



KANSAS CORPORATION COMMISSION 1052987
 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 # 34233
 Name: Maverick Drilling LLC
 Wellsite Geologist: No Geologist on site
 Purchaser: _____

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>09/09/2010</u>	<u>09/21/2010</u>	<u>09/21/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-077-21699-00-00
 Spot Description: _____
W2 NW SE NW Sec. 26 Twp. 34 S. R. 9 East West
1,650 Feet from North / South Line of Section
3,717 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Harper
 Lease Name: KOBLITZ Well #: 5 B
 Field Name: Hibbord North East
 Producing Formation: P & A
 Elevation: Ground: 1276 Kelly Bushing: 1285
 Total Depth: 4723 Plug Back Total Depth: 4723
 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
 (Data must be collected from the Reserve Pit)
 Chloride content: _____ 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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Garrison</u> Date: <u>05/20/2011</u>



1052987

Operator Name: Griffin, Charles N. Lease Name: KOBLITZ Well #: 5 B
 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 (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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Kansas City	4078	2790
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Bottom Kansas City	4322	3047
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cherokee	4484	3199
List All E. Logs Run:		Mississippi	4622	3347
<small>Dual Induction Log Compensated Density Neutron Log Sonic Cement Bond Log</small>				

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	23	264	Common	200	

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	3835-3835	Thixotropic	100	Cellfake 25 lbs, Sugar 50 lbs
<input type="checkbox"/> Plug Back TD				
<input checked="" type="checkbox"/> Plug Off Zone	3868-3868	Thixotropic	100	Cellfake 25 lbs, Sugar 50 lbs

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

TUBING RECORD:	Size: <u>N/A</u>	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input 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: _____ _____
--	---	--

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 02532 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>09-10-10</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>Blitzer Management</u>		LEASE <u>Koblitz</u> <u>5-B</u>		WELL NO.					
ADDRESS		COUNTY <u>HARPER</u>		STATE <u>KS</u>					
CITY STATE		SERVICE CREW <u>Surface, Blitzer, Price</u>							
AUTHORIZED BY		JOB TYPE: <u>CNW 8 3/4 Surface</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <u>9-10-10</u>	DATE	AM	TIME
<u>23706 30220</u>	<u>30</u>					ARRIVED AT JOB		PM	<u>12:50</u>
<u>19831 19862</u>	<u>30</u>					START OPERATION		AM	<u>11:10</u>
<u>19867</u>						FINISH OPERATION		AM	<u>11:40</u>
						RELEASED <u>9-10-10</u>		AM	<u>12:00</u>
						MILES FROM STATION TO WELL			<u>65</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
CP 102	concrete	SK	200		3,200.00
CE 102	collar	lb	50		885.00
CE 103	concrete chloride	lb	376		384.80
CF 153	washer plug 8/8	FM	1		160.00
CE 131	cap	lb	50		100.00
P 102	poly tubing	in	65		276.25
S 101	Heavy Equip. oil	in	130		910.00
S 113	bullet tubing	FM	611		977.60
CE 200	Opert. charge 0-500	SA	1		1,000.00
CE 240	Black. oil. charge	SK	200		280.00
CE 304	plug. transfer to. nozzle	1/2	1		250.00
3002	Spacer - wire	FM	1		175.00
CE 405	Advt. work 4 1/2 hrs. All Spud out.	HR	2		1000.00

SUB TOTAL

CHEMICAL / ACID DATA:			

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

Thank you

TOTAL

5968.80
DLS

SERVICE REPRESENTATIVE: <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
--	--

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.