

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 + _____
Contact Person: Charles Griffin
Phone: (720) 490-5648
CONTRACTOR: License # 34233
Name: Maverick Drilling, LLC
Wellsite Geologist: _____
Purchaser: Plains

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 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 ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
3/13/10 3/22/10 3/26/10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 077-21668-00-00
Spot Description: _____
sw se ne nw Sec. 26 Twp. 34 S. R. 9 East West
1,260 Feet from North / South Line of Section
3,028 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Harper
Lease Name: Koblitz Well #: 4
Field Name: Hibbord
Producing Formation: Mississippi
Elevation: Ground: 1274' Kelly Bushing: 1284'
Total Depth: 4774' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 222 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 #: _____

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.

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.

Signature: [Signature]
Title: President Date: 12/14/10

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Letter of Confidentiality Received Date: DEC 17 2010
 Confidential Release Date: _____
 Wireline Log Received **KCC WICHITA**
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dlg Date: 12/14/10

Operator Name: Charles N. Griffin Lease Name: Koblitz Well #: 4

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" 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 Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Dual Induction, Compensated Porosity & CBL	<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>Cherokee</td> <td>4482</td> <td>-3198</td> </tr> <tr> <td>Mississippi</td> <td>4589</td> <td>-3305</td> </tr> </table>	Name	Top	Datum	Cherokee	4482	-3198	Mississippi	4589	-3305
Name	Top	Datum								
Cherokee	4482	-3198								
Mississippi	4589	-3305								

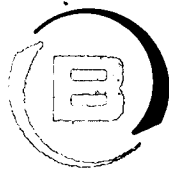
CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"	23	222	common	175	3% Cal Chlor
Production	7 7/8"	5 1/2"	15.5	4768	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>	Depth
3	4611-4618	2000 Gallons 10% HCL	

TUBING RECORD:	Size: <u>2 7/8"</u>	Set At: <u>4599</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	KCC WICHITA
Date of First, Resumed Production, SWD or ENHR. <u>3/29/10</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>41</u>	Gas Mcf <u>57</u>	Water Bbls. <u>47</u>	Gas-Oil Ratio	Gravity <u>32</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>4611-4618</u>
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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 1341 A

DATE _____ TICKET NO. _____

DATE OF JOB <i>3-14-10</i>		DISTRICT <i>Pratt</i>		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 <i>Griffith Management</i>				LEASE <i>Koblitz</i>				WELL NO. <i>7</i>							
ADDRESS				COUNTY <i>Haskell</i>				STATE <i>KS</i>							
CITY				STATE				SERVICE CREW <i>Lusley, Nelson, Merson</i>							
AUTHORIZED BY				JOB TYPE <i>Water - E. T.</i>											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
<i>19559</i>	<i>1</i>						<i>3-10</i>								
<i>19560</i>	<i>1</i>					ARRIVED AT JOB	<i>3-10</i>								
<i>27963</i>	<i>1</i>					START OPERATION									
						FINISH OPERATION									
						RELEASED									
						MILES FROM STATION TO WELL									

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
<i>CP 100</i>	<i>Common</i>	<i>SB</i>	<i>175</i>		
<i>CS 102</i>	<i>Coll. Flare</i>	<i>LB</i>	<i>4495</i>		
<i>CS 104</i>	<i>Calcium Chloride</i>	<i>Rb</i>	<i>495</i>		
<i>CS 153</i>	<i>Water Cement Plug</i>	<i>sq</i>	<i>1</i>		
<i>CS 131</i>	<i>Sugar</i>	<i>Lb</i>	<i>100</i>		
<i>F 101</i>	<i>Heavy Equipment Mileage</i>	<i>mi</i>	<i>130</i>		
<i>S 113</i>	<i>Proppant and Gels Delivery Charge</i>	<i>TM</i>	<i>536</i>		
<i>P 100</i>	<i>Unit Material Charge for Plug Installation</i>	<i>mi</i>	<i>65</i>		
<i>LG 240</i>	<i>Blending & Mixing Service Charge</i>	<i>SB</i>	<i>175</i>		
<i>S 003</i>	<i>Service Supervisor Fee</i>	<i>sq</i>	<i>1</i>		
<i>IS 304</i>	<i>Depth Charge</i>	<i>sq</i>	<i>1</i>		
<i>ES 804</i>	<i>Plug Cement Utilization Charge</i>	<i>sq</i>	<i>1</i>		

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CHEMICAL / ACID DATA:			

SUB TOTAL	<i>3475</i>	<i>14</i>
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer GRIFFIN MANAGEMENT	Lease No.	Date 3-14-10
Lease KUBSITZ	Well # 4	
Field Order # 1340	Station Pratt, KS	Casing 5/8
		Depth 231.2
Type Job CNW - E 3/8 S.T.	Formation	Legal Description 26-34-7
		County WAPER
		State Ks.

