KOLAR Document ID: 1316526

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

Form ACO-1
January 2018
Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	SecTwpS. R □East □ West
Address 2:	Feet from
City: State: Zip: +	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content:ppm Fluid volume:bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	Dewatering method about.
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	Quarter Sec TwpS. R East West
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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 Drill Stem Tests Received									
Geologist Report / Mud Logs Received									
UIC Distribution									
ALT I II III Approved by: Date:									

KOLAR Document ID: 1316526

Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R [East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery, Digital electronic log
Drill Stem Tests (Attach Addit			Ye	es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name)		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Y€ Y€	es No						
			Repo		RECORD [Nev	w Used rmediate, producti	on. etc.		
Purpose of St		ze Hole Orilled	Siz	e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[Depth	Typo		# Sacks Use		EEZE RECORD	Typo a	ad Paraant Additivas	
Perforate Protect Ca Plug Back	Top	Bottom	Type of Cement		# Sacks Use	,u	d Type and Percent Additives			
Plug Off Z										
Did you perform Does the volum Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)		
Estimated Produc	otion	Oil Bb	le.	Flowing Gas	Pumping	mping Gas Lift Other (Explain) Water Bbls. Gas-Oil Ratio			Gravity	
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPO	OSITION OF GAS	S:		N	METHOD OF CO	MPLE.	TION:		PRODUCTIO	N INTERVAL:
Vented	Sold Use	d on Lease		Open Hole		Dually		nmingled	Тор	Bottom
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (Subi	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)				Record
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	CO1 - Well Completion					
Operator	Griffin, Charles N.					
Well Name	SPRINGER 2					
Doc ID	1316526					

All Electric Logs Run

Dual Induction Log
Compensated Neutron Log
Compensated Formation Density Log
Gamma Ray Log

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	SPRINGER 2
Doc ID	1316526

Tops

Name	Тор	Datum
Lecompton	3399	-1882
Elgin	3431	-1914
Heebner	3607	-2090
Lansing	3807	-2290
Stark	4188	-2671
Hush	4218	-2701
Base KC	4274	-2757
Mississippian	4362	-2845
Kinderhook	4559	-3042
Viola	4664	-3147
Simpson Sand	4757	-3240

Form	CO1 - Well Completion					
Operator	Griffin, Charles N.					
Well Name	SPRINGER 2					
Doc ID	1316526					

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2		250 gal 7.5% HCL MCA	

Form	CO1 - Well Completion					
Operator	Griffin, Charles N.					
Well Name	SPRINGER 2					
Doc ID	1316526					

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	259	Common	180	2%cc, 1/4 celloflake
Production	7.875	4.5	16.6	4878	AA2	175	10% salt 2% gel 3/4 % CFR2 and 5# Gilsonite

BASIC M 10244 NE Hwy. 61 P.O. Box 8613 Pratt. Kansas 67124

FIELD SERVICE TICKET

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

1718 13854 A

	,		SERVICES Pho	ne 620-0	2 - /	2		DATE	TICKET NO.	2		
DATE OF 8/	5/201	6 0	DISTRICT Praya			NEW WELL	OLD F	PROD INJ	WDW	□ CL OF	JSTOMER RDER NO.:	
CUSTOMER Griffin Management					LEASE S	Prin	ser		-	WELL NO	. 2.	
ADDRESS						COUNTY J	39rh.	er	STATE			
CITY		. 1	STATE			SERVICE CR	EW D	Gray	n. mcGr	cha		
AUTHORIZED B	Υ					JOB TYPE: (CNL	1/85/8	Suign	e		
EQUIPMENT		IRS	EQUIPMENT#	HRS	EQU	JIPMENT#	HRS	TRUCK CAL		PATE 5		IME DEGG
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7576"								START OPE		8/5	AMS .	
								FINISH OPE	RATION	8/5	AM 5/	
								RELEASED	A OTATION TO	8/5	AM 10	100
			2.					MILES FROM	M STATION TO	WELL	40	
products, and/or sur	pplies inclu	ed to e	TRACT CONDITIONS: (This execute this contract as an a of and only those terms and t the written consent of an of	gent of the	customer. A	s such, the unders	signed agre c of this do	ees and acknow cument. No addi	ledges that this of tional or substitut	e terms a	and/or condition	ons shall
ITEM/PRICE REF. NO.		N	IATERIAL, EQUIPMENT	AND SEF	RVICES US	ED	UNIT	QUANTITY	UNIT PRI	CE	\$ AMOU	JNT
CP100	Com	moi	h				SK	180 -	_		2,880	06
CC109			Chlorise				Lb	340-			357	00
CC102	Celle						16	46 -			170	20
E100	Unit	m11.	egse Cherse-Pi	CKUPS	Small	USMS, CSIS	mi	35	1		157	50
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SERVICE REPRESENTATIV	IE Da	rin	Fileshli	THE ABO	OVE MATE	RIAL AND SER TOMER AND F	VICE RECEIVE	D BY: WD	et B	7.9	m	



