

MAR 25 2010

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

CONSERVATION DIVISION
WICHITA, KS

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33936

Name: Charles N. Griffin

Address 1: P.O. Box 347

Address 2: _____

City: Pratt State: KS Zip: 67124 + 0347

Contact Person: Charles Griffin

Phone: (720) 490-5648

CONTRACTOR: License # 34233

Name: Maverick Drilling, LLC

Wellsite Geologist: Kim Shoemaker

Purchaser: Plains

Designate Type of Completion:

- New Well _____ Re-Entry _____ Workover
 - Oil _____ SWD _____ SLOW
 - _____ Gas _____ ENHR _____ SIGW
 - _____ CM (Coal Bed Methane) _____ Temp. Abd.
 - _____ Dry _____ Other _____
- (Core, WSW, Expl., Cathodic, etc.)*

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

_____ Deepening _____ Re-perf. _____ Conv. to Enhr. _____ Conv. to SWD

_____ Plug Back: _____ Plug Back Total Depth

_____ Commingled Docket No.: _____

_____ Dual Completion Docket No.: _____

_____ Other (SWD or Enhr.?) Docket No.: _____

10/2/09 10/11/09 10/27/09

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 077-21655-00-00

Spot Description: _____

nw_ne_nw Sec. 26 Twp. 34 S. R. 9 East West

330 Feet from North / South Line of Section

3630 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Harper

Lease Name: Koblitz Well #: 1

Field Name: Hibbord

Producing Formation: Mississippi

Elevation: Ground: 1280' Kelly Bushing: 1289'

Total Depth: 5072' Plug Back Total Depth: 4839'

Amount of Surface Pipe Set and Cemented at: 264 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 AH I NR 3-30-10
(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 No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: _____
Title: _____ Date: 3/22/10

Subscribed and sworn to before me this 22nd day of March

20 10

Notary Public: _____

Date Commission Expires: 2/25/2012

George H Beck Jr.
Notary Public State of Kansas
My Apt Expires 2/25/2012

KCC Office Use ONLY

- Letter of Confidentiality Received
- If Denied, Yes Date: _____
- Wireline Log Received
- Geologist Report Received
- _____ UIC Distribution

Operator Name: Charles N. Griffin Lease Name: Koblitz Well #: 1
 Sec. 26 Twp. 34 S. R. 9 East West County: Harper

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Dual Induction Dual Compensated Porosity Sonic Cement Bond	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>KCL</td> <td>4067'</td> <td>-2778'</td> </tr> <tr> <td>Stark</td> <td>4214'</td> <td>-2925'</td> </tr> <tr> <td>Cherokee</td> <td>4479'</td> <td>-3190'</td> </tr> <tr> <td>Mississippi</td> <td>4584'</td> <td>-3295'</td> </tr> <tr> <td>Simpson</td> <td>4984'</td> <td>-3695'</td> </tr> </table>	Name	Top	Datum	KCL	4067'	-2778'	Stark	4214'	-2925'	Cherokee	4479'	-3190'	Mississippi	4584'	-3295'	Simpson	4984'	-3695'
Name	Top	Datum																	
KCL	4067'	-2778'																	
Stark	4214'	-2925'																	
Cherokee	4479'	-3190'																	
Mississippi	4584'	-3295'																	
Simpson	4984'	-3695'																	

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
Surface	12.25	8.625	23#	264'	50/20 poz	175	3% cal. chlor.
Production	7.875	5.5	15.5#	4855'	AA-2	200	10% salt

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>
3	4604'-4616' RECEIVED KANSAS CORPORATION COMMISSION MAR 25 2010 CONSERVATION DIVISION WICHITA, KS	2000 Gallons 10% HCL

TUBING RECORD: Size: <u>2 7/8"</u> Set At: <u>4638'</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>11/2/09</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls. <u>25</u>	Gas Mcf <u>tstm</u>	Water Bbls. <u>25</u> Gas-Oil Ratio _____ Gravity <u>34</u>

DISPOSITION OF GAS: <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>4604'-4616'</u>
--	---	--

