

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) (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	WOOD 1
Doc ID	1331904

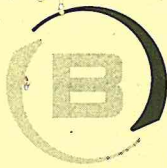
Tops

Name	Top	Datum
Heebner	3786	-1705
Brown Lime	3929	-1848
Lansing	3947	-1866
Stark	4176	-2095
Marmaton	4296	-2215
Pawnee	4366	-2285
Cherokee	4387	-2306
Mississippian	4418	-2337
Kinderhook Sand	4445	-2364
Viola	4536	-2455

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	WOOD 1
Doc ID	1331904

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	4486-4506	1050 gal 7.5% MCA	
2	4446-4486	1650 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 14736 A

22-265-16W

DATE _____ TICKET NO. _____

DATE OF JOB <u>1/23/2017</u> DISTRICT <u>Pratt & ICS</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>Griffin Management</u>		LEASE <u>WOOD</u> WELL NO. <u>1</u>								
ADDRESS		COUNTY <u>Edwards</u> STATE <u>KS</u>								
CITY STATE		SERVICE CREW <u>D Griffin, McGrew, Shawn E</u>								
AUTHORIZED BY		JOB TYPE: <u>242/4 1/2 Longstring</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>19843</u> x	<u>2/4</u>						<u>1/23</u>			<u>9:00</u>
<u>19862</u> x	<u>1/4</u>						<u>1/23</u>			<u>12:15</u>
							<u>1/23</u>			<u>6:45</u>
							<u>1/23</u>			<u>7:30</u>
							<u>1/23</u>			<u>8:30</u>
						MILES FROM STATION TO WELL	<u>32</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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP105	AB 2 Cement	SK	200		3,400 00	
CP103	60/40 PO2	SK	30		360 00	
CC111	S917	Lb	911		455 50	
CC102	cellulose	Lb	51		188 70	
CC116	Mgg Chem 10CR	Lb	564		1,522 80	
CC129	FLA-322	Lb	74		705 00	
CC201	Gilsonite	Lb	1001		670 67	
CC105	C-41P	Lb	47		188 00	
CF1250	Auto Fill Plug & Shoe 4 1/2" (Blue)	ES	1		330 00	
CF606	Log & Down Plug & BSR Plug, 4 1/2" (Blue)	ES	1		370 00	
CF1600	4 1/2" Turbolizer (Blue)	ES	5		600 00	
CC151	mu2 Flush	GSI	500		750 00	
CT04	Clymax KCL Substrate	GSI	4		140 00	
E100	unit milesse chorse - pickups, smst us as desis	m.	30		135 00	
E101	Hesky Equipment Milesse	m.	60		450 00	
E113	Picopsnt & sna Bulk Delivery chorse, per ton miv	TWh	321		802 50	
CE205	Depth Chorse 4001' - 5,000'	4hr	1		2,520 00	
CE240	Blends & mixing Service Chorse	SK	230		322 00	
S003	Service Supervisor, first 8 hrs on loc.	ES	1		175 00	
CE504	Plug container utilization chorse	[Job]	1		250 00	
					SUB-TOTAL	14,335 17

CHEMICAL / ACID DATA:

SERVICE & EQUIPMENT %TAX ON \$
MATERIALS %TAX ON \$

Discouned TOTAL 6,599 70

SERVICE REPRESENTATIVE D Griffin THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer Griffin Management	Lease No.	Date 1/23/2017
Lease W002	Well # 1	
Field Order # 14736	Station Pratt, KS	Casing 4 1/2
Type Job	Depth 4624	County FOWERS
	Formation 4629	State KS
		Legal Description 22-26s-16w

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
4 1/2				Pre Pad	Max		5 Min.
Depth 4624	Depth	From	To	Pad	Min		10 Min.
Volume 28.6	Volume	From	To	Frac	Avg		15 Min.
Max Press	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush 2% KCl water	Gas Volume		Total Load
Plug Depth 4612	Packer Depth	From	To				

Customer Representative: JR Griffin Station Manager: David Scott Treater: Darin Frislich

Service Units	92911	84981	19843	70959	19862				
Driver Names	Darin	McGraw	McGraw	Shawn	Shawn				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:30pm					On location / SSPTK meeting
					4 1/2 casing set 9 + 4624
					T-3,4,5,6,7
					200 SLK ADZ cement, 10% SSIT, 16 ppb
					Gilsonite, 3.0% MgS Chem CR, 0.25 ppb
					Cellophane, 0.5% Fluid loss, 0.25 ppb
					deposmer, 15.2 ppb, 1.39 veils, 5.46 wster
					30 SLK 60/40 P02 + 2% Gel
					14.4 ppb, 1.26 veils, 5.74 wster
5:50pm					Pipe on bottom & break circulation
6:45pm	300		5	5	Pump 5 bbls wster
	300		12	5	Pump 12 bbls Flush
	300		5	5	Pump 5 bbls wster
	400		50	5 1/2	Mix 200 SLK cement
					Wash pump & line & Release plug
	250		0	3 1/2	SSPT displacement
	400		50	5 1/2	Light Pressure
	600		60	3	Slow Rate
7:30pm	1500		73 1/4	3	Bump Plug
					Flow - Held
7:40pm	100		7	3	Plug set hole