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5/8				1753K Common				
Depth 231.2	Depth	From	To	Pre Pad 1.18	Max		5 Min.	
Volume 14.6	Volume	From	To	Pad	Min		10 Min.	
Max Press 320	Max Press	From	To	Erac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 231.2	Packer Depth	From	To	Flush 305L-110	Gas Volume		Total Load	

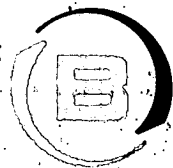
Customer Representative JERRY CUMMINS	Station Manager DAVE SCOTT	Treater KEELEN LESLEY
Service Units 17743 11163 11105 19860 19918		
Driver Names LESLEY VENTH WELSON		

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
8:30 PM					ON LOCATION - SAFETY / MOUNTING
11:35 PM					RUN 6 JTS. E 3/8 X 23"
12:25 AM					CSG. ON BOTTOM
12:37 AM					HCK UP TO 450. BREAK PIRC. 10/215
12:45 AM			5	5	H2O SPACER
12:50 AM			37	3.5	MIX CNT. @ 15.97 gal
1:00 AM					SHUT DOWN - RELEASE PLUG
1:05 AM			0	5	START DISPLACEMENT
1:10 AM			13	1	PLUG DOWN!
					"CIRCULATION" THRU JOB
					CIRCULATED 13L TO PIT
					JOB COMPLETE,
					THANKS, KEELEN

1511"
92"
511"

CSA 389
LESLEY

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BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 1486 A

DATE _____ TICKET NO. _____

DATE OF JOB 3-23-10 DISTRICT KANSAS		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 Giffon Management		LEASE Koblitz #4 WELL NO.							
ADDRESS		COUNTY Harper 26-34-9 STATE KANSAS							
CITY STATE		SERVICE CREW A. Werth, M. McGuire, M. Mull							
AUTHORIZED BY		JOB TYPE 5 1/2" Long String CNW							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
28443 P.U.	1 1/2						3-22-10	AM	3:00
19959-20920	1 1/2					ARRIVED AT JOB	3-22-10	AM	10:15
29832-21010	1 1/2					START OPERATION	3-23-10	AM	6:00
						FINISH OPERATION	3-23-10	AM	7:30
						RELEASED	3-23-10	AM	8:30
						MILES FROM STATION TO WELL	65 miles		

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		200-SK		
CP103	60/40 Poz		50-SK		
CC111	SALT (Fine)		9.39-lb		
CC112	cement Friction Reducer		54-lb		
CC115	Gas Blok		188-lb		
CC201	Gilsonite		1000-lb		
C704	CS-14, KCL Sub.		5-gal.		
CC151	mud flush		500-gal		
CC607	Latex down Plug + Baffle 3/4" (Blue)		1-en		
CF1751	Auto fill float shoe 5/2" (Blue)		1-en		
CF1651	Turbulator 5/2" (Blue)		10-en		
CF1901	Basket 5/2" (Blue)		1-en		
E101	Heavy Equip. mileage		130-mi.		
E113	Bulk Delivery Chg.		251-Tm		
E100	unit mileage charge Pickup		65-mi.		
CF240	Blandney mixing Service Charge		250-SK		
S003	Service Supervisor First 8hrs on Loc.		1-en		
CF305	Depth Charge 4001-5000'		1-4hrs		
CE504	Plug container Utilization Chg.		1-Job		
SUB TOTAL					

CHEMICAL / ACID DATA			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		118310.25

SERVICE REPRESENTATIVE **Allen F. Werth** THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

BASIC

energy services, L.P.

TREATMENT REPORT

Customer Griffin Management	Lease No.	Date 3-23-10
Lease Koblitz	Well # 4	
Field Order # 1718126A	Station Pratt KS	Casing 5/2
Type Job 5 1/2" Long String	Formation GNW	Depth 4770
		County Harper
		State KANS.
		Legal Description 26-34-9

PIRE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5/2	Tubing Size	Shots/Ft	20 BBls	Acid CLAMAX H₂O	RATE	PRESS	ISIP	
Depth 4768	Depth	From	to 17 BB	Pre Pad MUD FLUSH	Max		5 Min.	
Volume 113 BBls	Volume	From	To 200 SKS	Pad AA2 @ 15.4 gpm	Min		10 Min.	
Max Press 1200 #	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 4751	Packer Depth	From	To	Flush DISP CLAMAX H₂O	Gas Volume		Total Load	

Customer Representative Charles G. Griffin	Station Manager scotty	Treater Allen F. Worth
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Service Units	28443	19959	20920	19832	21010
Driver Names	Worth	Mike	McGuire	McGuire	McGuire

Time	Casing Pressure	Tubing Pressure	Bbls Pumped	Rate	Service Log
1015 pm					on loc. Discuss safety, Setup, Plan Job
1115					Righting down Drill collars out of hole w/ Drill Pipe - Lay down Kelly
130 AM					Rig up to Run 5 1/2" casing Start 5 1/2" casing. Shoe joint. 21' w/ float shoe + L.O. Baffle
420					Cent-1-Through - Basket 5 th Tag Bottom @ 4770
621	300 #		20	5	circ. Rig. Good circ. - Fill water Tank Pump 20 BBls Claymax H ₂ O
	300 #		12	5	Pump 12 BBls mud flush
	300 #			5	Pump 3 BBls H ₂ O spacer
	300 #			5	Mix + Pump 200 SKS AA2 @ 15.4 #
					Finish mixing cement
					Wash out Pump + Line.
					Drop L.O. Plug.
635	100 #			6	Start Disp. cap 113 BBls (Good) circ
				5	caught lift PSI w/ 75 BBls out
700	1500 #		113	4	Plug down
	0 #				Release PSI - OK.
					Plug R.H. + M.H. w/ 50 SKS 60/40 por
					Wash up RACKUP. Job complete.

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+ Mike McGuire
Allen Worth