



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1248308  
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: \_\_\_\_\_



1248308

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)* \_\_\_\_\_

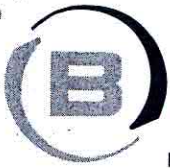
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Betty 1
Doc ID	1248308

Tops

Name	Top	Datum
Lansing	3828	-2235
Stark	4208	-2615
Base KC	4296	-2703
Mississippian	4385	-2792
Kinderhook	4572	-2979
Viola	4682	-3089
Simpson	4783	-3190
Simpson Sand	4800	-3807



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

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

FIELD SERVICE TICKET  
1718 11523 A

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

DATE OF JOB: 03-23-15		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: TRIFFID MANAGEMENT				LEASE: BETTY 1		WELL NO.:			
ADDRESS:				COUNTY: BARBER		STATE: KS			
CITY:				STATE:		SERVICE CREW: SUFFIN, GARY BEACH			
AUTHORIZED BY:				JOB TYPE: CNW - SURFACE					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							03-23-15	PM	8:45
20970	25	MD				ARRIVED AT JOB		AM	10:45
21010	20	MD				START OPERATION	03-23-15	AM	1:00
						FINISH OPERATION		PM	1:25
						RELEASED		AM	7:00
						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: Carl E. Janner  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP 100 C	Comps - CNT	SK	180		2,980 00	
CC 102	Cell/Etch	lb	46		170 25	
CC 109	Calcium chloride	lb	340		357 00	
CF 153	Wooden Ply	SA	1		140 00	
E 100	pack of md	m	35		157 50	
E 101	Head gnd m	m	20		525 00	
E 113	Bulk Debris TA	TM	298		743 75	
PE 200	Debris chg - 0-500	SA	1		1,000 00	
PE 240	Washing mix	SK	180		252 00	
S 003	Seismic Separator	SA	1		175 00	
CE 554	Ply Curbin H. H. L.	SA	1		250 00	
					SUB TOTAL	6,670 45

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		3,802.16

SERVICE REPRESENTATIVE: <u>Robert Janner</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Carl E. Janner</u>
FIELD SERVICE ORDER NO.:	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer <i>GRIFFIN MANAGER</i>	Lease No.	Date <i>03-23-15</i>
Lease <i>Beth 4</i>	Well #	
Field Order # <i>11523</i>	Station <i>PRATH KC</i>	Casing <i>8 5/8</i>
		Depth <i>275'</i>
Type Job <i>CNW 8 5/8 Santano</i>	Formation	Legal Description <i>15-52-12</i>
		County <i>BARBER</i>
		State <i>KS</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>8 5/8</i>				Pre Pad	Max		5 Min.	
Depth <i>275</i>	Depth	From	To	Pad	Min		10 Min.	
Volume <i>16</i>	Volume	From	To	Frac	Avg		15 Min.	
Max Press <i>300</i>	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth <i>275</i>	Packer Depth	From	To					

Customer Representative	Station Manager <i>PAVE SETH</i>	Treater <i>Robert Jell</i>
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Service Units	<i>37900</i>	<i>33709</i>	<i>20920</i>	<i>70959</i>	<i>21010</i>				
Driver Names	<i>Sullivan</i>	<i>Erwin</i>		<i>Beachy</i>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>10:45</i>					<i>on loc</i>
					<i>Run 8 5/8 csg.</i>
					<i>CASING on Bottom</i>
					<i>Hook up cirk csg</i>
<i>1:00</i>			<i>3</i>	<i>3</i>	<i>at spacer</i>
				<i>4.5</i>	<i>mix cmt 180<sup>SK</sup> cmt com 3% cell w/F</i>
			<i>38</i>		<i>cmt mixed</i>
					<i>Release Plug</i>
				<i>3.5</i>	<i>at Pump</i>
<i>1:25</i>			<i>16</i>		<i>plug down</i>
					<i>cirk 10 EBL cmt Pit</i>
					<i>Job Complete</i>
					<i>[Signature]</i>





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ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 11943 A

