



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1271827
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: _____

1271827

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Belle 2
Doc ID	1271827

Tops

Name	Top	Datum
Elgin	3427	-1925
Heebner	3599	-2096
Snyderville Sand	3612	-2109
Brown Lime	3787	-2284
Stark	4164	-2261
Base KC	4250	-2747
Mississippian	4338	-2835
Kinderhook	4532	-3029
Viola	4637	-3134
Simpson	4733	3230
Simpson Sand	4744	-3231

Field Ticket Number: MLK1510111330 Field Ticket Date: Sunday, October 11, 2015

Bill To: Charles Griffin Byers, Co. 80103-0670 #N/A	Job Name: 02 Production/Long String Well Location: Barber, Kansas Well Name: BELLE Well Number: # 2 Well Type: New Well Rig Number: WW DRILLING # Shipping Point: Medicine Lodge, KS Sales Office: Mid Con
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PERSONEL		EQUIPMENT	
JAKE HEARD		CEMENTERS PICK-UP 717	
ROGER SMITH		PUMP TRUCK 986-469	
WAYNE RUCKER		BULK TRUCK 949-741	

SERVICES - SERVICES - SERVICES							
Description	QTY	UOM	Unit Amt	Gross Amt	Unit Net	Discount	Net Amount
PUMP, CASING CEMENT 4001-5000 FT	1.00	min. 4 hr	2,765.75	2765.75	1,189.27	57.0%	1,189.27
CMLP	1.00	per day	275.00	275.00	118.25	57.0%	118.25
PHDL	296.00	per cu. FL.	2.48	734.08	1.07	57.0%	315.65
DRYG	63.00	ton-mile	2.75	173.25	1.18	57.0%	74.50
MILV	5.00	per mile	4.40	22.00	1.89	57.0%	9.46
MIHV	5.00	per mile	7.70	38.50	3.31	57.0%	16.56

FLOAT EQUIPMENT -- FLOAT EQUIPMENT -- FLOAT EQUIPMENT							
AFFS-4.5	1.00	each	425.00	425.00	182.75	57.0%	182.75
LBP-4.5	1.00	each	655.00	655.00	281.65	57.0%	281.65
CB-4.5	1.00	each	315.00	315.00	135.45	57.0%	135.45
CEN - 4.5	3.00	each	57.00	171.00	24.51	57.0%	73.53

MATERIALS - MATERIALS - MATERIALS							
CW-HVS	10.00	bbl	25.00	250.00	10.75	57.0%	107.50
CW-MC	10.00	bbl	25.00	250.00	10.75	57.0%	107.50
CB-ASA	200.00	sack	23.50	4,700.00	10.11	57.0%	2,021.00
CLC-KOL	1000.00	pound	0.98	980.00	0.42	57.0%	421.40
CFL-210	57.00	pound	18.90	1,077.30	8.13	57.0%	463.24
CDF-100P	28.00	pound	3.50	98.00	1.51	57.0%	42.14
CB-APA-40604	30.00	sack	16.20	486.00	6.97	57.0%	208.98

ADDITIONAL ITEMS - ADDITIONAL ITEMS - ADDITIONAL ITEMS							
Additional hours, in excess of set hours		per hour	440.00	0.00	189.20	57.0%	0.00

	Gross	Discount	Final
Services Total	4,008.58	2,284.89	1,723.69
Equipment Total	1,566.00	892.62	673.38
Materials Total	7,841.30	4,469.54	3,371.76
Additional Items	0.00	0.00	0.00
Final Total	13,415.88	7,647.05	5,768.83

Allied Rep: JAKE HEARD
 Customer Agent: JR GRIFFIN

This output does NOT include taxes. Applicable sales tax will be billed on the final invoice.
 Customer hereby acknowledges receipt of the materials and services described above and on the attached documents.
 I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the following page.

