



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1248310
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: _____



1248310

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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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Belle 1
Doc ID	1248310

Tops

Name	Top	Datum
Heebner	3645	-2095
Brown Lime	3836	-2286
Stark	4213	-2663
Base KC	4299	-2749
Mississippian	4390	-2840
Kinderhook	4567	-3017
Viola	4670	-3120
Simpson	4778	-3228
Simpson Sand	4790	-3240

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

6344

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	03-31-15	Sec.	27	Twp.	32s	Range	12w	County	Barber	State	KS	On Location	12:30Am	Finish	3:15AM
Lease	Belle	Well No.	1	Location 281 #160 sec, 25, 2 1/4 w, 1/4 s/n to											
Contractor	Mavenick #106	Owner Griffin													
Type Job	Sur face	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 Griffin Management											
Csg.	8 5/8	Depth	270	Street											
Tbg. Size		Depth		City State											
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.											
Cement Left in Csg.	20'	Shoe Joint	N/A	Cement Amount Ordered 175sx class A + 2 1/2 gal + 3 1/2 cc											
Meas Line		Displace	15 1/2 BBLs Fresh	+ 1/4 # Flocel											
EQUIPMENT															
Pumptrk	8	No.	David F	Common 175											
Bulktrk	9	No.	David B Mike B	Poz. Mix											
Bulktrk		No.		Gel. 3											
Pickup		No.		Calcium 6											
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 BHM, Break Circ, Pump Spacer,	CFL-117 or CD110 CAF 38														
Mix 175sx A 243 cement, Start Disp. w/	Sand														
Fresh H2O, wash up truck, Slow Rate, Stop	Handling 184														
Pump at 15 1/2 BBLs total Disp., Shut in	Mileage 10														
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														
X Signature	Paul G. Furner														



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 12406 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>04-06-15</u> DISTRICT <u>Pratt</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>Pratt Production</u>		LEASE <u>Belle</u> WELL NO. <u>1</u>							
ADDRESS		COUNTY <u>BANKER</u> STATE <u>KAN</u>							
CITY STATE		SERVICE CREW <u>Sullivan, Egan, Branch</u>							
AUTHORIZED BY		JOB TYPE: <u>new well logging</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							<u>4-6-15</u>		<u>5:00</u>
						ARRIVED AT JOB		AM	<u>7:30</u>
<u>20920</u>	<u>45</u>					START OPERATION		AM	<u>2:00</u>
<u>19918</u>	<u>20</u>					FINISH OPERATION		AM	<u>2:45</u>
						RELEASED		AM	<u>3:19</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: [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	PK	200		3,400.00
CP 105	SAA-2 cont	SK	50		850.00
CR 102	Call log	lb	63		233.10
CC 111	SALT	lb	1141		570.50
CC 112	C 3 R	lb	118		708.00
CC 115	C 44	lb	235		1,210.25
CC 201	G. 2000's	lb	1250		837.50
CF 607	LATCH down Plug & Baffle 5"	SA	1		400.00
PF 1251	Rate Fill Hobl shoe	SA	1		360.00
CF 1651	Toolbox	SA	5		550.00
PE 1901	BASKET	SA	1		290.00
C 704	Clay mix	gal	5		175.00
C 121	Welds Hook	gal	500		750.00
E 100	Hydro oil	gal	35		157.50
E 101	Hydro Spot	gal	70		525.00
E 113	Bulk Oil	TON	411		1,026.13
PE 205	Depth change 4000-5000	SK	1		2,570.00
CF 240	Workshop - misc	SK	250		350.00
CF 508	Hydro before hole	gal	1		230.00
5003	Service - open	gal	1		175.00
SUB TOTAL					15,337.98
CHEMICAL / ACID DATA:					
SERVICE & EQUIPMENT					%TAX ON \$
MATERIALS					%TAX ON \$
TOTAL					8,743.79

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

Customer <i>Griffin Energy</i>		Lease No.	Date	
Lease <i>BELLE</i>		Well # <i>1</i>	<i>04-06-15</i>	
Field Order # <i>12406</i>	Station <i>PRATT KS</i>	Casing <i>5 1/2</i>	Depth	County <i>BARBER</i> State <i>KS</i>
Type Job <i>CNW 5 1/2 longstay</i>	Formation	Legal Description <i>27-32-12</i>		

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>5 1/2</i>							5 Min.
Depth <i>4850</i>	Depth	From	To	Pre Pad	Max		
Volume <i>107</i>	Volume	From	To	Pad	Min		10 Min.
Max Press <i>2500</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>4831</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative				Station Manager <i>David Scott</i>				Treater <i>Robert Johnson</i>			
Service Units	<i>27900</i>	<i>33709</i>	<i>20970</i>	<i>19826</i>	<i>19918</i>						
Driver Names	<i>Sullivan</i>	<i>Edwards</i>		<i>Brady</i>							

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>7:30</i>					<i>on loc</i>
					<i>Run 5 1/2 - 30' csg.</i>
<i>1:00</i>					<i>CRISDI on Bottom</i>
<i>1:10</i>					<i>Hook by cnc</i>
<i>2:00</i>			<i>3</i>	<i>3.5</i>	<i>at spacer</i>
			<i>12</i>		<i>at mud fluid</i>
			<i>3</i>		<i>spacers</i>
			<i>#8</i>	<i>9</i>	<i>mix out 200K H₂O out @ 15:00</i>
					<i>cut mud & shut down wash, pump & line</i>
					<i>Release Plug</i>
				<i>6</i>	<i>at disp</i>
	<i>300</i>		<i>65</i>		<i>left</i>
				<i>4</i>	<i>slow pump</i>
<i>2:45</i>	<i>1850</i>		<i>107 1/2</i>		<i>plug down</i>
			<i>7</i>	<i>2</i>	<i>plug AH of 20K</i>
			<i>7</i>		<i>plug out of 20K</i>
					<i>JOB Complete</i>
					<i>Thank you</i>