15-325-12W

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

DATE OF JOB: 3-30-15	DISTRICT: Pratt	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: G. Green Management LLC		LEASE: BETTY		WELL NO. (						
ADDRESS:		COUNTY: Barber		STATE: KS						
CITY:		STATE:		SERVICE CREW: MATTAL, McQuinn, Beachy						
AUTHORIZED BY:		JOB TYPE: CFW 5 1/2 1099 string								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
27467	21					3-29-15				2:00
						ARRIVED AT JOB				6:00
73768	25					START OPERATION				9:50
						FINISH OPERATION				11:40
						RELEASED	3-30			12:30
						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: [Signature]  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CF 105	AA-2 CMT	SK	150		2,550.00
CF 103	60/40 P02	SK	50		600.00
CF 607	InterDown Plug + Barrier 5 1/2	EA	1		400.00
CF 1251	Auto Fill Float 5 1/2	EA	1		350.00
CF 1651	Tribo/1200 5 1/2	EA	5		550.00
CF 1901	Bars 5 1/2	EA	1		290.00
CC 102	Cellophane	lb	38		140.00
CC 111	SALT	lb	685		342.50
CC 112	CMT Friction Reducer	lb	71		426.00
CC 115	C-44	lb	141		726.15
CC 201	Gilsonite	lb	750		502.50
C 704	CLAYMAX	gal	5		175.00
CC 151	Mud Wash	gal	500		750.00
E 100	P.U. mix	m	35		157.50
E 101	Heavy eq. mix	m	70		525.00
E 113	PROP + Bulk Pellets	TM	322		805.00
CC 205	Depth Charge 400' - 500'	4hr	1		2,520.00
CC 240	Blend + Mix Charge	SK	200		280.00
CC 504	Plug Contain	Job	1		250.00
S 003	Supervisor	EA	1		175.00
SUB TOTAL					12,525.25

CHEMICAL / ACID DATA:			

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

Discounted Total 10,713.99

SERVICE REPRESENTATIVE: Mike Mattal	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
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FIELD SERVICE ORDER NO. \_\_\_\_\_ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Customer Griffin Management LLC	Lease No.	Date 3-30-15
Lease BETTY	Well # 1	
Field Order # 11943	Station Pratt	Casing 5 1/2
		Depth 4907
Type Job Cnw 5 1/2 Long string	Formation	County Baiber
		State KS
		Legal Description 15-325-12W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid 150 sal	AA-2	RATE 9	PRESS 290	ISIP
Depth 4907	Depth	From	To	Pre Pad 50 sal	Max 60/40	R2	290	5 Min.
Volume 194.4	Volume	From	To	Pad	Min			10 Min.
Max Press 1500	Max Press	From	To	Frac	Avg			15 Min.
Well Connection P.C.	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth 4979	Packer Depth	From	To	Flush 113.7	Gas Volume			Total Load

Customer Representative J.R. Griffin	Station Manager Kevin Gordley	Treater Mike Mattal
Service Units 37586	27463	19959 73768
Driver Names MATTAL	McQUINN	Beachy

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
6:00					ON location / SAREY meeting
8:10					RUN 5 1/2 15.5 CASING BASKET ON #
					turbos on 4, 5, 6, 7, 8
9:55					CSNG ON BOTTOM
10:05					HOOK TO CSNG / BREAKER W. RIG
10:52	300		3	6	PUMP 3 BBI WATER
10:53	300		12	6	PUMP 12 BBI MUD FLUSH
10:55	300		3	6	PUMP 3 BBI WATER
10:56	400		3.6	6	Mix 150 sal AA-2 @ 15.3 #
11:05	-		4	3	WASH PUMP LINES / RELEASE PLUG
11:10	200		-	6	START 29% KCl ASPHERICAL
11:25	300		85	5.5	LIFT PRESSURE
11:30	700		105	3.5	slow rate
11:33	1500		113.7		plug DOWN, released + held
11:40			7.5		plug RAT + mouse hole
					CIRCULATION THEN JOB
					JOB COMPLETE
					THANK YOU!
					Mike Mattal
					Mike + AA/VA