X 
 Customer Signature

Field Ticket Total (USD): **\$5,768.83**

Field Ticket Number: MLK1510051030 Field Ticket Date: 10/6/15

BILL TO:
Charles N Griffin
Pratt, Kansas 67124-0347
0

Job Name: 01 Surface
Well Name: Bell
Well Number: #2
Shipping Point: MEDICINE HOLE, KS
Sales Office: Permian Basin BD

SERVICES - SERVICES - SERVICES

Description	Qty	Unit	Unit Amt	Gross Amt	Unit Mt	Discount	Net Amount
Casing Pump Charge 0' to 500'	1.00	min. 4 hr	1,512.25	1512.25	766.13	50%	756.13
Products handling service charge	163.66	per cu. FL.	2.48	405.67	1.24	50%	202.93
Drayage for Products	37.52	ton-mile	2.75	103.17	1.38	50%	51.59
Light Vehicle Mileage	5.00	per mile	4.40	22.00	2.20	50%	11.00
Heavy Vehicle Mileage	5.00	per mille	7.70	38.50	3.85	50%	19.25

MATERIALS - MATERIALS - MATERIALS

CLASS A COMMON	155.00	per sack	17.90	2,774.50	8.95	50%	1,387.25
Calcium Chloride	438.00	per pound	1.10	481.80	0.55	50%	240.90

ADDITIONAL ITEMS - ADDITIONAL ITEMS - ADDITIONAL ITEMS

Additional hours, in excess of set hours		per hour	440.00	0.00	220.00	50%	0.00
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	Gross	Discount	Final
Services Total	2,081.79	1,040.89	1,040.89
Materials Total	3,256.30	1,628.15	1,628.15
Additional Items	0.00	0.00	0.00
Final Total	5,338.09	2,669.04	2,669.04

Allied Rep: _____
Customer Agent: _____

*This output does NOT include taxes. Applicable sales tax will be billed on the final invoice.
Customer hereby acknowledges receipt of the materials and services described above and on the attached documents.
I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the following page.*

Walt R. [Signature]
Customer Signature

Field Ticket Total (USD): \$2,669.04

Jason T.
Kinder H.
Joe H.
BARBER COUNTY
986/469
988/989



DRILL STEM TEST REPORT

Prepared For: **Charles N. Griffin**
P.O.Box 347
Pratt KS. 67124

ATTN: Bruce Reed

Belle #2

27-32s-12w Barber,KS

Start Date: 2015.10.08 @ 17:29:35

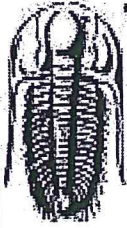
End Date: 2015.10.08 @ 22:51:20

Job Ticket #: 59797 DST #: 1

Trilobite Testing, Inc
1515 Commerce Parkway Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2015.10.12 @ 08:15:50

Charles N. Griffin 27-32s-12w Barber,KS Belle #2 DST # 1 Snyderville Sd 2015.10.08



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Charles N. Griffin

27-32s-12w Barber,KS

P.O.Box 347
Pratt KS. 67124

Belle #2

Job Ticket: 59797

DST#: 1

ATTN: Bruce Reed

Test Start: 2015.10.08 @ 17:29:35

GENERAL INFORMATION:

Formation: **Snyderville Sd**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 19:03:35
 Time Test Ended: 22:51:20

Test Type: Conventional Bottom Hole (Initial)
 Tester: Gary Pevoteaux
 Unit No: 80

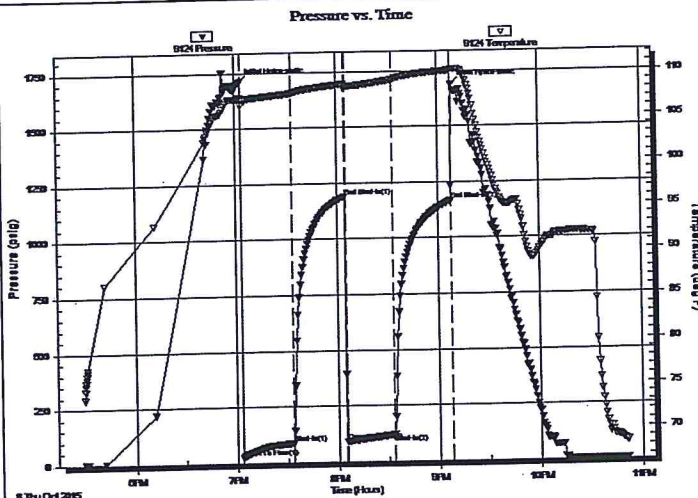
Interval: **3580.00 ft (KB) To 3630.00 ft (KB) (TVD)**
 Total Depth: 3630.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 1503.00 ft (KB)
 1498.00 ft (CF)
 KB to GR/CF: 5.00 ft

Serial #: **9124** Outside
 Press@RunDepth: 118.89 psig @ 3581.00 ft (KB)
 Start Date: 2015.10.08 End Date: 2015.10.08
 Start Time: 17:29:40 End Time: 22:51:19

Capacity: 8000.00 psig
 Last Calib.: 2015.10.08
 Time On Btm: 2015.10.08 @ 19:02:50
 Time Off Btm: 2015.10.08 @ 21:08:35

TEST COMMENT: IF:Weak blow . 1 - 2 1/2".
 IS:No blow .
 FF:Weak blow . Slow increase to 3 1/2".
 FS:No blow .