Customer <i>Griffin Management</i>	Lease No.	Date <i>1/17/2017</i>
Lease <i>W002</i>	Well # <i>1</i>	
Field Order # <i>14734</i>	Station <i>Pratt, KS</i>	Casing <i>8 5/8</i>
Type Job <i>242/8 5/8 Surface</i>	Depth <i>405</i>	County <i>Edwards</i>
	Formation <i>TD-405</i>	State <i>KS</i>
		Legal Description <i>22-26s-16w</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>8 5/8</i>								
Depth <i>405</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>25 3/4</i>	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 <i>325</i>	Packer Depth	From	To	Flush <i>Fresh water</i>	Gas Volume		Total Load	

Customer Representative	Station Manager <i>Douglas Scott</i>	Treater <i>Darin Franklin</i>
Service Units <i>92911 84981 19843 84980 19860</i>		
Driver Names <i>Darin Shawn Shawn Josh Josh</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>8:00pm</i>					<i>ON LOCATION / Safety meeting</i>
					<i>350 slk common cement, 2% cc, 1/4th cement</i>
					<i>15.2 ppg, 1.27 yield, 5.75 water</i>
<i>11:30pm</i>	<i>400</i>		<i>3</i>	<i>5</i>	<i>Pump 3 bbls water</i>
	<i>400</i>		<i>79</i>	<i>5</i>	<i>mix 350slk cement</i>
					<i>Shut down</i>
					<i>Release plug</i>
	<i>300</i>		<i>24 1/2</i>	<i>3</i>	<i>Start displacement</i>
<i>12:00am</i>					<i>Shut in</i>
					<i>Cement did not circulate</i>
	<i>300</i>		<i>27</i>	<i>2</i>	<i>TOP OFF WITH 200slk cement + 2% cc</i>
					<i>Job complete / Darin agreed</i>
					<i>Thank you!!</i>

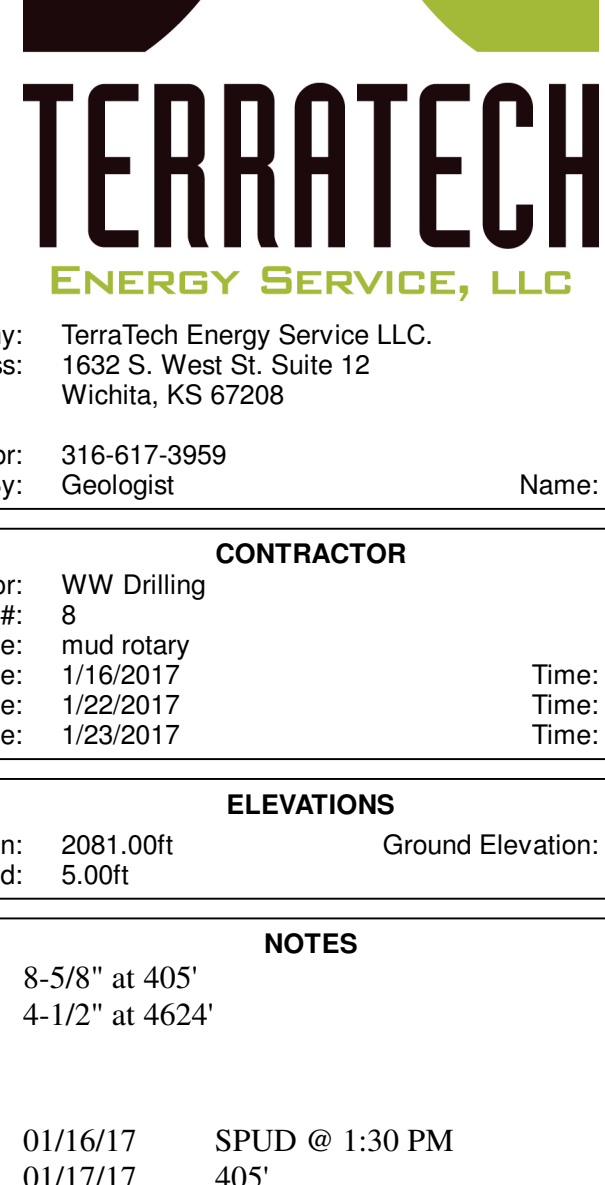
OPERATOR
 Charles N. Griffin
 Address: PO Box 347
 Pratt, KS 67124-0347