0040103655
FIELD SERVICE TICKET
1718 0771 A



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

DATE _____ TICKET NO. _____

DATE OF JOB 10-12-09 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 Charles N. Griffin 10074		LEASE Koblitz 1 WELL NO.						
ADDRESS Billed Griffin Management		COUNTY HARPER STATE KS						
CITY _____ STATE _____		SERVICE CREW S. W. Shill, Antley						
AUTHORIZED BY _____		JOB TYPE GW 502 d.s.						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
19959/20920	1.50						10-12-09	AM 12:00
19832/21010	1.50						" "	AM 12:50
						ARRIVED AT JOB		PM 0:50
						START OPERATION	10-12-09	PM 0:50
						FINISH OPERATION		PM 0:15
						RELEASED	12-12-09	AM 0:30
						MILES FROM STATION TO WELL		65

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
CP 105	AAZ-cont RECEIVED	SK	200	1	3,400.00
CP 103	6 1/4" AAZ-cont KANSAS CORPORATION COMMISSION	SK	50	1	600.00
CC 111	Salt	lb	939	1	469.50
CC 112	2000lb Duct MAR 25 2010	lb	94	1	564.00
CC 115	900 Duct	lb	126	1	968.20
CC 201	900 Duct CONSERVATION DIVISION WICHITA, KS	lb	1,000	1	670.00
CC 131	Suack	lb	50	1	180.00
E 704	REL.	gal	1	1	35.00
CC 151	Mud - 2000	gal	500	1	430.00
CF 607	Latch closed Plus 2000 5/12	gal	1	1	400.00
CF 1251	Rate 200 5/12 3/4" flat	gal	1	1	360.00
CF 1651	Tablet	gal	10	1	1,100.00
CF 1901	Rate	gal	1	1	290.00
E 101	Mud - 2000	mi	130	1	910.00
E 113	Bulk Dill	gm	751	1	1,201.60
E 100	Dust - 2000	mi	66	1	276.25
CF 200	Rate - 2000	SK	750	1	350.00
S003	Suack	gal	1	1	175.00
CF 205	Rate - 2000	SK	1	1	8,520.00
CF 504	Rate - 2000	gal	1	1	250.00
SUB TOTAL					8,288.25

CHEMICAL / ACID DATA			

SERVICE & EQUIPMENT	% TAX ON \$	
MATERIALS	% TAX ON \$	
TOTAL		8,288.25

SERVICE REPRESENTATIVE <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)	

FIELD SERVICE ORDER NO. _____

BASIC

energy services, L.P.

TREATMENT REPORT

Customer Charles N. Griffin		Lease No.		Date	
Lease Koblit 2		Well # 1		10-12-09	
Field Order # 0271	Station PR-4	Casing 5 1/2	Depth 4873'	County BARBER	State KS
Type Job CPW 5 1/2 ts.			Formation	Legal Description 26-34-9	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2							5 Min.	
Depth 4873'	Depth	From	To	Pre Pad	Max		10 Min.	
Volume 115 1/2	Volume	From	To	Pad	Min		15 Min.	
Max Press 2000	Max Press	From	To	Frac	Avg		Annulus Pressure	
Well Connection P.C.	Annulus Vol.	From	To		HMP Used		Total Load	
Plug Depth 4873	Packer Depth	From	To	Flush	Gas Volume			

Customer Representative _____ Station Manager **DAVE SCOTT** Treater **Robert Sullivan**

Service Units	19467	19959	20920	19432	21010				
Driver Names	Salmon	Shields		Anthony					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1230					RECEIVED KANSAS CORPORATION COMMISSION MAR 25 2010 CONSERVATION DIVISION WICHITA, KS on for safety meeting
1230					Run 120 JTS 5 1/2 @ 15.5 csp
1245					circ. csp 1/2 way @ 1/2 hour
0150		300	20	4	CSP on bottom
			12		Hook Rig to circ
			3		at KCL Pres Flush
			48	5 1/2	at mud flush
					SPACER
					mix 200 SK AA-2 amt @ 15.4 1/2
0212					Shot down AND wash pump/line
0215		100		6	Release Plug C at Rig
		250	82		lift PSI
		500		4 1/2	slow rate
0235		1600		3	Plug down Heat Hold
			6		Plug Pull w/ 300
			4		Plug m.H w/ 200
					Job Complete