PRESSURE SUMMARY

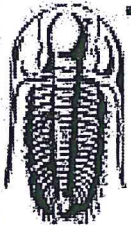
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1708.00	107.21	Initial Hydro-static
1	25.11	106.35	Open To Flow (1)
31	86.22	107.63	Shut-In(1)
62	1189.50	108.62	End Shut-In(1)
63	90.24	108.28	Open To Flow (2)
91	118.89	109.03	Shut-In(2)
125	1164.98	110.01	End Shut-In(2)
126	1686.53	110.15	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
120.00	MW 8% _m 92% _w	0.59
63.00	SOCMW 1% _o 31% _m 68% _w	0.88
15.00	OCM 4% _o 96% _m	0.21

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Charles N. Griffin

27-32s-12w Barber,KS

P.O.Box 347
Pratt KS. 67124

Belle #2

Job Ticket: 59797

DST#: 1

ATTN: Bruce Reed

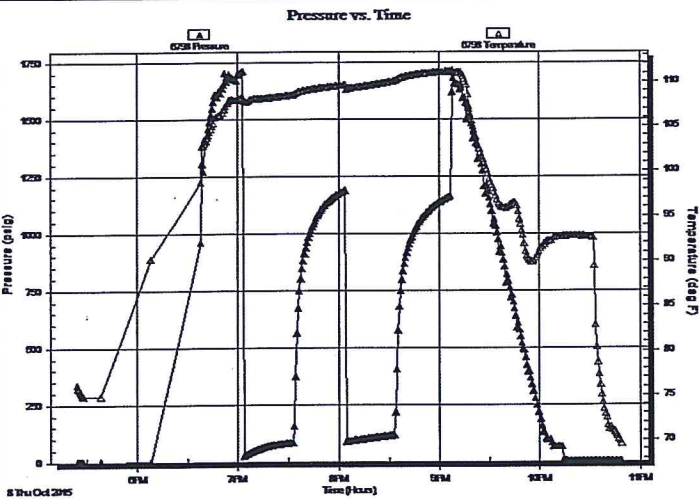
Test Start: 2015.10.08 @ 17:29:35

GENERAL INFORMATION:

Formation: Snyderville Sd	Test Type: Conventional Bottom Hole (Initial)
Deviated: No Whipstock: ft (KB)	Tester: Gary Pevoteaux
Time Tool Opened: 19:03:35	Unit No: 80
Time Test Ended: 22:51:20	Reference Elevations: 1503.00 ft (KB)
Interval: 3580.00 ft (KB) To 3630.00 ft (KB) (TVD)	1498.00 ft (CF)
Total Depth: 3630.00 ft (KB) (TVD)	KB to GR/CF: 5.00 ft
Hole Diameter: 7.88 inches	Hole Condition: Fair

Serial #: 6798 Inside	Capacity: 8000.00 psig
Press@RunDepth: psig @ 3581.00 ft (KB)	Last Calib.: 2015.10.08
Start Date: 2015.10.08 End Date: 2015.10.08	Time On Btm:
Start Time: 17:24:18 End Time: 22:48:57	Time Off Btm:

TEST COMMENT: IF:Weak blow . 1 - 2 1/2".
IS:No blow .
FF:Weak blow . Slow increase to 3 1/2".
FS:No blow .



