

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1367148
OIL & GAS CONSERVATION DIVISION

Form ACO-1
November 2016

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: _____

1367148



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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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				

- Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
- Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 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>	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	SHERRY 3-9
Doc ID	1367148

All Electric Logs Run

Dual Induction Log
CNL
CDL
CPI

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	SHERRY 3-9
Doc ID	1367148

Tops

Name	Top	Datum
LeCompton	3455	-1909
Elgin	3488	-1942
Heebner	3684	-2138
Lansing	3867	-2321
Stark	4251	-2705
B/KC	4344	-2798
Mississippian	4422	-2876
Kinderhook	4578	-3032
Viola	4687	-3141
Simpson	4790	-3244
Simpson Sand	4796	-3250
Arbuckle	4928	-3382



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

TMH 24

FIELD SERVICE TICKET

1718 13086 A

Inv #
92433272

DATE _____ TICKET NO. _____

DATE OF JOB 5-17-17	DISTRICT 1718	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 Sherry		3-9	WELL NO.				
ADDRESS		COUNTY Barber		STATE KS					
CITY		STATE		SERVICE CREW 1718					
AUTHORIZED BY		JOB TYPE: <u>Surface 242</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 5-17	AM PM	TIME
27463	4					ARRIVED AT JOB	5-17	AM PM	1530
84986-19860	4					START OPERATION	5-17	AM PM	1900
						FINISH OPERATION	5-17	AM PM	1970
						RELEASED	5-17	AM PM	1945
						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 John E. Green
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100	Common Cement		180 sks		2880 -
CC 109	Calcium Chloride		340 lbs		357 -
CC 102	Celloflake		4.6 lbs		170 70
E 100	Pickup mileage 1 way		35 mi		157 50
F 101	Tnk mileage 1 way		70 mi		525 -
E 113	Proppant Delv		298 tons/m		734 75
CE 200	Pump Charge 0-500'		4 hrs		1000 -
CE 240	Blending + Mixing Charge		180 sks		252 -
5003	Service Supv Charge		1 ea		175 -

CHEMICAL / ACID DATA:			

Book Total	SUB TOTAL	6260	75
SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
Discounted Price	TOTAL	3631	06

SERVICE REPRESENTATIVE DLScoff THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY John E. Green
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer <i>Griffin Management</i>	Lease No.	Date <i>5-17-17</i>
Lease <i>Sherry</i>	Well # <i>3-9</i>	
Field Order # <i>13086</i>	Station <i>Pratt KS</i>	Casing <i>8 5/8</i>
		Depth <i>261</i>
Type Job <i>Surface</i>	Formation	County <i>Barber</i>
		State <i>KS</i>
		Legal Description <i>9-33-12</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>8 5/8</i>	Tubing Size	Shots/Ft		Acid <i>180ski Common</i>	RATE	PRESS	ISIP	
Depth <i>251</i>	Depth	From	To	Pre Pad <i>290cc 114 C.F.</i>	Max	<i>500</i>	5 Min.	
Volume <i>16</i>	Volume	From	To	Pad <i>37 Bbl: 5L</i>	Min		10 Min.	
Max Press <i>500</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush <i>H2O</i>	Gas Volume		Total Load	

Customer Representative <i>Josh TP</i>	Station Manager <i>J Westerman</i>	Treater <i>D Scott</i>
Service Units <i>Vad</i>	<i>27463</i>	<i>84980</i>
Driver Names <i>Scott</i>	<i>Crust</i>	<i>M Clymer</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1500</i>					<i>On Loc w/ Trk's Safety mtg</i>
					<i>Csg on Bottom Circ w/Rig</i>
					<i>Rig up Trk</i>
<i>1900</i>	<i>300</i>		<i>5</i>	<i>4</i>	<i>H2O Spacer</i>
<i>1907</i>	<i>300</i>		<i>37</i>	<i>5</i>	<i>Mix cmt 15.6 ppq 180ski</i>
<i>1910</i>	<i>A</i>			<i>4</i>	<i>St Disp w/ H2O</i>
<i>1920</i>	<i>200</i>		<i>16</i>	<i>4</i>	<i>Flush In - Close in Valve</i>
					<i>Circ Bbl: cmt = 5 Bbl: ski = 20sk</i>
					<i>Good cmt in cellar</i>
					<i>Job Complete</i>
					<i>Thank you</i>
					<i>Scotty</i>



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ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