Thank you

Customer <i>Charles N. Griffin</i>		Lease No.		Date <i>10-12-09</i>	
Lease <i>Kohlitz 2</i>		Well # <i>1</i>			
Field Order # <i>0971</i>	Station <i>PRA-4</i>	Casing # <i>211</i>	Depth <i>4073</i>	County <i>BARBER</i>	State <i>KS</i>
Type Job <i>CNW 5 1/2 in.</i>			Formation	Legal Description <i>26-34-9</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing-Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth <i>4073</i>	Depth	From	To	Pre Pad		Max		5 Min.
Volume <i>115 1/2</i>	Volume	From	To	Pad		Min		10 Min.
Max Press <i>2000</i>	Max Press	From	To	Frac		Avg		15 Min.
Well Connection <i>PC</i>	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth <i>4052</i>	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Sullivan</i>
-------------------------	--------------------------------------	-----------------------------------

Service Units	<i>19807</i>	<i>19959</i>	<i>20430</i>	<i>19832</i>	<i>21010</i>				
Driver James	<i>Balthasar</i>	<i>Shirley</i>		<i>Anthony</i>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1130</i>					<i>on loc table meter</i>
					<i>Run 120 30 5 1/2" 1500 CSC</i>
					<i>CSC 1/2 way so we have</i>
<i>1230</i>					<i>CSC on bottom</i>
<i>1245</i>					<i>Hook Rig To Cite</i>
<i>1150</i>		<i>300</i>		<i>4</i>	<i>84 KCL Prod Flush</i>
					<i>At Mud Flush</i>
			<i>48</i>	<i>5 1/2</i>	<i>SPM</i>
<i>1212</i>					<i>mix 200 st All vent @ 15.4" / min</i>
<i>1215</i>		<i>200</i>		<i>6</i>	<i>Shot down Ann with Ann. Line</i>
		<i>250</i>	<i>82</i>		<i>Release Plug @ 1st Dis</i>
		<i>300</i>		<i>4 7/8</i>	<i>At PSI</i>
<i>1235</i>		<i>1600</i>		<i>3</i>	<i>Slow Rate</i>
					<i>Plug down Flow Hold</i>
			<i>6</i>		<i>When R/H w/ 300</i>
			<i>4</i>		<i>Plan m.u. - 1700</i>
					<i>Job Complete</i>
					<i>Thank you!</i>

RECEIVED
KANSAS CORPORATION COMMISSION
MAR 25 2010
CONSERVATION DIVISION
WICHITA KS



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

1718 0771 A

DATE _____ TICKET NO. _____

DATE OF JOB: 10-2-09 DISTRICT: Phil #11		NEW WELL <input type="checkbox"/> OLD WELL <input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:								
CUSTOMER: Charles W. Griffin		LEASE: K. L. L. #2		1 WELL NO.						
ADDRESS: B. Heck Griffin Management		COUNTY: HARVEY		STATE: KS						
CITY: STATE:		SERVICE CREW: S. ...								
AUTHORIZED BY:		JOB TYPE: CNW 54725								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
1177/2500	50									
1177/2500	50									
						ARRIVED AT JOB				12:30
						START OPERATION				
						FINISH OPERATION				6:04
						RELEASED	10-12-09			2:30
						MILES FROM STATION TO WELL				6.5

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
P 105	110' Rod	SK	200		3,400.00
P 103	1/2" Galv. Pipe cut	SK	50		600.00
P 111	Salt	11	931		469.50
P 112	Fluid. ...	16	94		564.00
P 115	CAS-OLK	16	196		968.20
P 201	Oil ...	16	1,000		670.00
P 131	Su ...	16	50		100.00
P 24	Kit	91	1		35.00
P 151	100' Rod	92	500		430.00
P 607	Lead ...	94	1		400.00
P 1251	1/2" Galv. Pipe cut		1		360.00
P 1651	Tubing	97	10		1,100.00
P 1801	1/2" Galv. Pipe	98	1		290.00
P 101	40' ...	99	130		910.00
P 113	1/2" Galv. Pipe	100	751		1,201.60
P 100	1/2" Galv. Pipe	101	65		276.25
P 24	Blender - ...	SK	236		350.00
P 202	Special ...	SK	1		175.00
P 205	1/2" Galv. Pipe - 300' - 500'	SK	1		2,520.00
P 206	1/2" Galv. Pipe - 300' - 500'	SK	1		250.00
SUB TOTAL					8,250.00

RECEIVED
KANSAS CORPORATION COMMISSION

MAR 25 2010

CONSERVATION DIVISION
WICHITA, KS

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		8,250.00

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

FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)