

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 4
Doc ID	1348564

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	SHARRON 4
Doc ID	1348564

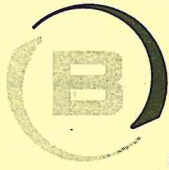
Tops

Name	Top	Datum
Heebner	3614	-2086
Lansing	3820	-2292
Stark	4200	-2672
Hush	4230	-2702
B/KC	4286	-2758
Mississippian	4372	-2844
Kinderhook	4574	-3046
Viola	4677	-3149
Simpson Sand	4775	-3247

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	SHARRON 4
Doc ID	1348564

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	4802-4805	7.5% HCL Acid	
3	4679-4687	15% HCL Acid	
3	4802-4805	10% HCL Acid	



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 14874 A

DATE _____ TICKET NO. _____

DATE OF JOB: 2-27-17 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: Griffin Management				LEASE: Sharmon		WELL NO. 4	
ADDRESS:				COUNTY: Barber		STATE: KS	
CITY: STATE:				SERVICE CREW: Mattal, McQuinn, Johnson			
AUTHORIZED BY:				JOB TYPE: 2-42 8 1/2" SURFACE			

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
27463 X	.5						2-27-17			2:00
						ARRIVED AT JOB				4:15
						START OPERATION				5:38
73768-X	.5					FINISH OPERATION				6:07
						RELEASED				7:00
						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: *[Signature]*
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100	COMMON	SU	180		2,880 00
CC 109	Calcium Chloride	lb	340		357 00
CC 102	CELLULOSE	lb	46		170 20
E 100	P.U. Miles	Mi.	35		157 50
E 101	heavy eq miles	Mi.	70		525 00
E 113	PROP + bulk del	TR	298		743 75
CE 200	depth charge 0-500'	4hr	1		1,000 00
CE 240	blend + mix	SU	180		252 00
S003	SAPS V.SUR	ea	1		175 00

SUB TOTAL 6260 45

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL			3,505 85

SERVICE REPRESENTATIVE: Mike Mattal
 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 2-27-17
Lease SHARRON	Well # L1	
Field Order # 14874	Station PRATT	Casing 8 7/8 Depth 246.97 County BAIRD State KS
Type Job Z-42 8 7/8 SUTKAW P.P.	Formation	Legal Description 34-325-12W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 7/8	Tubing Size	Shots/Ft		Acid 180 SKS common	RATE	PRESS	ISIP	
Depth 247	Depth	From	To	Pre Pad 2% cc. 1/4 #	Max		5 Min.	
Volume 15.7	Volume	From	To	Pad	Min		10 Min.	
Max Press 300	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection 5 1/2	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 227	Packer Depth	From	To	Flush 14.4	Gas Volume		Total Load	

Customer Representative JR. GRIFFIN	Station Manager DAVID SCOTT	Treater MIKE MATTAL
Service Units 37586	27463	JOHN
Driver Names MATTAL	McQUIR	19960 73768

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:15					On location / safety meeting
4:30					run 23# 8 7/8 casing
5:30					casing on bottom
5:38					hook to casing / kick circ w. rig
5:46	150		3	5.4	Pump 3 bbl water
5:47	150		38.4	5	Mix 180 SKS common cement
6:00	150			5	START displacement
6:07	175		14.4		Plug down / shut in well
					10 bbls cement to air
					JOB COMPLETE
					THANK YOU!
					MIKE MATTAL
					MIKE + JOHN



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ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201
34-325-12W

FIELD SERVICE TICKET

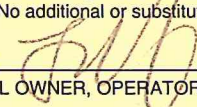
1718 14910 A

DATE _____ TICKET NO. _____

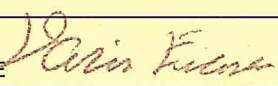
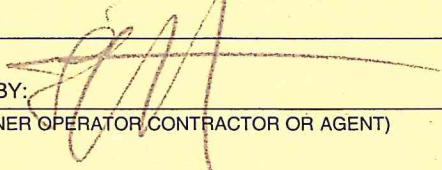
DATE OF JOB: 3/4/2017	DISTRICT: P19801KS	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:			
CUSTOMER: Griddle Management		LEASE: Sherron		WELL NO. 4						
ADDRESS:		COUNTY: Barber		STATE: KS						
CITY:		STATE:		SERVICE CREW: D G R I N, M C G R E W, S H S W N						
AUTHORIZED BY:		JOB TYPE: 242/4 1/2 Long String								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
19843	1						3/4			1:00
19860	42					ARRIVED AT JOB	3/4			3:00
						START OPERATION	3/4			7:00
						FINISH OPERATION	3/4			8:00
						RELEASED	3/4			9:00
						MILES FROM STATION TO WELL	35			

