>50</u>					ARRIVED AT JOB		<u>PM</u>	<u>6:30</u>
21010						START OPERATION	<u>2-12-15</u>	<u>AM</u>	<u>1:05</u>
<u>21010</u>	<u>35</u>					FINISH OPERATION		<u>PM</u>	<u>1:50</u>
						RELEASED		<u>AM</u>	<u>2:30</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: _____
(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	50		850.00
CC102	Celloflake	lb	62		227.40
CC111	Salt	lb	1122		561.00
CC112	Cement Friction Reducer	lb	116		696.00
CC115	C-44	lb	231		1,199.65
CC201	Gilsonite	lb	1229		823.43
CF607	Latch down Plug + Baffle 5 1/2"	ea	1		400.00
CF251	Auto Fill Float Shoe 5 1/2"	ea	1		360.00
CF1651	Turbolizer 5 1/2"	ea	3		330.00
C704	Claymax	gal	5		175.00
CC151	Mud Flush	gal	500		750.00
E100	Pickup Mileage	mi	35		148.75
E101	Heavy Equipment Mileage	mi	70		490.00
E113	Bulk delivery charge	ml/mi	404		884.35
CE206	Depth Charge	4hr	1		2,480.00
CE240	Blending + Mixing Service	SK	250		350.00
CE504	Plug Container Utilization Charge	Job	1		250.00
S003	Service Supervisor	Eu	1		175.00

SUB TOTAL 14,947.98

CHEMICAL / ACID DATA:			

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

TOTAL 8520.12
Discounted Price

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

FIELD SERVICE ORDER NO. _____

BASIC

energy services, L.P.

TREATMENT REPORT

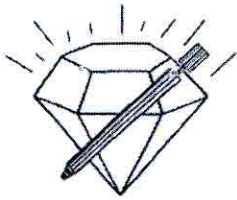
Customer GRIFFIN NAWAY	Lease No.	Date
Lease BARRERA B	Well # 4	02-12-15
Field Order # 1175	Station PRATT KS	Casing 5 1/2
Type Job CNW 5 1/2 Consp	Formation	Legal Description 16-32-12
County BARBER		State KS

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
5 1/2				Pre Pad	Max		5 Min.
Depth 4746	Depth	From	To	Pad	Min		10 Min.
Volume 112	Volume	From	To	Frac	Avg		15 Min.
Max Press 2000	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection P.C.	Annulus Vol.	From	To	Flush	Gas Volume		Total Load
Plug Depth 4726	Packer Depth	From	To				

Customer Representative	Station Manager DAVE SETH	Treater Robert [Signature]
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Service Units	37900	33708	25920	70959	21010				
Driver Names	Sullivan	Pratt		Phye					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
6:30					on loc
					run 5 1/2 csg.
11:47					CRACKS ON BOTTOM
11:59					Hook Dip circ. asp.
7:05			5	2.5	At surface
	200		12		H mud flush
			5		SPACING
			48	4.5	mix cont 200SK AA-2 @ 15ppg
					cont mixed shut down wash 4 way pump
					Release Plug
	200			6	H Dip w/ 2% KCl 4 1/2
	450				LIFT PS
				4	Slow Rate
1:50	2,000		112		plug down
			7		plug RT w/ 30% AA-2
			7		plug MH w/ 20% AA-2
2:10					SAB Consp



DIAMOND TESTING, LLC
P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
BARB4BDST1

Company Charles N. Griffin Lease & Well No. Barbara No. 4-B
Elevation 1568 KB Formation Simpson Sand Effective Pay _____ Ft. Ticket No. F376
Date 2-10-15 Sec. 16 Twp. 32S Range 12W County Barber State Kansas
Test Approved By Bruce A. Reed Diamond Representative Jake Fahrenbruch