TREATMENT REPORT

		5.57					<u> </u>					1					
Customer Gr. 11	Pin MS	7 8 ge	ment			ease No.						Date	0	15	201	/	
Lease S∮	ringer					/ell # 2			ed.						101	6	
13854	# Station	\mathcal{D}^{n}	1920	,165			_	Casing			259	County	Bo	abor		State	ks.
Type Job	ZNW/8	-5/8	SUC	1910					For	mation	TD.	259		Legal De	escription	34-32	2-12
PIP	E DATA		PERI	FORA	TING	DATA		FLUID (JSED			TI	REA		RESUM		
Casing Size	, Tubing S	Size	Shots/F	ŧ			Ac	id				RATE	PRE	SS	ISIP		
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Max Press	Max Pre	ss	From	(*)	То		Fra	ac			Avg				15 Min.	YI	
Well Connecti	ion Annulus	Vol.	From		То						HHP Use	d .			Annulus	Pressure	
Plug Depth	Packer E		From		То		Flu	ish Fresh	WSFE	· ,	Gas Volu	me			Total Loa	ad	
Customer Re	presentative	WS	12			Station	Mar	ager Kev	in C	2016	10,	Treate	er D)Srin	Frank	1,5	
Service Units		337	708	209	20	7768	36	73786						**			
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FIELD SERVICE TICKET 1718 13821 A

F			SERVICES Phon PING & WIRELINE	e 620-6	72-1201			DATE	TICKET NO			
DATE OF JOB & /10	116	D	ISTRICT			WEYL R	VELL P	ROD INJ	□ WDW		JSTOMER RDER NO.:	
CUSTOMER (-	Suff	in	Managen	700	/	LEASE SOLINGET WELL NO. 7						
ADDRESS						COUNTY Burker STATE 165						
CITY			STATE			SERVICE CR	EW Sa	0+1,I	aung	77	The	
AUTHORIZED BY	Y Chi	ich	Guttin			JOB TYPE:	11/2	Long	string	7 -	-CWW	
EQUIPMENT	#	HRS	EQUIPMENT#	HRS	EQU	JIPMENT#	HRS	TRUCK CAL	LED	DAT	E AM TIM	E
86779		175						ARRIVED AT	JOB 9/11	1/1/	AM S	2
71010		,75						START OPE	RATION 2/	13/11	AM .	30
	1,00	1.						FINISH OPE	RATION _/	10/1	AM //:/	15
		-						RELEASED	8/1	oll	AM // S	7
			,					MILES FROM	A STATION TO	WELL		
products, and/or sup become a part of th	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 USE			ED	UNIT	QUANTITY	UNIT PRIC	CE	\$ AMOUN	F	
P105	11	2 1	Cement.				Sh	175-			2975	00
CP103	60	141	POZ				SK	30		-	360	15
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CF1750	Au	10	f. 11 + 100-1	54	e e	4/2	66	/			330	00
CF1650	Tur	bol	11453		4	7	-	17		+	1070	00
CF 1900	4/1	15	usked				3 00	-/-			276	00
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REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE
ORDERED BY CUSTOMER AND RECEIVED BY:

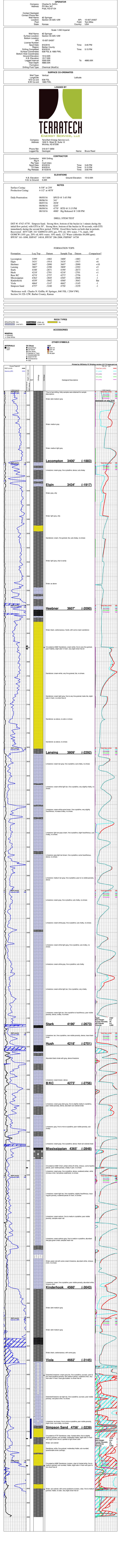
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SERVICE