PRESSURE SUMMARY

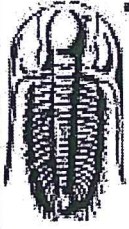
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
120.00	MW 8% _m 92% _w	0.59
63.00	SOCMW 1% _o 31% _m 68% _w	0.88
15.00	OCM 4% _o 96% _m	0.21

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Charles N. Griffin

27-32s-12w Barber, KS

P.O.Box 347
Pratt KS. 67124

Belle #2

Job Ticket: 59797

DST#: 1

ATTN: Bruce Reed

Test Start: 2015.10.08 @ 17:29:35

Tool Information

Drill Pipe:	Length: 3460.00 ft	Diameter: 3.80 inches	Volume: 48.53 bbl	Tool Weight:	2400.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer:	24000.00 lb
Drill Collar:	Length: 120.00 ft	Diameter: 2.25 inches	Volume: 0.59 bbl	Weight to Pull Loose:	62000.00 lb
			<u>Total Volume: 49.12 bbl</u>	Tool Chased	1.00 ft
Drill Pipe Above KB:	20.00 ft			String Weight: Initial	49000.00 lb
Depth to Top Packer:	3580.00 ft			Final	49000.00 lb
Depth to Bottom Packer:	ft				
Interval between Packers:	50.00 ft				
Tool Length:	70.00 ft				
Number of Packers:	2	Diameter: 6.75 inches			
Tool Comments:					

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			3561.00	
Shut In Tool	5.00			3566.00	
Hydraulic tool	5.00			3571.00	
Packer	4.00			3575.00	20.00 Bottom Of Top Packer
Packer	5.00			3580.00	
Stubb	1.00			3581.00	
Recorder	0.00	9124	Outside	3581.00	
Recorder	0.00	6798	Inside	3581.00	
Perforations	7.00			3588.00	
Blank Spacing	32.00			3620.00	
Perforations	5.00			3625.00	
Bullnose	5.00			3630.00	50.00 Bottom Packers & Anchor

Total Tool Length: 70.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Charles N. Griffin

27-32s-12w Barber,KS

P.O.Box 347
Pratt KS. 67124

Belle #2

Job Ticket: 59797

DST#: 1

ATTN: Bruce Reed

Test Start: 2015.10.08 @ 17:29:35

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

91000 ppm

Viscosity: 46.00 sec/qt

Cushion Volume:

bbl

Water Loss: 8.89 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 4000.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
120.00	MW 8% _m 92% _w	0.590
63.00	SOCMW 1% _o 31% _m 68% _w	0.884
15.00	OCM 4% _o 96% _m	0.210

Total Length: 198.00 ft Total Volume: 1.684 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments: Rw .085ohms@73deg

