

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 # _____

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	SHARRON 2
Doc ID	1322636

Tops

Name	Top	Datum
Lecompton	3443	-1883
Heebner	3652	-2092
Lansing	3854	-2295
Stark	4228	-2668
Hush	4260	-2700
Base KC	4313	-2753
Mississippian	4402	-2842
Kinderhook	4600	-3040
Viola	4702	-3142
Simpson Sand	4803	-3243

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	SHARRON 2
Doc ID	1322636

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	4832-4835	250 gal 7.5%MCA	



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 14685 A

DATE _____ TICKET NO. _____

DATE OF JOB	11-6-16	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	GILSON MANAGEMENT			LEASE	SHARRON			WELL NO. 2							
ADDRESS				COUNTY	BAIB-1			STATE US							
CITY				SERVICE CREW MATTAI, GILSON, JASON											
AUTHORIZED BY				JOB TYPE: 2-42 5 1/2 109g string											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	11-5 DATE	AM/PM	TIME						
X 86779	1.5					ARRIVED AT JOB	11-6-16	AM/PM	3:45						
X 19862	.5					START OPERATION		AM/PM	8:08						
						FINISH OPERATION		AM/PM	9:40						
						RELEASED		AM/PM	10:30						
						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: X Andrew
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP 105	AA-2 CMT	SK	175		2,975.00	
CP 103	60/40 POZ	SK	30		360.00	
CC 102	CELLULAM	lb	414		162.80	
CC 111	SALT	lb	823		411.50	
CC 112	CMT FRICTION REDUCER	lb	83		498.00	
CC 116	MAG CHEM 10	lb	495		1,336.50	
CC 201	GILSONITE	lb	875		586.25	
CF 607	LATCH DOWN PLUG + BARRER 5 1/2	ea	1		400.00	
CF 125	AUTO FILL FLUAR 5 1/2	ea	1		360.00	
CF 167	TURBO 5 1/2	ea	6		660.00	
CF 190	BASKET 5 1/2	ea	1		290.00	
C 704	CLAY MAX	gal	4		140.00	
CC 151	MUD ALKAL	gal	500		750.00	
e 100	P. U. Miles	mi	35	1	157.50	
e 101	heavy eq. mile	mi	70	1	525.00	
e 113	PROP + bulk del	FM	334	1	835.63	
ce 209	DEPTH CHANGE 4001-5000	4hr	1	1	2,520.00	
ce 240	blend mix	SK	205	1	287.00	
ce 500	plug cone	JOB	1	1	250.00	
5003	Supervisor	rd	1		175.00	
					SUB TOTAL	13,680.18

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		13,606.28

SERVICE REPRESENTATIVE	Mike Mattai	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:	X Andrew
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

BASIC

energy services, L.P.

TREATMENT REPORT

Customer GRAFFIN MANAGEMENT	Lease No.	Date 11-6-16
Lease SHARRON	Well # 2	
Field Order # 14685	Station Pratt	Casing 5 1/2
		Depth 4932
Type Job 242 5 1/2 long string	Formation	County Baird
		State KS
		Legal Description 33-32-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft		Acid Conc	175 SK	AA-2 RATE	PRESS
Depth 4924	Depth	From	To	Pre Pad	30 SK	Max 60/40	290 290
Volume 17.2	Volume	From	To	Pad		Min	10 Min.
Max Press	Max Press	From	To	Frac		Avg	15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used	Annulus Pressure
Plug Depth 4902.7	Packer Depth	From	To	Flush	116.7	Gas Volume	Total Load

Customer Representative ANDY	Station Manager Kevin Goolley	Treater Mike Mattal
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Service Units	37586	84982	86779	70959	19862
Driver Names	Mattal	Graves		Jason	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:00					ON LOCATION / SAFETY MEETING
4:35					Run 5 1/2 15# csng BASH on #1
					Turbos on 2, 4, 6, 8, 10, 12
6:30					CSNG ON BOTTOM
7:00					Hook to csng/Break circ. w. Rig
8:08	300		12	6	PUMP 12 bbl mud flush
8:11	300		3	6	PUMP 3 bbl water
8:19	400		42	6	Mix 175 SK, AA-2
8:42			4	3	WASH PUMP + LINE / Release Plug
8:50	150			6	START 290 KCl Displacement
9:04	200			5.8	LINE PRESSURE
9:09	550		106	13	Slow rate
9:12	1500		116.7		Plug Down, released + held
9:25			7		Plug athole
					circ. thru JOB
					JOB COMPLETE
					THANK YOU!
					MIKE MATTAL
					SCOTT + JASON

Company: Charles N. Griffin
 Address: PO Box 347
 Pratt, KS 67124-0347

OPERATOR

Contact Geologist:
 Contact Phone Nbr:

