

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

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 2
Doc ID	1331908

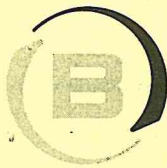
Tops

Name	Top	Datum
Heebner	3815	-1732
Brown Lime	3957	-1874
Lansing	3974	-1891
Marmaton	4327	-2244
Pawnee	4399	-2316
Cherokee	4419	-2336
Mississippian	4453	-2370
Kinderhook Sand	4490	-2407
Viola	4567	-2484
Simpson	4821	-2738
Arbuckle	4901	-2818

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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	4492-4504	1000 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 14738 A

22-265-16W

DATE _____ TICKET NO. _____

DATE OF JOB 2/2/2017	DISTRICT Pratt, KS	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 GC: Ppin management		LEASE Wood		WELL NO. 2			
ADDRESS		COUNTY Edwards		STATE KS			
CITY		STATE		SERVICE CREW Darin, McGraw, Shawn			
AUTHORIZED BY		JOB TYPE: 242/5 1/2 Longstrings					

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
19843	1/4						2/2	AM	11:00
19860	1/4						2/2	PM	5:30
							2/2	AM	9:45
							2/2	PM	10:30
							2/2	AM	11:30
									MILES FROM STATION TO WELL 33

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	AA 2 Cement	SK	200		3,400 00
CP103	60/40 P02	SK	30		360 00
CC111	SSlt	Lb	911		455 50
CC102	Celloflaxe	Lb	51		188 70
CC116	Mgs Chem 10CR	Lb	564		1,522 80
CC124	FLD-322	Lb	94		705 00
CC201	Bilsonite	Lb	1001		670 67
CC105	C-41P	Lb	47		188 00
CF1251	Auto Fill Plug Shoe 5 1/2" (Blue)	E9	1		360 00
CF607	Latch Down Plug & BSSPte, 5 1/2" (Blue)	E9	1		400 00
CF1901	5 1/2" BSSite (Blue)	E9	1		290 00
CF1651	Turbolizer, 5 1/2" (Blue)	E9	5		550 00
CC151	mud Flush	GSI	500		750 00
F100	Unit milesse Chrsse - Pickups, Shstluacaris	Mi	30		135 00
E101	Hesur Esuipmen - milesse	Mi	60		450 00
E113	Proposna gna Bulk Delivery chrsrs, pridunmte	Inln	321		802 50
CE205	Depth Chrsse, 400' - 500'	Yhis	1		2,520 00
CE240	Blending & mixing Service Chrsse	SK	230		322 00
S003	Service Supervisor, First & Bilson Loc.	E9	1		175 00
CE504	PLUS container utilization chrsse	Job	1		250 00
SUB TOTAL					14,495 17

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	✓
Discounted TOTAL		8,821 30

SERVICE REPRESENTATIVE 	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
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FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer Griffin Management	Lease No.	Date 2/2/2017	
Lease Wood	Well # 2		
Field Order # 14738	Station P9901KS	Casing 5 1/2	Depth 4957
Type Job 242/ 5 1/2 Longstring	Formation TD-3200	County Edwards	State KS
Legal Description 22-26s-16e			

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
5 1/2				Pre Pad	Max		5 Min.
Depth 4957	Depth	From	To	Pad	Min		10 Min.
Volume 115	Volume	From	To	Frac	Avg		15 Min.
Max Press	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume.		Total Load
Plug Depth 4757	Packer Depth	From	To	20-100 P. 3000			