Formation Test No. 1 Interval Tested from 4,714 ft. to 4,764 ft. Total Depth 4,764 ft.
Packer Depth 4,709 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Packer Depth 4,714 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) 4,692 ft. Recorder Number 5951 Cap. 5,000 psi.
Bottom Recorder Depth (Outside) 4,717 ft. Recorder Number 5584 Cap. 5,000 psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor Maverick Drilling, LLC - Rig 106 Drill Collar Length _____ ft I.D. _____ in.
Mud Type Chemical Viscosity 52 Weight Pipe Length _____ ft I.D. _____ in.
Weight 9.2 Water Loss 8.8 cc. Drill Pipe Length 4,681 ft I.D. 3 1/2 in.
Chlorides 4,000 P.P.M. Test Tool Length 33 ft Tool Size 3 1/2-IF in.
Jars: Make Sterling Serial Number 5 Anchor Length 50 ft. Size 4 1/2-FH in.
Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.
Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2-XH in.

Blow: 1st Open: Surface blow increasing to 3/4 in. No blow back during shut-in.
2nd Open: No blow. No blow back during shut-in.

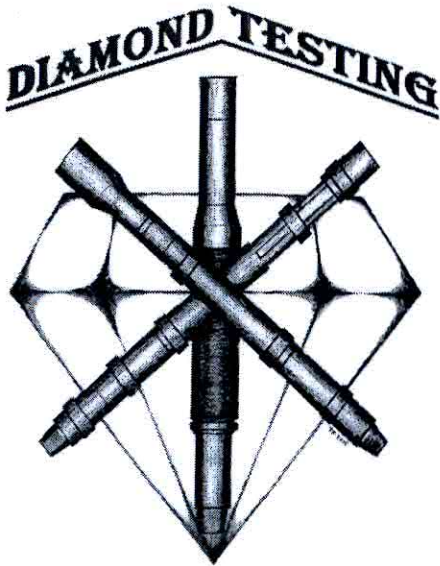
Recovered 5 ft. of drilling mud = .071150 bbls. (Grind out: 100%-mud)
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Remarks _____

Time Set Packer(s) 11:15 P.M. Time Started off Bottom 1:15 A.M. Maximum Temperature 121°
Initial Hydrostatic Pressure.....(A) 2316 P.S.I.
Initial Flow Period.....Minutes 30 (B) 10 P.S.I. to (C) 12 P.S.I.
Initial Closed In Period.....Minutes 30 (D) 26 P.S.I.
Final Flow Period.....Minutes 30 (E) 13 P.S.I. to (F) 13 P.S.I.
Final Closed In Period.....Minutes 30 (G) 18 P.S.I.
Final Hydrostatic Pressure.....(H) 2315 P.S.I.

DIAMOND TESTING GENERAL REPORT

Jake Fahrenbruch, Tester

Cell: (620) 282-8977 / Office: (800) 542-7313



TEST INFORMATION

Well Name	Barbara #4-B
Company Name	Charles N. Griffin
Formation	Simpson Sand 4714'-4764'
Test Type	Bottom-Hole DST w/Jars & S. Jnt.
Surface Location	Sec 16-32s-12w-Barber Co.-KS
KB Elevation (SL)	1568.000
Gauge Name	5951
Start Test Date	2015/02/10
Start Test Time	20:40:00
Final Test Date	2015/02/11
Final Test Time	04:11:00
Job Number	F376
Contact	Charles Griffin
Site Contact	Bruce Reed