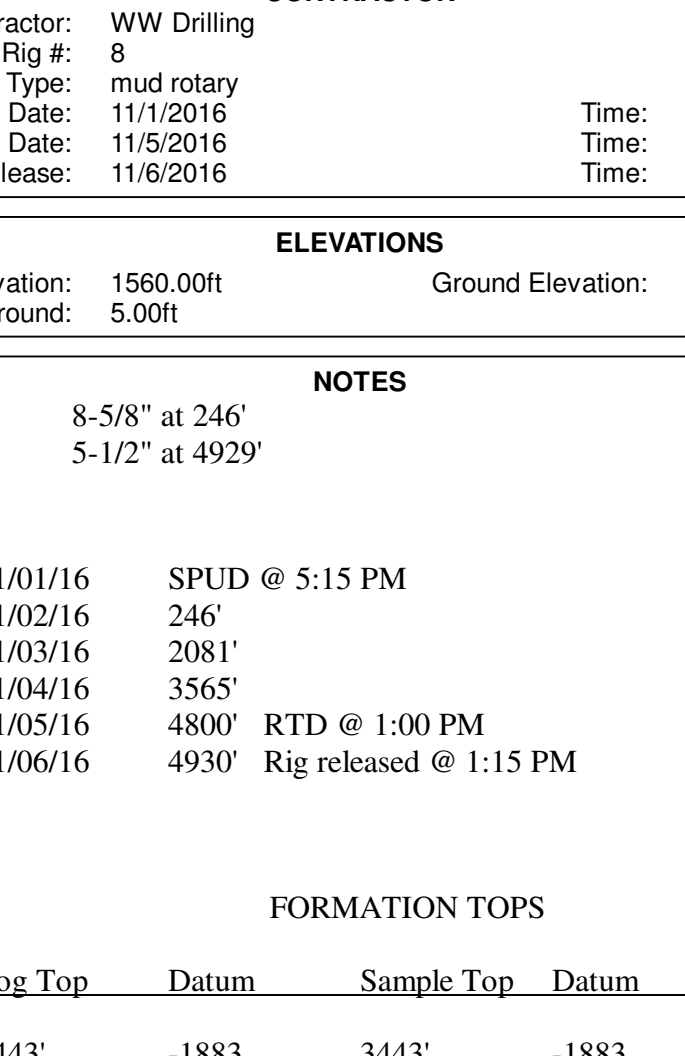
Well Name: #2 Sharron
 Location: Section 34-32S-12W
 Pool: F1L
 State: Kansas
 API: 15-007-24310
 Field: Toni-Mike
 Country: USA

Scale 1:240 Imperial
 Well Name: #2 Sharron
 Surface Location: Section 34-32S-12W
 Bottom Location: 15-007-24310
 License Number: API:
 Spud Date: 11/1/2016 Time: 5:15 PM
 Region: Barber County
 Drilling Completed: 11/5/2016 Time: 1:00 PM
 Surface Coordinates: 1650' FSL & 990' FWL
 Bottom Hole Coordinates: 1555.00ft
 Ground Elevation: 1560.00ft
 K.B. Elevation: 1560.00ft
 Logged Interval: 3400.00ft To: 4930.00ft
 Total Depth: 4930.00ft
 Formation: F1L
 Drilling Fluid Type: Chemical (MudCo)

SURFACE CO-ORDINATES

Well Type: Vertical
 Longitude: 99° 0' W
 N/S Co-ord: 1650' FSL
 E/W Co-ord: 990' FWL
 Latitude:

LOGGED BY



Company: TerraTech Energy Service LLC.
 Address: 1632 S. West St. Suite 12
 Wichita, KS 67208
 Phone Nbr: 316-617-3959
 Logged By: Geologist Name: Bruce Reed/Eli Felts

CONTRACTOR

Contractor: WW Drilling
 Rig #: 8
 Rig Type: mud rotary
 Spud Date: 11/1/2016 Time: 5:15 PM
 TD Date: 11/5/2016 Time: 1:00 PM
 Rig Release: 11/6/2016 Time: 1:15 PM

ELEVATIONS

K.B. Elevation: 1560.00ft Ground Elevation: 1555.00ft
 K.B. to Ground: 5.00ft

NOTES

Surface Casing: 8-5/8" at 246'
 Production Casing: 5-1/2" at 4929'

Daily Penetration:
 11/01/16 SPUD @ 5:15 PM
 11/02/16 246'
 11/03/16 2081'
 11/04/16 3565'
 11/05/16 4800' RTD @ 1:00 PM
 11/06/16 4930' Rig released @ 1:15 PM

FORMATION TOPS

Formation	Log Top	Datum	Sample Top	Datum	Comparison*
Lecompton	3443'	-1883	3443'	-1883	+1
Heebner	3652'	-2092	3650'	-2090	+1
Lansing	3854'	-2295	3855'	-2295	-5
Stark	4228'	-2668	4229'	-2669	+3
Hush	4260'	-2700	4259'	-2699	+1
Base KC	4313'	-2753	4312'	-2752	+4
Mississippian	4402'	-2842	4403'	-2843	+1
Kinderhook	4600'	-3040	4598'	-3038	-3
Viola	4702'	-3142	4700'	-3140	-5
Simpson Sand	4803'	-3243	4803'	-3243	-2

*Reference well: Charles N. Griffin, #1 Sharron, 2238' FSL / 880' FWL, Section 34-32S-12W, Barber County, Kansas

ROCK TYPES

Chrt, shale, gry, Carbon Sh, Se

ACCESSORIES

MINERAL: Dolomitic, Pyrite, Sandy, Chert White, Argillaceous Shale

OTHER SYMBOLS

INTERVALS: Core, DST, Oil Show, Good Show, Fair Show, Poor Show, Spotted or Trace, Questionable Stn, D, Fluorescence, Gas

