

**KANSAS CORPORATION COMMISSION 1052861**  
**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 # 5822  
 Name: Val Energy, Inc.  
 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 (Cora, 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>06/28/2010</u>	<u>07/03/2010</u>	<u>07/16/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-077-21682-00-00

Spot Description: \_\_\_\_\_  
NE NE SE Sec. 11 Twp. 34 S. R. 9  East  West  
2,310 Feet from  North /  South Line of Section  
330 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW

County: Harper  
 Lease Name: FANNING Well #: 3  
 Field Name: Hibbord North East

Producing Formation: Mississippi  
 Elevation: Ground: 1300 Kelly Bushing: 1310  
 Total Depth: 5025 Plug Back Total Depth: 5018  
 Amount of Surface Pipe Set and Cemented at: 270 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: 0 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>



1052861

Operator Name: Griffin, Charles N. Lease Name: FANNING Well #: 3  
 Sec. 11 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 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 Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:  <small>Dual Induction Log                  Compensated Neutron Density Log                  Sonic Cement Bond Log</small>	<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>Kansas City</td> <td>4033</td> <td>2723</td> </tr> <tr> <td>Bottom Kansas City</td> <td>4265</td> <td>2955</td> </tr> <tr> <td>Cherokee</td> <td>4441</td> <td>3131</td> </tr> <tr> <td>Mississippi</td> <td>4560</td> <td>3250</td> </tr> </table>	Name	Top	Datum	Kansas City	4033	2723	Bottom Kansas City	4265	2955	Cherokee	4441	3131	Mississippi	4560	3250
Name	Top	Datum														
Kansas City	4033	2723														
Bottom Kansas City	4265	2955														
Cherokee	4441	3131														
Mississippi	4560	3250														

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	270	Common	300	Salt, Gas Blok, Gilsonite
Production	7.875	5.5	15.5	5018	AA2	250	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ 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	4569-4575	2000 gals 15% HCL Acid	
		467 bbls profrac 2500,	
		16000# 20/40 Sand	

TUBING RECORD: Size: <u>2.875</u> Set At: <u>4582</u> Packer At: <u>N/A</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR: <u>07/16/2010</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
Estimated Production Per 24 Hours	Oil Bbls. <u>8</u> Gas Mcf <u>10</u> Water Bbls. <u>250</u> Gas-Oil Ratio _____ Gravity <u>31</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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: <u>4569-4575</u>
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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 02140 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB 06-29-10 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>Griffin Management</i>				LEASE <i>Fennell</i>		WELL NO. <i>3</i>	
ADDRESS				COUNTY <i>HARPER</i>		STATE <i>KS</i>	
CITY				STATE		SERVICE CREW <i>Sullivan Metal, McGraw</i>	
AUTHORIZED BY				JOB TYPE: <i>cnw 8 3/4 surface</i>			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	DATE	
<i>19903/19905</i>	<i>15</i>					TRUCK CALLED	<i>6-29-10</i> AM/PM
<i>19826/19840</i>	<i>15</i>					ARRIVED AT JOB	<i>12:00</i> AM/PM
<i>19967</i>						START OPERATION	<i>0:52.5</i> AM/PM
						FINISH OPERATION	<i>0:540</i> AM/PM
						RELEASED	<i>6-29-10</i> AM/PM
						MILES FROM STATION TO WELL	<i>65</i>

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: *Randy Smith*  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100	Common cement	SK	175		2,900.00
CC 102	Cellfite	lb	44		102.80
CC 109	Calcium chloride	lb	445		519.75
CF 153	Wooden Plug 8 3/4	PA	1		160.00
CC 131	Sucker	lb	100		200.00
E 100	pickup milage	mi	65		276.25
E 101	Heavy Equip milage	mi	1.30		910.00
E 113	Bulk Delivery charge	fm	536		958.00
CF 200	Depth charge 0-sci	PA	1		1,000.00
CF 240	Blending - mixing charge	SK	175		245.00
CF 304	plug constant (Rental)	SK	1		25.00
SC03	Service Supplied	PA	1		175.00

SUB TOTAL

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

TOTAL *16,430.73*

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE *Randy Smith*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Randy Smith*

