



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1248309
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: _____



1248309

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: _____ _____
--	--	---

QUALITY WELL SERVICE, INC.

6339

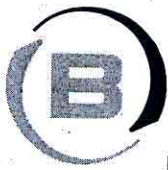
Federal Tax I.D. # 481187368

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	02-12-15	Sec.	15	Twp.	32s	Range	12w	County	Barber	State	KS	On Location	10:30pm	Finish	200AM
Lease	Nancy		Well No.	1		Location ^{US} 281 & Woodward Rd, 1s, 1/4s, 4 in to									
Contractor	Munierick #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											
Csg.	8 5/8		24#	Depth	265'										
Tbg. Size					Depth										
Tool					Depth										
Cement Left in Csg.	20'		Shoe Joint	N/A											
Meas Line					Displace	15 1/2 BBls Fresh									
EQUIPMENT					Cement Amount Ordered 175sx class A + 2 1/2 gel + 3 1/2 cc + 1/4 #Flowseal										
Pumptrk	8	No.	Derek B		Common 175										
Bulktrk	10	No.	David B		Poz. Mix										
Bulktrk		No.			Gel. 3										
Pickup		No.	David F		Calcium 6										
JOB SERVICES & REMARKS					Hulls										
Rat Hole					Salt										
Mouse Hole					Flowseal 43.75										
Centralizers					Kol-Seal										
Baskets					Mud CLR 48										
D/V or Port Collar					CFL-117 or CD110 CAF 38										
Pipe on Btm, Break Circ., Pump Fresh					H ₂ O Sand										
Spacer, Mix 175sx A 243 cement,					Handling 184										
start Disp. w/ Fresh H ₂ O, Wash up truck					Mileage 10										
See increase in PSI, Slow Rate,					FLOAT EQUIPMENT										
Stop Pump at 15 1/2 BBls total Disp.					Guide Shoe										
Shut in, Cement Did Line					Centralizer										
					Baskets										
					AFU Inserts										
					Float Shoe										
					Latch Down										
					LMV 10										
					Spacer - suspension										
					Pumptrk Charge Surface										
					Mileage 20										
											Tax				
											Discount				
											Total Charge				
X Signature <i>Carl G. Munierick</i>															



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 11501 A

DATE _____ TICKET NO. _____

DATE OF JOB: 02-18-15 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: GRIFFIN MANAGEMENT		LEASE: NANT 1 WELL NO.:								
ADDRESS:		COUNTY: BARBER STATE: KS								
CITY: STATE:		SERVICE CREW: Sullivan, Eggins, Phyc								
AUTHORIZED BY:		JOB TYPE: CDW 5 1/2" long string								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
							02-18-15			2:00
20920	45									4:00
19918	15									9:40
										10:30
										11:20
						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
CP 105	AA-2 cont	SK	150		2,550.00
CP 103	60/40 902 cont	SK	50		600.00
CC 102	60/FAVE	LB	38		140.60
CC 111	SALT	LB	685		342.50
CC 112	C 4 R.	LB	71		426.00
CC 115	C-44	LB	141		726.15
CC 201	g/sand	LB	750		502.50
CF 607	LATCH down Plug BA-710 5 1/2	SA	1		400.00
CF 1251	Plug Ball Head Stone	SA	1		360.00
CF 1651	Toolbox	SA	3		330.00
CF 1901	BASKET	SA	1		290.00
C 704	CLAY MAX	AL	3		175.00
CC 151	MUD Fluid	gal	500		750.00
F 100	Fluid	m	35		157.50
E 101	HPAGY Fluid	m	70		325.00
E 113	Brill. M. Solution	TM	322		805.00
CF 205	Drilling charge 4,000-5,000	SA	1		2,520.00
CF 240	Brill. M. charge	SK	200		280.00
PE 504	Plug Container Rental	SA	1		750.00
5003	Sealup Separator	SA	1		175.00
SUB TOTAL					12,305.25
SERVICE & EQUIPMENT				%TAX ON \$	
MATERIALS				%TAX ON \$	
TOTAL					7,013.99

CHEMICAL / ACID DATA:			

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. _____

Customer <i>GRATTIN AWARD</i>		Lease No.		Date	
Lease <i>NANCY</i>		Well # <i>1</i>		<i>02-18-15</i>	
Field Order # <i>1501</i>	Station <i>PRATT</i>	Casing <i>5 1/2</i>	Depth <i>4641'</i>	County <i>BARBER</i>	State <i>KS</i>
Type Job <i>CNW 5 1/2 bnfst-y</i>			Formation	Legal Description <i>15-32-12</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<i>5 1/2</i>								
Depth <i>4641'</i>	Depth	From	To	Pre Pad	Max			5 Min.
Volume <i>110</i>	Volume	From	To	Pad	Min			10 Min.
Max Press <i>2,000</i>	Max Press	From	To	Frac	Avg			15 Min.
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth <i>4641'</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</i>	<i>32708</i>	<i>20920</i>	<i>19959</i>	<i>19928</i>						
Driver Names	<i>Sullivan</i>	<i>Scott</i>		<i>Phie</i>							