Contact Geologist: #1 Wood
 Contact Phone Nbr: Section 22-26S-16W
 Well Name: #1 Wood
 Location: Section 22-26S-16W
 Pool: API: 15-047-21655
 State: Kansas Country: Trousdale Northeast
 USA

Scale 1:240 Imperial
 Well Name: #1 Wood
 Surface Location: Section 22-26S-16W
 Bottom Location: API: 15-047-21655
 License Number:
 Spud Date: 1/16/2017 Time: 1:30 PM
 Region: Edwards County
 Drilling Completed: 1/22/2017 Time: 11:00 AM
 Surface Coordinates: 1650' FSL & 2310' FEL
 Bottom Hole Coordinates:
 Ground Elevation: 2076.00ft
 K.B. Elevation: 2081.00ft To: 4630.00ft
 Logged Interval: 3700.00ft
 Total Depth: 4630.00ft
 Formation:
 Drilling Fluid Type: Chemical (MudCo)

SURFACE CO-ORDINATES
 Well Type: Vertical
 Longitude: NS Co-ord: 1650' FSL Latitude:
 E/W Co-ord: 2310' FEL

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

CONTRACTOR
 Contractor: WW Drilling
 Rig #: 8
 Rig Type: mud rotary
 Spud Date: 1/16/2017 Time: 1:30 PM
 TD Date: 1/22/2017 Time: 11:00 AM
 Rig Release: 1/23/2017 Time: 11:30 AM

ELEVATIONS
 K.B. Elevation: 2081.00ft Ground Elevation: 2076.00ft
 K.B. to Ground: 5.00ft

NOTES
 Surface Casing: 8-5/8" at 405'
 Production Casing: 4-1/2" at 4624'

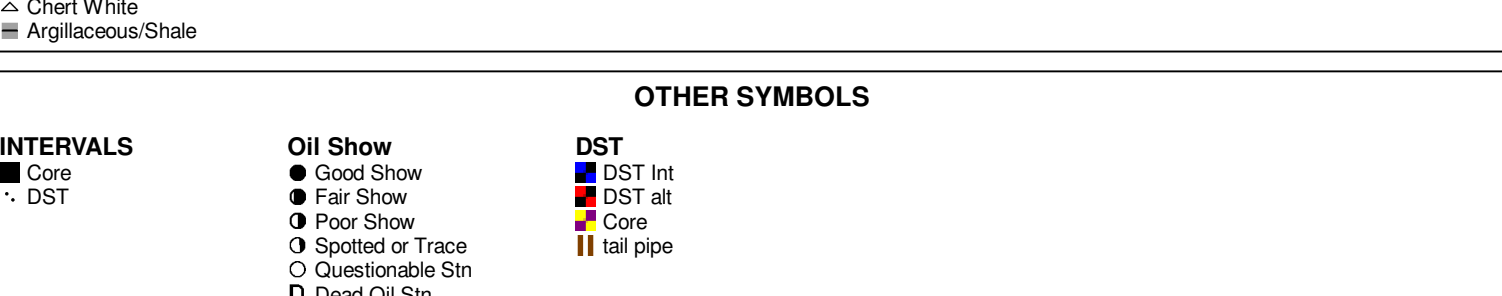
Daily Penetration:
 01/16/17 SPUD @ 1:30 PM
 01/17/17 405'
 01/18/17 1814'
 01/19/17 2767'
 01/20/17 3445'
 01/21/17 4120'
 01/22/17 4567' RTD @ 11:00 AM
 01/23/17 4630' Rig Released @ 11:30 AM

FORMATION TOPS

Formation	Log Top	Datum	Sample Top	Datum	Comparison*
Heebner	3786'	-1705	3789'	-1708	+11
Brown Lime	3929'	-1848	3934'	-1853	+9
Lansing	3947'	-1866	3951'	-1870	+8
Stark	4176'	-2095	4175'	-2094	+9
Marmaton	4296'	-2215	4300'	-2219	+2
Pawnee	4366'	-2285	4370'	-2289	+11
Cherokee	4387'	-2306	4392'	-2311	+12
Mississippian	4418'	-2337	4422'	-2341	+10
Kinderhook Sand	4445'	-2364	4449'	-2368	+33
Viola	4536'	-2455	4539'	-2458	+28

Reference well: Toto Energy, LLC, #1 Parker Anywhere, C NE SW, Section 22-26S-16W Edwards County, Kansas

ROCK TYPES



ACCESSORIES

MINERAL
 - Dolomitic
 - Chert White
 - Argillaceous/Shale

OTHER SYMBOLS

INTERVALS
 - Core
 - DST

Oil Show
 - Good Show
 - Fair Show
 - Poor Show
 - Spotted or Trace
 - Questionable Stn
 - Dead Oil Stn
 - Fluorescence
 - Gas

DST
 - DST Int
 - DST alt
 - Core
 - tail pipe