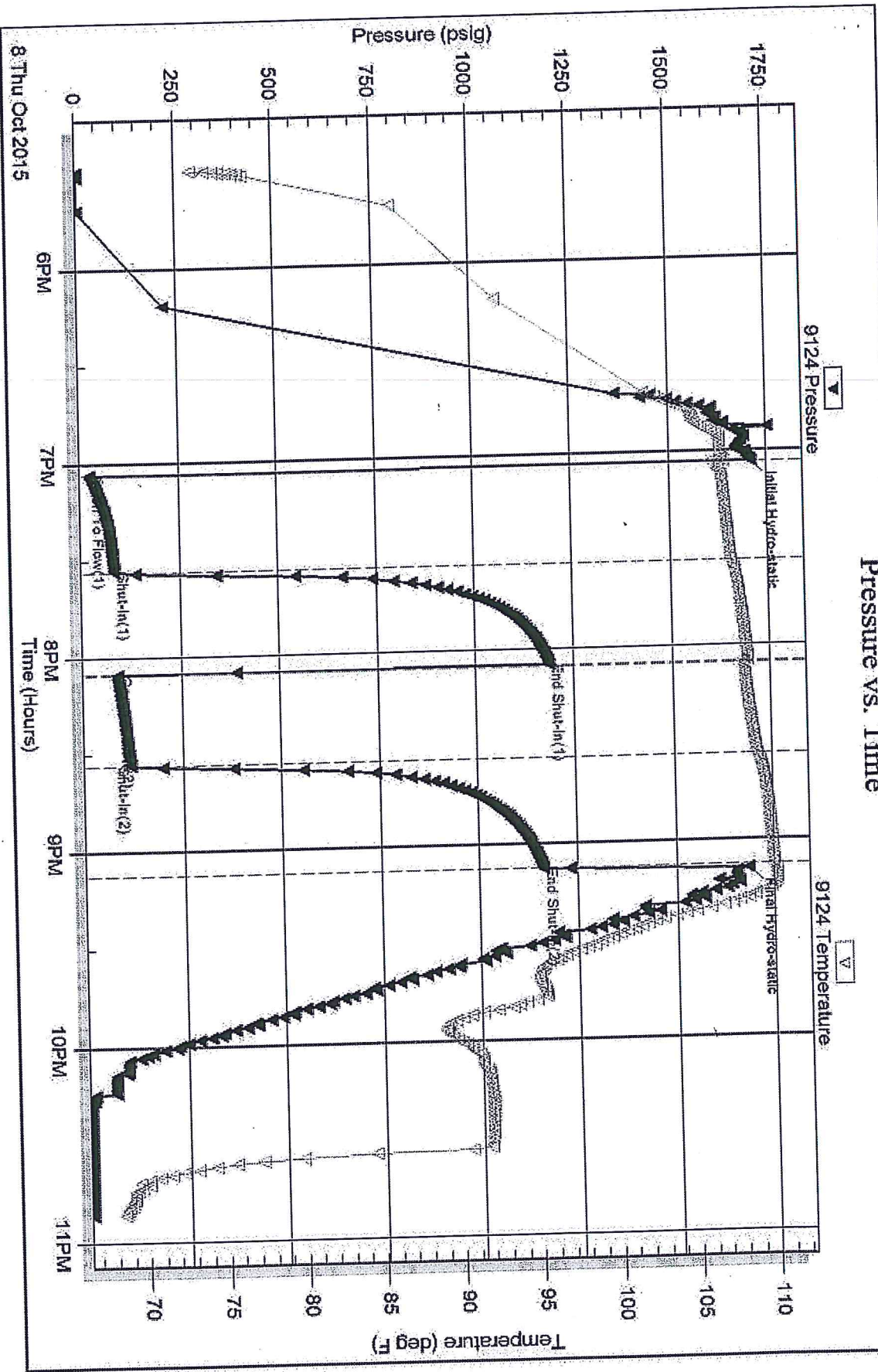
Serial #: 9124

Outside: Charles N. Griffin

Bele #2

DSI Test Number: 1

Pressure vs. Time



Trialble Testing, Inc

Ref. No: 59797

Printed: 2015.10.12 @ 08:15:51

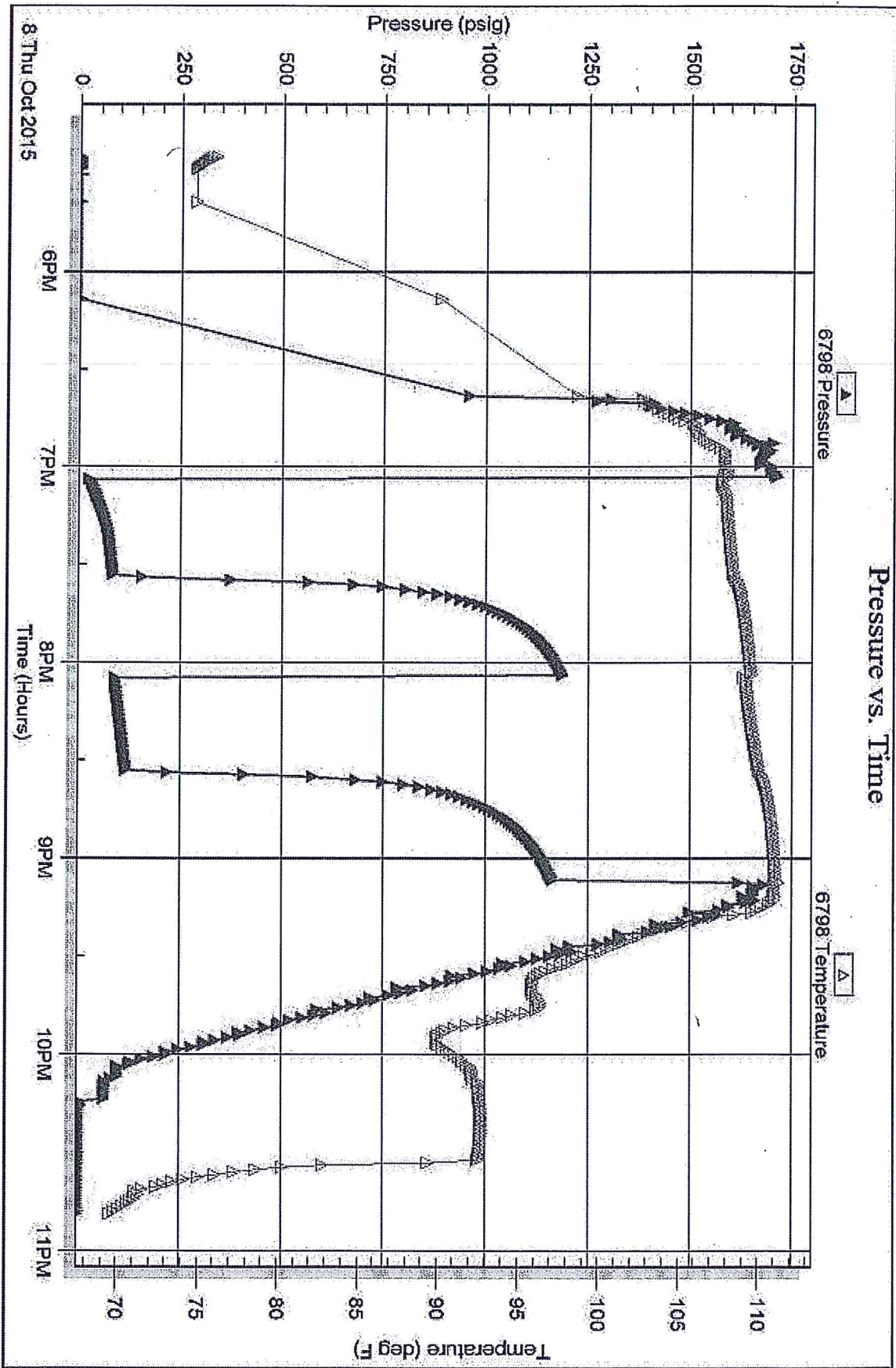
Serial #: 6798

Inside

Charles N. Griffin

Belle #2

DST Test Number: 1



Tribble Testing, Inc

Ref. No: 59797

Printed: 2015.10.12 @ 08:15:52



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 59797

Well Name & No. Belle #2 Test No. 1 Date 10-8-15
 Company CHARLES N. GRIFFIN Elevation 1503 KB 1498 GL
 Address P.O. Box 347, PRATT Ks. 67124
 Co. Rep / Geo. BRUCE REED Rig WW DRUG #4
 Location: Sec. 27 Twp. 32 S Rge. 12 W Co. BARBER State Ks.

Interval Tested 3580 - 3630' Zone Tested SNYDERVILLE SD.
 Anchor Length 50' Drill Pipe Run 3460' Mud Wt. 8.9
 Top Packer Depth 3575' Drill Collars Run 120' Vis 46
 Bottom Packer Depth 3580' Wt. Pipe Run 0 WL 8-9 cc
 Total Depth 3630' Chlorides 4,000 ppm System LCM 0
 Blow Description IF: Weak blow. 1-2 1/2" EST: No blow.

FF: Weak blow. slow increase to 3 1/2" - EST: No blow.

Rec	Feet of	%gas	%oil	%water	%mud