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>4:00</i>					<i>on loc</i>
					<i>Run 5 1/2 csg.</i>
<i>8:30</i>					<i>CASINO on Bottom</i>
<i>8:40</i>					<i>Hook up circ. csg.</i>
<i>9:40</i>			<i>5</i>	<i>3.5</i>	<i>2 SPACER</i>
			<i>12</i>		<i>SI mud fluid</i>
			<i>5</i>		<i>SI SPACER</i>
				<i>4.5</i>	<i>mix cont 150# AA-2 cut</i>
			<i>36</i>		<i>cont mixed shut down watch lining log</i>
					<i>Release Plug</i>
				<i>6</i>	<i>SI Disp</i>
	<i>250</i>				<i>lit + PS</i>
	<i>500</i>			<i>4</i>	<i>flow back</i>
<i>10:20</i>	<i>1850</i>		<i>110</i>		<i>plug down</i>
			<i>7</i>		<i>plug RH w/ 30</i>
			<i>5</i>		<i>plug out w/ 20</i>
					<i>50B complete</i>

**** CELLS WITH BLUE BACKGROUND ARE THE ONLY CELLS TO BE EDITED ****

Fracture Start Date/Time:	3/20/15 11:31
Fracture End Date/Time:	3/20/15 13:38
State:	Kansas
County:	Barber
API Number:	15-007-24265-0000
Operator Number:	Griffin Management
Well Name:	Nancy #1
Federal Well:	Yes
Longitude:	-98.6075943
Latitude:	37.2604348
Long/Lat Projection:	NAD27
True Vertical Depth (TVD):	4,600'
Total Clean Fluid Volume* (gal):	369,900




Frac Focus
Chemical Disclosure Registry
(e.g. XY-XXXX-XXXX-0000)

anga
ANGA's
Natural Gas
Alliances

Additive	Specific Gravity	Additive Quantity	Mass (lbs)
Water	1.00	369,900	3,086,816
Sand (Proppant)	2.65	166,900	166,900
Plexicide P5	0.96	40	320
Plexicide P5	0.96	40	320
Plexslick 97	1.11	259	2,399
Plexgel Breaker XPA	1.03	72	619
Plexset 730	0.00	88	0
Plexsurf 580 ME	0.95	93	737
Plexsurf 580 ME	0.90	93	698
Plexgel 907L-EB	1.04	0	0
Plexgel 907L-EB	1.04	0	0
Plexgel 907L-EB	1.04	0	0
Plexgel 907L-EB	1.04	0	0

gal
lb
gal
gal
gal
gal
gal
gal
gal
gal
gal
gal
gal
gal
gal
gal
gal
gal
gal
gal
gal

Ingredients Section:

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 (% by mass)**	Comments
Water	Operator	Carrier/Base Fluid	Water	7732-18-5	100.00%	3,086,816	94.72216%	Water
Sand (Proppant)	Uniman	Proppant	Crystalline Silica in the form of Quartz	14808-60-7	100.00%	166,900	5.12150%	Sand (Proppant)
Plexicide P5	Chemplex	Biocide	Tributyl Tetradecyl Phosphonium Chloride	81741-28-8	5.00%	16	0.00049%	Plexicide P5
Plexicide P5	Chemplex	Biocide	Methanol	67-56-1	20.00%	64	0.00197%	Plexicide P5
Plexslick 97	Chemplex	Friction Reducer	Petroleum Hydrotreated Light Distillate	64742-47-8	0.00%	0	0.00000%	Plexslick 97
Plexgel Breaker XPA	Chemplex	Slickwater Breaker	Hydrogen Peroxide	7722-84-1	7.00%	43	0.00133%	Plexgel Breaker XPA
Plexset 730	Chemplex	Activator	Methanol	67-56-1	50.00%	0	0.00000%	Plexset 730
Plexsurf 580 ME	Chemplex	Product Stabilizer	2-Butoxyethanol	111-76-2	60.00%	442	0.01357%	Plexsurf 580 ME
Plexsurf 580 ME	Chemplex	Product Stabilizer	Methyl Alcohol	67-56-1	10.00%	74	0.00226%	Plexsurf 580 ME
Plexgel 907L-EB	Chemplex	Gelling Agent	Guar Gum	9000-30-0	50.00%	0	0.00000%	Plexgel 907L-EB
Plexgel 907L-EB	Chemplex	Gelling Agent	Alcohol Ethoxylates	34398-01-1	1.00%	0	0.00000%	Plexgel 907L-EB
Plexgel 907L-EB	Chemplex	Gelling Agent	Crystalline Silica	14808-60-7	0.06%	0	0.00000%	Plexgel 907L-EB
Plexgel 907L-EB	Chemplex	Gelling Agent	Distillates Hydrotreated Light	64742-47-8	50.00%	0	0.00000%	Plexgel 907L-EB
								Non-MSDS Component
								Non-MSDS Component
								Non-MSDS Component
								Non-MSDS Component
								Non-MSDS Component
								Non-MSDS Component

*Total Water Volume sources may include fresh water, produced water, and/or recycled water