HTM14 (35)
FIELD SERVICE TICKET
1718 15113 A
DATE _____ TICKET NO. 9243652

DATE OF JOB <u>5-23-17</u> DISTRICT <u>Pratt</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>Sherry</u> WELL NO. <u>3-9</u>								
ADDRESS _____		COUNTY <u>BAIRD</u> STATE <u>KS</u>								
CITY _____ STATE _____		SERVICE CREW <u>MATTAI, McGraw, Clymer</u>								
AUTHORIZED BY _____		JOB TYPE: <u>2-42 5 1/2" 1079 string</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>86774</u>	<u>1</u>						<u>5-23-17</u>			<u>2:00</u>
						ARRIVED AT JOB				<u>5:55</u>
<u>21010</u>	<u>0.5</u>					START OPERATION				<u>10:20</u>
						FINISH OPERATION				<u>11:20</u>
						RELEASED				<u>12:15</u>
						MILES FROM STATION TO WELL				<u>35</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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP105	AA-2 CMT	SK	200		3,400.00	
CP103	60/40 P02	SK	50		600.00	
CC111	SAIT	lb	833		416.50	
CC102	cell flang	lb	49		181.30	
CC112	CMT friction reducer	lb	94		564.00	
CC201	Gilsonite	lb	100.1		670.67	
CC116	MAG Chem 10 c	lb	564		1,522.80	
CF125F	AUTOFILL FLOW SHOR 5 1/2	EA	1		360.00	
CF607	TATCH DOWN Plug + buffer 5 1/2	EA	1		400.00	
CF1901	BASKET 5 1/2	EA	1		290.00	
CF1651	MURBOL 200 5 1/2	EA	5		550.00	
C704	CLAYMAX	gal	4		140.00	
CC151	M40 FLUGS	gal	500		750.00	
E100	P.A. Miles	mi	35		157.50	
E101	heavy eq miles	mi	70		525.00	
E113	PROP + bulk del.	TN	404		1,010.63	
CE205	depth charge 4001-5000	4hr	1		2,520.00	
CE240	blend + mix	SK	250		350.00	
CE504	Plug CONT	JOB	1		250.00	
500	Supervisor	EA	1		175.00	
					SUB TOTAL	14,833.40
CHEMICAL / ACID DATA:					SERVICE & EQUIPMENT	%TAX ON \$
					MATERIALS	%TAX ON \$
					TOTAL	8,306.70

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

FIELD SERVICE ORDER NO. _____

Customer Griffin NIMASOPEAR	Lease No.	Date 5-29-17
Lease Sherry	Well # 3-9	
Field Order # 15113	Station Pratt	Casing 5 1/2
		Depth 4909
Type Job Z-42 5 1/2" long string	Formation RTO SZUW	County Pratt
		State KS
		Legal Description 9-33-12W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid 200 SAs AA-	RATE	PRESS	ISIP	
Depth 4909	Depth	From	To	Pre Pad 50 SA 60/4	Max		5 Min.	
Volume 116.8	Volume	From	To	Pad	Min		10 Min.	
Max Press 1,500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection PC	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 4867	Packer Depth	From	To	Flush 116.3	Gas Volume		Total Load	

Customer Representative JR Griffin	Station Manager WOSTERMAN	Treater MIKE MATTAL
Service Units 83353	78982	86779
Driver Names MATTAL	McGrath	CLYMER
		19959
		21010

Time	Casing Pressure	Tubing Pressure	Bbbls. Pumped	Rate	Service Log
5:55					ON LOCATION, SARTREY MEETING
7:40					Run 5 1/2 15.5" casing, 22' shoe
					BASKET ON #1 TURBOS ON 4,5,7,10,11
9:15					CSNG. ON BOTTOM
9:25					HOOK TO CSNG. / BREAK CIRC W. RIG
10:24	250		3	4	PUMP 3 bbl water
10:25	250		12	4	PUMP 12 bbl mud flush
10:29	250		3	4	PUMP 3 bbl water
10:30	300		48	5.7	Mix 200 SAs AA-2 conc
10:40			4	3	WASH PUMP + LINE / DROP PLUG
10:43	140			6	START DISPLACEMENT W. HCL WATER
10:56	220		75	6	LIFT PRESSURE
11:01	600		106	3	SLOW RATE
11:04	1500		116.3		PLUG DOWN, RELEASED + HELD
11:15			7.5		PLUG RAT + MOUND HOLE
					CIRC. THRU JOB
					JOB COMPLETE
					THANK YOU!
					MIKE MATTAL
					MIKE + MICHAEL