TREATMENT REPORT

Customer		1	T 1	ease No.					Date			
Lease		anage,		/ell #Z		-	111.5	,*	2410	/ / .	9	
50r	inger.	n -		Z ""Z	10	oine	N.	h	8/	10/16		Chata
Field Order #	Statio	Pratt	K	5	Ua	ising	Dept	1879	County	Jurber		State
Type Job	2 Lo	2015-11	ing		enu		Formation	ו		Legal De	escription 3	4-32-12
	E DATA	PER	FORATING	DATA	FL	UID US	ED		Т	REATMENT I	RESUME	
Casing Size	Tubing S	ize Shots/F	-t		Acid				RATE	PRESS	ISIP	
Depth US 75	Depth /	From	То		Pre Pad		-	Max		7 8	5 Min.	" s. rvi
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Well Connection	on Annulus	Vol. From	То					HHP Used	1	_	Annulus P	ressure
Plug Depth	Packer D	epth From	То		Flush			Gas Volun	ne	N N	Total Load	
Customer Rep	presentative			Station	n Manager	71111	(-yn)	dley	Treate	Scott	Gra	11105
Service Units	38950	78987	86774	1990		1	101	50,00		J. 10111	T	
Driver Names	500+1	Doin	_	mil	9	_	-					
Time	Casing Pressure	Tubing Pressure	Bbls. Pum		Rate			1		Service Log	-7.8	j.
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Prepared For:

Charles N Griffin

PO Box 347 Pratt, KS 67124

ATTN: Bruce Reed

Springer #2

34-32s-12w Barber,KS

Start Date: 2016.08.09 @ 02:42:48

End Date: 2016.08.09 @ 10:41:33

Job Ticket #: 55406

DST#: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620



Charles N Griffin

34-32s-12w Barber,KS

PO Box 347 Pratt, KS 67124 Springer #2

Job Ticket: 55406

ATTN: Bruce Reed

Test Start: 2016.08.09 @ 02:42:48

GENERAL INFORMATION:

Time Tool Opened: 04:53:03

Time Test Ended: 10:41:33

Formation:

Interval:

Total Depth:

Hole Diameter:

Simpson

Deviated:

No

Whipstock:

ft (KB)

Test Type:

Conventional Bottom Hole (Initial)

Tester:

Leal Cason

Unit No:

Reference Bevations:

1517.00 ft (KB)

1512.00 ft (CF)

KB to GR/CF:

5.00 ft

Serial #: 8525 Press@RunDepth: Inside

288.36 psig @

02:42:49

4770.00 ft (KB) (TVD)

4742.00 ft (KB) To 4770.00 ft (KB) (TVD)

7.88 inches Hole Condition: Good

4743.00 ft (KB)

2016.08.09

Capacity:

8000.00 psig

Start Date: Start Time: 2016.08.09

End Date: End Time:

10:41:33

Last Calib .:

2016.08.09

Time On Btm:

2016.08.09 @ 04:51:03

Time Off Btm:

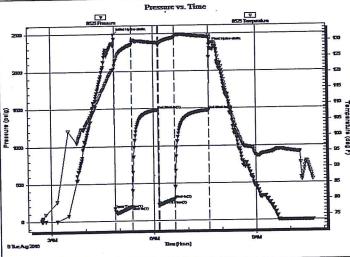
2016.08.09 @ 07:38:48

TEST COMMENT: IF: Strong Blow, BOB in 1 minute, GTS in 30 minutes

ISI: Blow Back Built to 6 inches

FF: Strong Blow, BOB in 30 seconds, GTS immediately, TSTM

FSI: Blow Back Built to BOB in 22 minutes



PRESSURE	SUMMARY
	D D D

- 1				
-	Time	Pressure	Temp	Annotation
	(Min.)	(psig)	(deg F)	
	0	2490.99	120.89	Initial Hydro-static
	2	161.08	122.25	Open To Flow (1)
	31	188.99	128.85	Shut-In(1)
	77	1480.76	129.38	End Shut-In(1)
	79	206.17	128.78	Open To Flow (2)
	107	288.36	131.03	Shut-In(2)
ratura (dag P)	167	1474.67	131.22	End Shut-In(2)
3	168	2349.09	130.81	Final Hydro-static
			r	
		ľ		

Recovery

Length (ft)	Description	Volume (bbl)
0.00	4075 GIP	0.00
121.00	Water	0.60
186.00	GOMCW 10%G 10%M 20%O 60%W	2.61
247.00	GMWCO 20%G 6%M 24%W 50%O	3.46
94.00	GMWCO 20%G 10%M 10%W 60%O	1.32