<u>15</u>	<u>OCM</u>	<u>4</u>	<u>96</u>	<u>96</u>	<u>96</u>
<u>63</u>	<u>SO CMW</u>	<u>1</u>	<u>68</u>	<u>31</u>	<u>31</u>
<u>120</u>	<u>1 MW</u>	<u>92</u>	<u>8</u>	<u>8</u>	<u>8</u>
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 198 BHT 110° Gravity N/A API RW 0.85 @ 73° F Chlorides 91,000 ppm
 (A) Initial Hydrostatic 1708 Test 1050 T-On Location 1640
 (B) First Initial Flow 25 Jars _____ T-Started 1729
 (C) First Final Flow 86 Safety Joint _____ T-Open 1903
 (D) Initial Shut-In 1190 Circ Sub _____ T-Pulled 2106
 (E) Second Initial Flow 90 Hourly Standby 88+88 T-Out 2251
 (F) Second Final Flow 119 Mileage 80 X2 RETURNED TO LOAD TOOLS Comments * RELEASED @ 0658 10/11/15
 (G) Final Shut-In 1165 Sampler _____
 (H) Final Hydrostatic 1487 Straddle _____
 Shale Packer _____
 Extra Packer _____
 Extra Recorder _____
 Day Standby 1.5d 20h
 Accessibility _____
 Sub Total 1226 MP/DST Disc't _____

Initial Open 30
 Initial Shut-In 30
 Final Flow 30
 Final Shut-In 30

Approved By Bruce A. Reed Our Representative Craig Perot

TriLOBITE Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