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

Contact Geologist:
Phone Nbr: #3-9 Sherry

Well Name: Section 9-33S-12W
Location: API: 15-007-24319

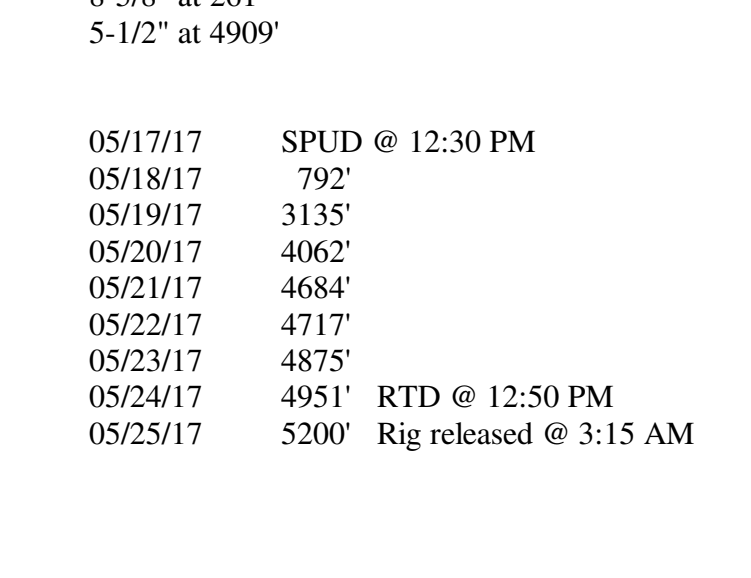
Pool: State: Kansas
Field: Medicine Lodge-Boggs
Country: USA

Well Name: #3-9 Sherry
Surface Location: Section 9-33S-12W
Bottom Location: API: 15-007-24319
License Number:
Spud Date: 5/17/2017 Time: 12:30 PM
Region: Barber County
Drilling Completed: 5/24/2017 Time: 12:50 PM
Surface Coordinates: 330° FNL & 330° FWL
Bottom Hole Coordinates:
Ground Elevation: 1535.00ft
K.B. Elevation: 1545.00ft
Logged Interval: 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: 330° FWL
Latitude:
EW 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 # 14
Rig Type: mud rotary
Spud Date: 5/17/2017 Time: 12:30 PM
TD Date: 5/24/2017 Time: 12:50 PM
Rig Release: 5/25/2017 Time: 3:15 AM

ELEVATIONS

K.B. Elevation: 1545.00ft Ground Elevation: 1535.00ft
K.B. to Ground: 11.00ft

NOTES

Surface Casing: 8-5/8" at 261'
Production Casing: 5-1/2" at 4909'
Daily Penetration:
05/17/17 SPUD @ 12:30 PM
05/18/17 792'
05/19/17 3135'
05/20/17 4062'
05/21/17 4684'
05/22/17 4717'
05/23/17 4875'
05/24/17 4951' RTD @ 12:50 PM
05/25/17 5200' RTD released @ 3:15 AM

FORMATION TOPS

Formation	Sample Top	Datum	Log Top	Datum	Comparison ²
LeCompton	3455'	-1909	3454'	-1908	+3
Elgin	3488'	-1942	3488'	-1942	+2
Heebner	3684'	-2138	3684'	-2138	-10
Lansing	3867'	-2321	3865'	-2319	+12
Stark	4251'	-2705	4250'	-2704	+14
B/KC	4344'	-2798	4343'	-2797	+11
Mississippian	4422'	-2876	4420'	-2874	+19
Kinderhook	4578'	-3032	4577'	-3031	+18
Viola	4687'	-3141	4684'	-3138	+20
Simpson Sand	4796'	-3244	4788'	-3242	+16
Arbuckle	4928'	-3250	4794'	-3248	+22

*Reference Well: Val Energy #1-9 Sherry, 1600' FNL / 1320' FWL, Section 9-33S-12W Barber County, Kansas

ROCK TYPES

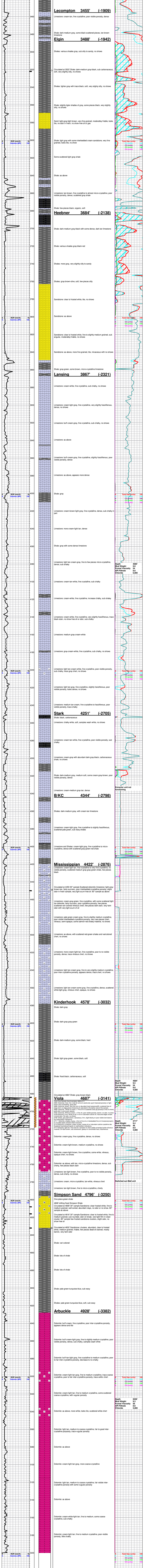
Dolomite
Limestone
Shale, gray
Carbon Sh

ACCESSORIES

MINERAL
Dolomite
Chert White
Argillaceous Shale

OTHER SYMBOLS

INTERVALS
Core
DST
Oil Show
Good Show
Fair Show
Poor Show
Spotted or Trace
Questionable
Dead Oil Stn
Fluorescence



Printed by GEOstrip VC Striplog version 4.0.7.0 (www.arsl.ca)

1240 Imperial
ROP (min/ft)
Gamma (API)

1240 Imperial
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Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Pat Apple, Chairman
Shari Feist Albrecht, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

September 18, 2017

Charles N Griffin
Griffin, Charles N.
PO BOX 347
PRATT, KS 67124-0347

Re: ACO-1
API 15-007-24319-00-00
SHERRY 3-9
NW/4 Sec.09-33S-12W
Barber County, Kansas

Dear Charles N Griffin:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 05/17/2017 and the ACO-1 was received on September 15, 2017 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department