Gas Rates

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

Trilobite Testing, Inc

Ref. No: 55406



Charles N Griffin

34-32s-12w Barber, KS

PO Box 347 Pratt, KS 67124

Springer #2 Job Ticket: 55406

DST#: 1

ATTN: Bruce Reed

Test Start: 2016.08.09 @ 02:42:48

GENERAL INFORMATION:

Time Tool Opened: 04:53:03

Time Test Ended: 10:41:33

Formation:

Simpson

Deviated:

Interval:

Total Depth:

Hole Diameter:

No Whipstock: ft (KB)

Test Type:

Conventional Bottom Hole (Initial)

Tester:

Leal Cason Unit No:

74 Reference Elevations:

1517.00 ft (KB)

1512.00 ft (CF)

4770.00 ft (KB) (TVD) 7.88 inches Hole Condition: Good

KB to GR/CF:

5.00 ft

Serial #: 6806 Press@RunDepth:

Outside

psig @

4742.00 ft (KB) To 4770.00 ft (KB) (TVD)

4743.00 ft (KB)

Capacity: Last Calib .: 8000.00 psig

Start Date:

2016.08.09

End Date:

2016.08.09

Time On Btm:

2016.08.09

Start Time:

02:42:49

End Time:

10:41:33

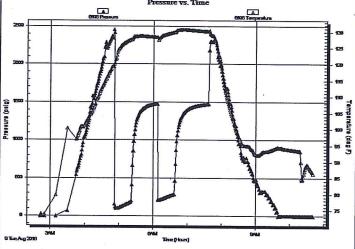
Time Off Btm:

TEST COMMENT: IF: Strong Blow , BOB in 1 minute, GTS in 30 minutes

ISI: Blow Back Built to 6 inches

FF: Strong Blow, BOB in 30 seconds, GTS immediately, TSTM

FSI: Blow Back Built to BOB in 22 minutes



	PRESSURE SUMMARY							
	Time	Pressure	Temp	Annotation				
	(Min.)	(psig)	(deg F)					
Tom.								
ografu.								
Temperature (deg F)								
3								

Recovery

Length (ft)	Description	Volume (bbl)
0.00	4075 GIP	0.00
121.00	Water	0.60
186.00	GOMCW 10%G 10%M 20%O 60%W	2.61
247.00	GMWCO 20%G 6%M 24%W 50%O	3.46
94.00	GMWCO 20%G 10%M 10%W 60%O	1.32

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
	1	

Trilobite Testing, Inc

Ref. No: 55406



TOOL DIAGRAM

Charles N Griffin

34-32s-12w Barber,KS

PO Box 347 Pratt, KS 67124

Springer #2 Job Ticket: 55406

DST#:1

ATTN: Bruce Reed

Test Start: 2016.08.09 @ 02:42:48

String Weight: Initial 60000.00 lb

Final

Tool Information

Drill Pipe: Heavy Wt. Pipe: Length:

Drill Collar:

Length:

Length: 4602.00 ft Diameter: ft Diameter: 121.00 ft Diameter:

3.80 inches Volume: 0.00 inches Volume:

64.55 bbl 0.00 bbl Tool Weight: Weight set on Packer: 25000.00 lb

2100.00 lb

2.25 inches Volume: 0.60 bbl Total Volume: 65.15 bbl

Tool Chased

Weight to Pull Loose: 90000.00 lb

62000.00 lb

Drill Pipe Above KB:

7.00 ft Depth to Top Packer: 4742.00 ft

Depth to Bottom Packer:

Interval between Packers: 28.00 ft

54.00 ft

Tool Length: Number of Packers:

2 Diameter:

ft

6.75 inches

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths	
Shut In Tool	5.00	1		4721.00		
Hydraulic tool	5.00	•		4726.00		
Jars	5.00			4731.00		
Safety Joint	2.00			4733.00		
Packer	5.00			4738.00	26.00	Bottom Of Top Packer
Packer	4.00			4742.00		
Stubb	1.00			4743.00		
Recorder	0.00	8525	Inside	4743.00		
Recorder	0.00	6806	Outside	4743.00		
Perforations	24.00			4767.00		
Bullnose	3.00			4770.00	28.00	Bottom Packers & Anchor

Total Tool Length:

54.00

Trilobite Testing, Inc

Ref. No: 55406



FLUID SUMMARY

deg API

84000 ppm

Charles N Griffin

34-32s-12w Barber,KS

PO Box 347 Pratt, KS 67124

Springer #2 Job Ticket: 55406

DST#: 1

ATTN: Bruce Reed

Test Start: 2016.08.09 @ 02:42:48

Oil API:

Water Salinity:

Mud and Cushion Information

Mud Weight:

Mud Type: Gel Chem

9.00 lb/gal

54.00 sec/qt

Viscosity: Water Loss: Resistivity:

9.19 in³ ohm.m

Salinity: Filter Cake: 4000.00 ppm 0.02 inches Cushion Type:

Cushion Length:

Cushion Volume: Gas Cushion Type:

Gas Cushion Pressure:

psig

bbl

Serial #:

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	4075 GIP	0.000
121.00	Water	0.595
186.00	GOMCW 10%G 10%M 20%O 60%W	2.609
247.00	GMWCO 20%G 6%M 24%W 50%O	3.465
94.00	GMWCO 20%G 10%M 10%W 60%O	1.319

Total Length:

648.00 ft

Total Volume:

7.988 bbl

Num Fluid Samples: 0 Laboratory Name:

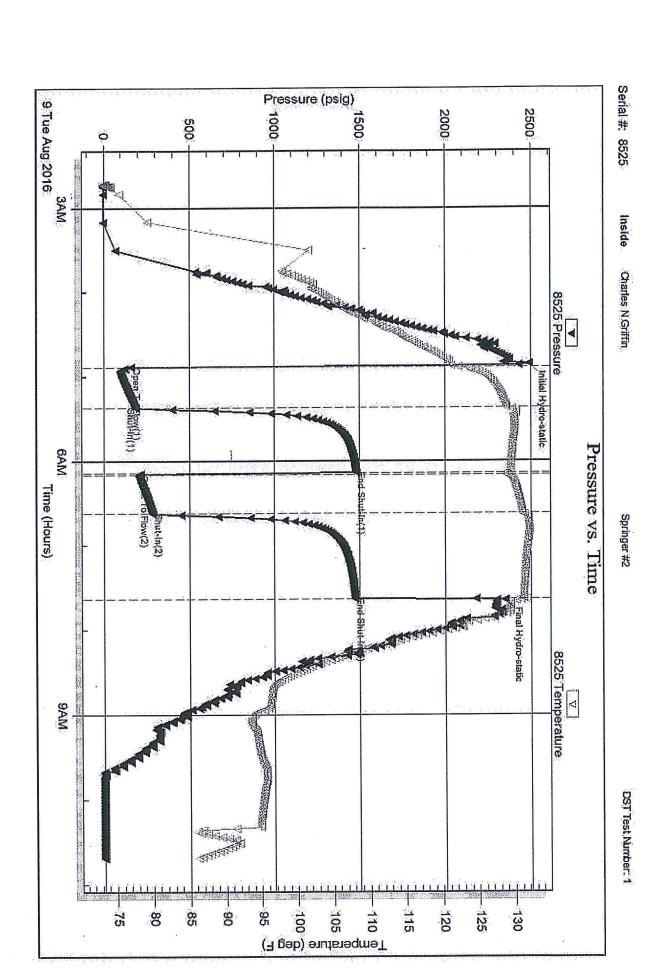
Num Gas Bombs:

Laboratory Location:

Recovery Comments: RW was .1 @ 66 degrees

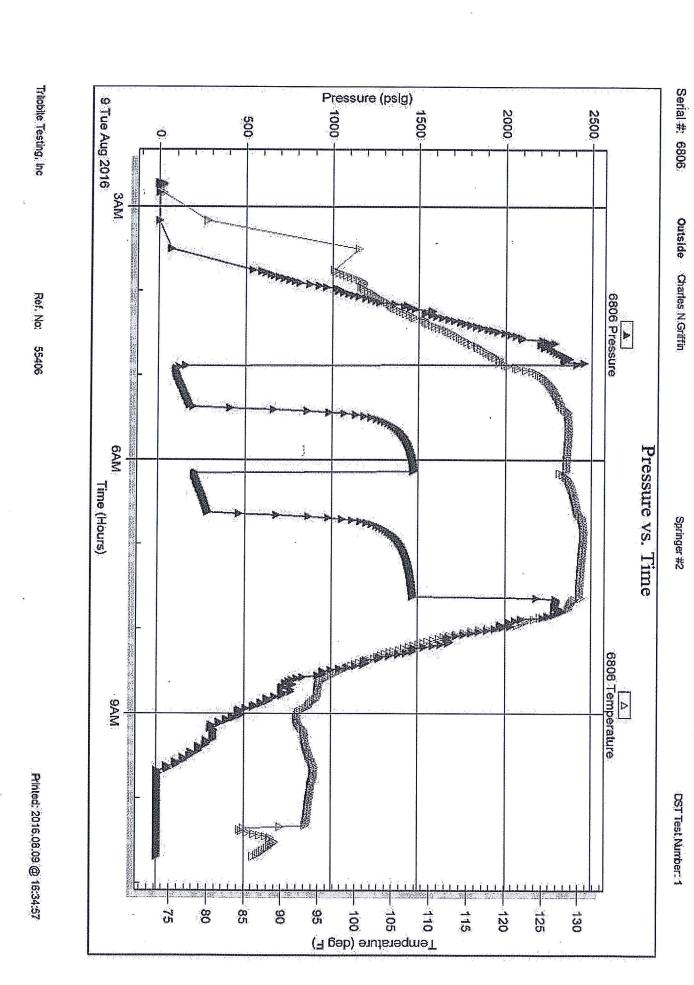
Trilobite Testing, Inc

Ref. No: 55406



Trilobile Testing, Inc

Ref. No: 55406





RILOBITE ESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 55406

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Well Name & No. SPring	er 2		Test No	I .	Date	09/16
Company Charles N.	Griffin		Elevation	1517	KB_151	2 _{GL}
Address FOBOX 34	7 Pratt, K	-5 671	24		•	
Co. Rep / Geo. Bruce R	reed		Rig Wh	14		
Location: Sec. 34 Tw	rp. <u>325 </u>	ge12W	_co. Bart	ser.	State <u>K</u>	-5
Interval Tested 4742	- 4770	Zone Tested	impson			Carlotte and the page of
Anchor Length	28	Drill Pipe Run _		02	Mud Wt. 9.3	
Top Packer Depth	4737	Drill Collars Run		121	Vis 54	
Bottom Packer Depth 474	2 000	Wt. Pipe Run			WL 9-2	
Total Depth	4770	Chlorides	4000 pp	m System	LCM /	
Blow Description TF: STrang	g Blow BOB	in Iminute	e, GTS in	30mil	intes	
ISI: Blow Back Bur	It to Giner	465	_000 1			
FF: Strong Blow, BOB in						
FSI: Plow Back Bui		22 minute	-5		·	
Rec_HO/3 Feet of G			%gas	%oil	%water	%mud
Rec 94 Feet of 6			20 %gas	60 %oil	10 %water	10 %mud
Rec 247 Feet of G	2 1		20 %gas	50 %oil	24 %water	6 %mud
Rec 186 Feet of 6 C	15		10 %gas	20 %oil	60 %water	10 %mud
Rec 121 Feet of 100			%gas	%oil	%water	%mud
	-	avity _//C_/	API RW/		Chlorides <u>84</u>	
(A) Initial Hydrostatic	656	Test 1150			ocation 00.1	
(B) First Initial Flow	+ 2G	Jars 250		T-Starte	Charles and the second	· · · · · · · · · · · · · · · · · · ·
(C) First Final Flow	139 1431	Safety Joint 7		T-Open		The second of the second of
(D) Initial Shut-In		Circ Sub		T-Pulled	16:45	
(E) Second Initial Flow	~ 7 ×	Hourly Standay	90 m - 100 m -		70.97	
(F) Second Final Flow	14175	Mileage 4	63	_	:nus	
(G) Final Shut-In	03116	Sampler	er i wee was was	_		The state of the s
(H) Final Hydrostatic	2349	Straddle	· · · · · · · · · · · · · · · · · · ·		ned Shale Packer_	
4. 4.	30	Shale Packer	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ned Packer	
Initial Open	40 0	Extra Packer	a myéma .	– 🗆 Exti	ra Copies	
Initial Shut-In	$\frac{-73}{30}$ \circ	Extra Recorder			al0_	
Final Flow	10	Day Standby	· · · · · · · · · · · · · · · · · · ·	Total	_	
Final Shut-In	<u>60</u> 0			_ MP/DS	T Disc't	
Kim L	λ	ub Total <u>1538</u>	e Per e au e d'es au sur s		2	
Approved By July 1	abu kind of the same	Our l	Representative			
Trilobite Testing Inc. shall not be liable for damaged of a equipment; or its statements or opinion concerning the	results of any test, tools lost or	r damaged in the hole shall be	est is made, or for any lo paid for at cost by the pa	ss suttered or sustail arty for whom the tes	ned, directly or indirectly, that is made.	rough the use of its