TEST RESULTS

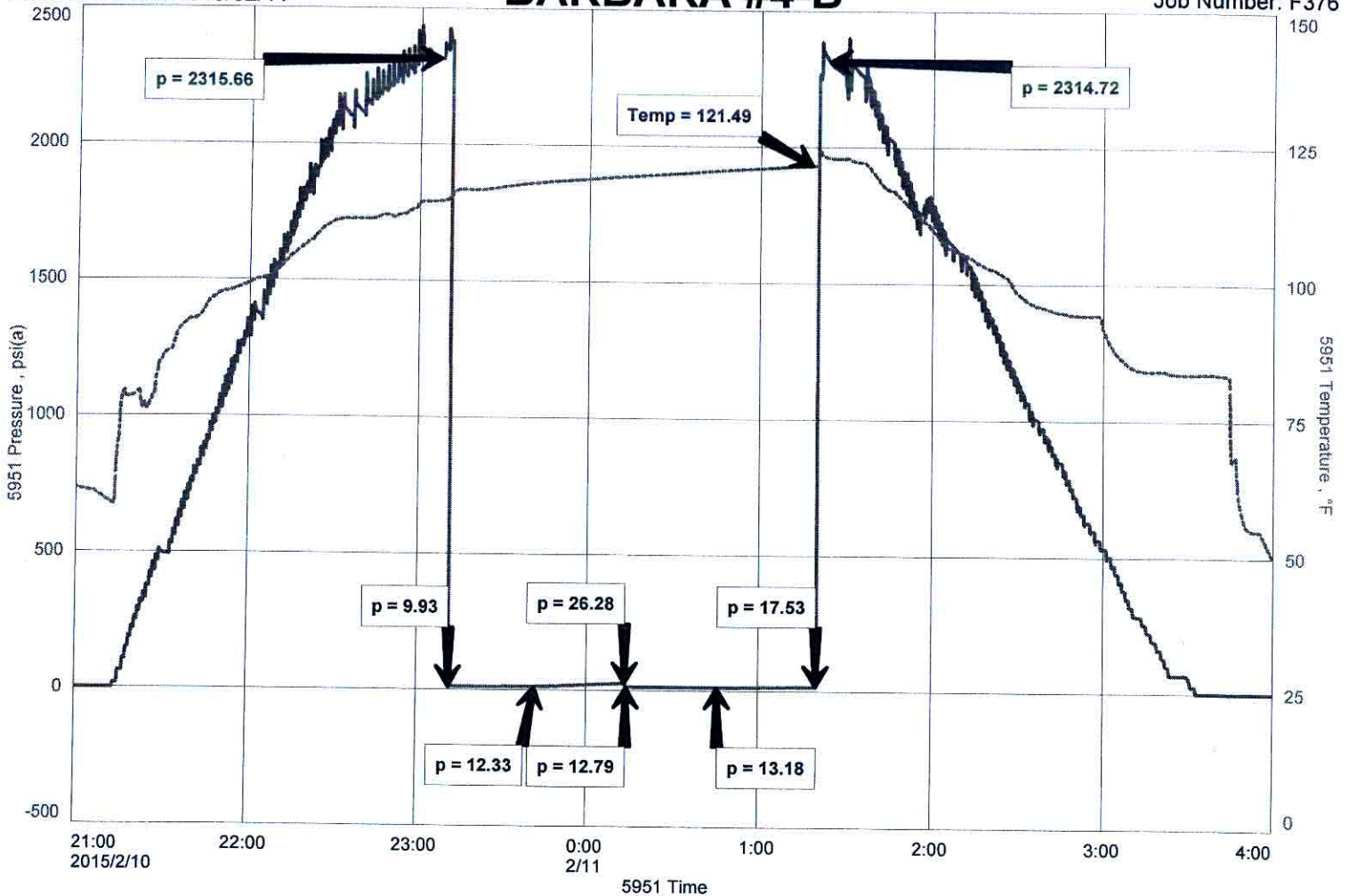
Initial flow, Surface blow, increased to .75"
Final flow, No blow

Recovered 5' of Drilling Mud, 100% mud

Charles N. Griffin
DST #1 Simpson Sand 4714'-4764'
Start Test Date: 2015/02/10
Final Test Date: 2015/02/11

Barbara #4-B
Formation: Simpson Sand 4714'-4764'
Job Number: F376

BARBARA #4-B



Charles N. Griffin

DST #1 Simpson Sand 4714'-4764'

Start Test Date: 2015/02/10

Final Test Date: 2015/02/11

Barbara #4-B

Formation: Simpson Sand 4714'-4764'

Job Number: F376

BARBARA #4-B

