



KANSAS CORPORATION COMMISSION 1052865
OIL & GAS CONSERVATION DIVISION

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: Griffin, Charles N.
Address 1: PO BOX 347
Address 2: _____
City: PRATT State: KS Zip: 67124 + 0347
Contact Person: Charles N. Griffin
Phone: (720) 490-5648
CONTRACTOR: License # 33549
Name: Landmark Drilling, LLC
Wellsite Geologist: Bruce A. Reed
Purchaser: Plains Marketing/West Wichita Gas Gathering

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 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 #: _____

<u>10/29/2010</u>	<u>10/31/2010</u>	<u>11/15/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-077-20181-00-01

Spot Description:
NW NE SE SW Sec. 31 Twp. 33 S. R. 8 East West
1,314 Feet from North / South Line of Section
3,267 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Harper

Lease Name: DENA Well #: 3B OWWO

Field Name: Hibbord North East

Producing Formation: Mississippi

Elevation: Ground: 1301 Kelly Bushing: 1309

Total Depth: 4604 Plug Back Total Depth: 4570

Amount of Surface Pipe Set and Cemented at: 259 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: 0 ppm Fluid volume: _____ bbls

Dewatering method used: Evaporated

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

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 05/19/2011



1052865

Operator Name: Griffin, Charles N. Lease Name: DENA Well #: 3B OWWO
 Sec. 31 Twp. 33 S. R. 8 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 Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Kansas City	3970	2661
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Bottom Kansas City	4203	2894
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cherokee	4382	3073
List All E. Logs Run:		Mississippi	4490	3181
Dual Induction Log Compensated Density Neutron Log Cement Sonic Bond Log				

CASING RECORD <input checked="" 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	24	259	Common	175	
Production	7.875	5.5	15.5	4570	AA2	150	

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 (Amount and Kind of Material Used)	Depth
2	4491-4511	2500 gal 10% HCL Acid	
		458 bbls profrac 2500	
		19000# 20/40 Sand	

TUBING RECORD:	Size: 2.875	Set At: 4500	Packer At: N/A	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. 11/15/2010	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. 12	Gas Mcf 15	Water Bbls. 250	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 4491-4511
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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 02689 A

DATE _____ TICKET NO. _____

DATE OF JOB 11-1-10		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 Griffin Management				LEASE Dena OWWO				WELL NO. B	
ADDRESS				COUNTY Harper 31-33-8				STATE Ks.	
CITY				STATE				SERVICE CREW Awerth, K. Lesley, O. Bishop	
AUTHORIZED BY				JOB TYPE 5/2" L.S.				C.N.W.	
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
28443 P.U.	2					10-31-10	10-31-10	AM	7:00
19903-19905	2					ARRIVED AT JOB	10-31-10	AM	11:00
19831-19862	2					START OPERATION	11-1-10	AM	2:30
						FINISH OPERATION	11-1-10	PM	4:30
						RELEASED	11-1-10	AM	6:30
						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	SK	150		\$ 2550.00
CP103	60/40 Poz	SK	85		\$ 1000.00
CC102	cell FLAKE	lb	38		\$ 140.60
CC111	SALT FINE	lb	685		\$ 342.50
CC112	Cement Friction Reducer	lb	71		\$ 42.00
CC115	Gas Blok	lb	141		\$ 72.15
CC201	Gilsonite	lb	250		\$ 502.50
CF607	Latch down Plug + Baffle 5/2 Blue	EA	1		\$ 900.00
CF1251	Auto Fill Float Shoe 5/2 Blue	EA	1		\$ 360.00
CF1651	Turbolizer - 5/2 Blue	EA	6		\$ 660.00
CF1901	5/2 Basket Blue	EA	2		\$ 580.00
CF204	CS-11 KCL sub.	gal	5		\$ 175.00
E100	unit mileage charge Pickup	mi	6.5		\$ 276.25
E101	Heavy Equip mileage	mi	13.0		\$ 910.00
E113	Bulk Delivery Charge	Tm	6.99		\$ 118.00
CE205	Depth Charge 4001-5000	4 hrs	1		\$ 2520.00
CE240	Bleeding + mixing Service Chg	SK	23.5		\$ 329.00
CE504	Plug container Optimization Chg	Job	1		\$ 250.00
5003	Service Supervisor first 8 hrs on rd	EA	1		\$ 175.00

SUB TOTAL

CHEMICAL / ACID DATA:			

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

TOTAL

DLS \$ 19,691.72

SERVICE REPRESENTATIVE *A. Awerth* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.