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED: 
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP105	AA2 Cement	SK	200		3,400 00	
CP103	60/40 POZ	SK	30		360 00	
CC111	Silt	Lb	292		146 00	
CC102	Cellophane	Lb	50		185 00	
CC112	Cement Friction Reducer	Lb	94		564 00	
CC201	Gilsonite	Lb	1001		670 67	
CC116	M99 Chem 100%	Lb	564		1,522 80	
CF1251	Duro Fill Foot Shoe (Blue)	ES	1		360 00	
CF607	Logch Down Plug & BS Plug (Blue)	ES	1		400 00	
CF1901	Basket (Blue)	ES	1		290 00	
CF1651	Insulator (Blue)	ES	6		660 00	
CF104	Claymax RCL Substitute	GS	4		140 00	
CF151	Mud Flush	GS	500		750 00	
E100	Unit Mileage Charge - Pickups, Small US and CS	M.	35		157 50	
E101	Heavy Equipment Mileage	M.	70		525 00	
E113	Proppant and Bulk Delivery Charges, per ton	Ton	380		949 38	
CE205	Depth Charge 400' - 500'	Thr	1		2,526 00	
CE140	Blending & Mixing Service Charge	SK	230		322 00	
CE504	Plus container DFL, 29% ion charge	Job	1		250 00	
5003	Service Supervisor, first 8 hrs on loc.	ES	1		175 00	
					SUB TOTAL	14,347 35
CHEMICAL / ACID DATA:						
SERVICE & EQUIPMENT				%TAX ON \$		
MATERIALS				%TAX ON \$		
TOTAL					14,347 35	

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

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR, CONTRACTOR OR AGENT)

Customer <i>Griffin Measurement</i>	Lease No.	Date <i>3/4/2017</i>
Lease <i>Sharon</i>	Well # <i>4</i>	
Field Order # <i>14910</i>	Station <i>Drsst+115</i>	Casing <i>4 1/2</i>
		Depth <i>4877</i>
Type Job <i>242/4 1/2 Longstraps</i>	Formation <i>4880</i>	County <i>Berber</i>
		State <i>KS</i>
		Legal Description <i>34-325-12</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>4 1/2</i>				Pre Pad	Max		5 Min.	
Depth <i>4877</i>	Depth	From	To	Pad	Min		10 Min.	
Volume <i>75 1/2</i>	Volume	From	To	Frac	Avg		15 Min.	
Max Press	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush <i>KEL WATER</i>	Gas Volume		Total Load	
Plug Depth <i>4836</i>	Packer Depth	From	To					

Customer Representative <i>JR Griffin</i>	Station Manager <i>David Scott</i>	Treater <i>Darin Franklin</i>
Service Units <i>92911 89981 19843 19903 19860</i>		
Driver Names <i>Darin McGraw McGraw Shawn Shawn</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2:45pm</i>					<i>On location / SQP meeting</i>
					<i>4877 4 1/2 casing 11.4H</i>
					<i>200511 PAZ, 10% SS1+, .25# Cello P15K</i>
					<i>3% Mss Chem CR-10, 5pps 6.1isonite</i>
					<i>0.5% Friction Reducer Cello P15K</i>
					<i>15.3 pps, 1.36 veid, 5.32 water</i>
<i>6:00pm</i>					<i>Pipe on bottom & break circulation</i>
<i>6:05pm</i>	<i>300</i>		<i>5</i>	<i>5</i>	<i>Pump 5 bbls water</i>
	<i>300</i>		<i>12</i>	<i>5</i>	<i>12 bbls Flush</i>
	<i>300</i>		<i>5</i>	<i>5</i>	<i>5 bbls water</i>
	<i>400</i>		<i>48</i>	<i>6</i>	<i>Mix 200511 cement</i>
					<i>Shut down</i>
					<i>Wash pump line & Release Plug</i>
	<i>200</i>		<i>0</i>	<i>6 1/2</i>	<i>Start disdisament</i>
	<i>400</i>		<i>43</i>	<i>6</i>	<i>Light pressure</i>
	<i>800</i>		<i>65</i>	<i>3</i>	<i>Slow Rate</i>
<i>7:30pm</i>	<i>1500</i>		<i>75</i>	<i>3</i>	<i>Bump Plug</i>
					<i>Flow - Hold</i>
	<i>100</i>		<i>7</i>	<i>3</i>	<i>Plug set hole</i>
<i>8:00pm</i>					<i>Job Complete / Darin & crew</i>
					<i>Thank you!</i>

OPERATOR

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

Contact Geologist: Sharron #4
 Contact Phone Nbr: Section 34-32S-12W
 Well Name: Sharron #4
 Location: Section 34-32S-12W
 State: Kansas

API: 15-007-24311
 Field: Toni-Mike
 Country: USA

Scale 1:240 Imperial

Well Name: Sharron #4
 Surface Location: Section 34-32S-12W
 Bottom Location: API: 15-007-24311