Customer Representative JR Griffin	Station Manager D. Scott	Treater D. Griffin
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Service Units	92911	84981	19843	84980	19860				
Driver Names	D. Griffin	McGraw	McGraw	Shsun	Shsun				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:30pm					On location / Safety meeting 5 1/2 Casing set at 4957' 17# T-4,3,10,11,12 B-1 200SK AD2 Cement, 10% SSlt, 5pps Gilsonite, 3.0% MasChem CR, 0.25pps Cello Plske, 0.5% Fluid loss, .25pps defoamer 15.2 pps, 1.39 veild, 5.46 wster 30SK 60/40 P02, 2% Gel 14.4 pps, 1.26 veild, 5.74 wster
8:45pm					Pipe on bottom & Break Circulation
9:45pm	400		5	5	Pump 5 bbls wster
	400		12	5	Pump 12 bbls Flush
	400		5	5	Pump 5 bbls wster
	600		50	7	mix 200 SK Cement
					Shut down & wsh pump & lines & Release Plus
	200		0	6	Start displacement
	600		85	6	L. et Pressure
	1,000		104	3	slow Rate
10:30	1,500		110	3	Bump Plug Float -
			7	3	Plug Ret hole

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

Contact Geologist: Well Name: #2 Wood
Contact Phone Nbr: Section: 27-26S-16W
Location: Pool: State: Kansas
API: 15-047-21656
Field: Trusdale Northeast
Country: USA

Scale 1"=240' Imperial
Well Name: #2 Wood
Surface Location: Section 27-26S-16W
Bottom Location: Pool: State: Kansas
API: 15-047-21656
License Number: 1/26/2017
Spud Date: 1/26/2017
Region: Edwards County
Drilling Completed: 2/2/2017
Time: 3:30 PM
Surface Coordinates: 330' FNL & 2310' FEL
Time: 10:00 AM
Bottom Hole Coordinates: 2078.00ft
Ground Elevation: 2083.00ft
K.B. Elevation: 2083.00ft
Logged Interval: 3700.00ft To: 5200.00ft
Total Depth: 5200.00ft
Formation:
Drilling Fluid Type: Chemical (MudCo)

SURFACE CO-ORDINATES
Well Type: Vertical
Longitude: 330' FNL
N/S Co-ord: 2310' FEL
Latitude:
E/W Co-ord:

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: 1/26/2017
TD Date: 2/2/2017
Rig Release: 2/3/2017
Time: 3:30 PM
Time: 10:00 AM
Time: 2:30 AM

ELEVATIONS
K.B. Elevation: 2083.00ft
Ground Elevation: 2078.00ft
K.B. to Ground: 5.00ft

NOTES
Surface Casing: 8-5/8" at 406'
Production Casing: 5-1/2" at 4957'

Daily Penetration:
01/26/17 SPUD @ 3:30 PM
01/27/17 406'
01/28/17 2025'
01/29/17 2695'
01/30/17 3430'
01/31/17 4148'
02/01/17 4610'
02/02/17 5084' RTD @ 10:00 AM
02/03/17 5200' Rig Released @ 2:30 AM

FORMATION TOPS

Formation	Sample Top	Datum	Log Top	Datum	Comparison*
Heebner	3815'	-1732	3816'	-1733	+3
Brown Lime	3957'	-1874	3960'	-1877	+6
Lansing	3974'	-1891	3976'	-1893	+8
Marmaton	4327'	-2244	4326'	-2243	-3
Pawnee	4399'	-2316	4398'	-2315	+4
Cherokee	4419'	-2336	4419'	-2336	+2
Mississippian	4453'	-2370	4454'	-2371	+8
Kinderhook Sand	4490'	-2407	4490'	-2407	+47
Viola	4567'	-2484	4571'	-2488	+22
Simpson	4821'	-2738	DNL		
Arbuckle	4901'	-2818	DNL		

Reference well: Benson Mineral Group, #1-27 Salser "C", NE NW NE, Section 27-26S-16W
Edwards County, Kansas

DNL = Did Not Log

ROCK TYPES

Carbon Sh	Carbon Sh
shale, gry	shale, gry
SS	SS

ACCESSORIES

MINERAL
Dolomitic
Chert White
Argillaceous/Shale

OTHER SYMBOLS

Oil Show
Good Show
Fair Show
Poor Show
Spotted or Trace
Questionable Sin
Dead Oil Sin
Fluorescence

DST
DST Int
DST all
Core
tail pipe