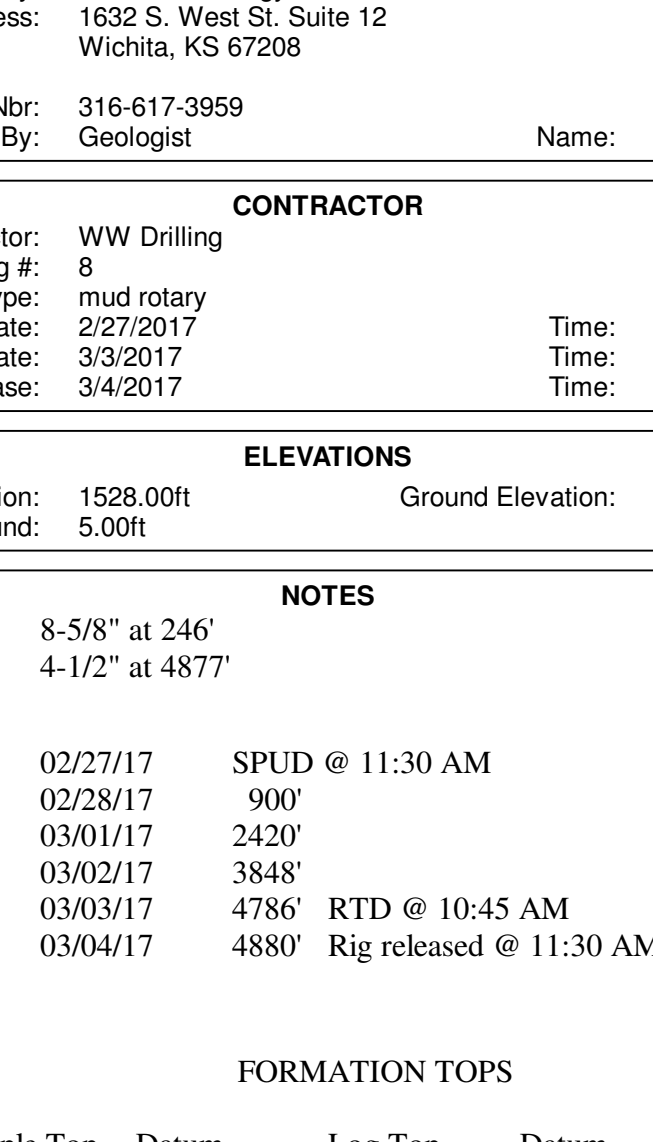
License Number: 2/27/2017
 Spud Date: 2/27/2017
 Region: Barber County
 Drilling Completed: 3/3/2017
 Surface Coordinates: 660' FSL & 890' FWL
 Bottom Hole Coordinates: 1523.00ft
 Ground Elevation: 1528.00ft
 K.B. Elevation: 1528.00ft
 Logged Interval: 3300.00ft
 Total Depth: 4882.00ft
 Formation: To: 4882.00ft
 Drilling Fluid Type: Chemical (MudCo)

Time: 11:30 AM
 Time: 10:45 AM

SURFACE CO-ORDINATES

Well Type: Vertical
 Longitude: 660' FSL
 E/W Co-ord: 890' 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

CONTRACTOR

Contractor: WW Drilling
 Rig #: 8
 Rig Type: mud rotary
 Spud Date: 2/27/2017
 TD Date: 3/3/2017
 Rig Release: 3/4/2017

Time: 11:30 AM
 Time: 10:45 AM
 Time: 11:30 AM

ELEVATIONS

K.B. Elevation: 1528.00ft
 K.B. to Ground: 5.00ft
 Ground Elevation: 1523.00ft

NOTES

Surface Casing: 8-5/8" at 246'
 Production Casing: 4-1/2" at 4877'

Daily Penetration:
 02/27/17 SPUD @ 11:30 AM
 02/28/17 900'
 03/01/17 2420'
 03/02/17 3848'
 03/03/17 4786' RTD @ 10:45 AM
 03/04/17 4880' Rig released @ 11:30 AM

FORMATION TOPS

Formation	Sample Top	Datum	Log Top	Datum	Comparison*
Heebner	3612'	-2084	3614'	-2086	+7
Lansing	3819'	-2291	3820'	-2292	+2
Stark	4198'	-2670	4200'	-2672	+3
Hush	4228'	-2700	4230'	-2702	+7
B/KC	4285'	-2757	4286'	-2758	+5
Mississippian	4372'	-2844	4372'	-2844	+5
Kinderhook	4571'	-3043	4574'	-3046	+3
Viola	4675'	-3147	4677'	-3149	+4
Simpson Sand	4775'	-3246	4775'	-3247	-1

Reference well: Patrick Petroleum, #1 Moots, C SW SW, Section 34-32S-12W
 Barber County, Kansas

LOG ANALYSIS

Lower Douglas Sand: 3775' (22%), 3777' (22%), 3779' (22%), 3781' (25%), 3783' (35%), 3785' (35%), 3787' (32%), 3789' (28%), 3791' (28%) and 3793' (25%).

Mississippian: 4386' (32%), 4388' (37%), 4390' (24%), 4392' (22%), 4394' (20%), 4396' (26%), 4398' (30%), 4400' (32%), 4402' (27%) and 4404' (25%).

ROCK TYPES

CHT Lmsl fw>
 shale, gray
 Carbon Sh
 Ss

ACCESSORIES

MINERAL
 - Calcareous
 - Dolomitic
 - Sandy
 - Chert White
 - Argillaceous Shale

OTHER SYMBOLS

INTERVALS
 Core
 DST

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

DST
 DST Int
 DST alt
 Core
 well pipe