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer <i>OLFAIN INDUSTRIES</i>	Lease No.	Date
Lease <i>FANNING</i>	Well # <i>3</i>	<i>06-29-10</i>
Field Order # <i>2140</i>	Station <i>Pratt</i>	Casing <i>8 5/8</i>
		Depth <i>270'</i>
Type Job <i>CNW 8 5/8 Surface</i>	Formation	Court <i>Harper</i>
		State <i>KS</i>
		Legal Description <i>11-34-9</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<i>8 5/8</i>				Pre Pad		Max		5 Min.
Depth <i>270'</i>	Depth	From	To	Pad		Min		10 Min.
Volume <i>70</i>	Volume	From	To	Frac		Avg		15 Min.
Max Press <i>100</i>	Max Press	From	To			HHP Used		Annulus Pressure
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	Flush		Gas Volume		Total Load
Plug Depth <i>220</i>	Packer Depth	From	To					

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Williams</i>
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Service Units	<i>19807</i>	<i>19003</i>	<i>19905</i>	<i>19826</i>	<i>19860</i>				
Driver Names	<i>Sullivan</i>	<i>Metcalf</i>	<i>McGraw</i>						

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>0300 AM</i>					<i>ON for Safety meeting</i>
					<i>RUN 6 JTS 8 5/8 23 CSS</i>
<i>0510</i>					<i>CASING ON BOTTOM</i>
<i>0518</i>					<i>Big Break circ.</i>
<i>0535</i>	<i>150</i>		<i>3</i>	<i>4</i>	<i>Set Spacers</i>
			<i>38</i>	<i>5</i>	<i>Mix amt 175 lb cement 3 1/2 gal</i>
				<i>4</i>	<i>Shot down AND Release Plug</i>
<i>0540</i>			<i>16</i>		<i>Set Deep plug down</i>
					<i>circulated 8 min and 5 min</i>
					<i>job complete</i>
					<i>Thank you</i>



**BASIC**  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELIN

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

FIELD SERVICE TICKET  
1718 02115 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>7-5-10</b> DISTRICT <b>Pratt</b>		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 <b>Griffith Management</b>		LEASE <b>Fanning</b>		WELL NO. <b>3</b>				
ADDRESS		COUNTY <b>Harper</b>		STATE <b>K.S.</b>				
CITY		STATE		SERVICE CREW <b>Orlando, Nelson, Pky</b>				
AUTHORIZED BY		JOB TYPE: <b>CNW-5 1/2 L.S.</b>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<b>27083</b>	<b>1</b>						<b>7-5-10</b>	<b>6:00</b>
<b>33708-20920</b>	<b>1</b>					ARRIVED AT JOB		<b>10:00</b>
<b>19960-15918</b>	<b>1</b>					START OPERATION		<b>1:30</b>
						FINISH OPERATION		<b>2:30</b>
						RELEASED		<b>3:00</b>
						MILES FROM STATION TO WELL		<b>65</b>

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
P CP11X5	AA2		30054		510000
P CC111	Silt		1372Lb		68600
P CC112	Cement Friction Reducer		141Lb		84600
P CC115	Gas Pilot		282Lb		145230
P CC201	Gilswrite		1500Lb		120500
P CF607	Latch Down Plug + Ball		1ea		40000
P CF1251	Anchor Mount Shoe		1ea		36000
P CF1651	Turbulizer		10ea		110000
P CF1901	Basket		1ea		29000
P C704	KCL Substitute CS-12		56gal		17500
P CC151	Mud Suck		500gal		43000
P E100	Pickup mileage		65mi		27625
P E101	Heavy Equipment mileage		130mi		91000
P E113	Bulk Delivery		917tm		146640
P CE206	Depth Charge 5001-6000		1ea		288000
P CE240	Cement Service Charge		30054		42000
P CES01	Plug Container		1ea		25000
P S003	Service Supervisor		1ea		17500
P CES03	Hourly Charge		1ea		30000

SUB TOTAL **1074273**

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		<b>1074273</b>

**DLS**

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

FIELD SERVICE ORDER NO. \_\_\_\_\_

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>Smith &amp; Mc...</i>	Lease No.	Date <i>7-5-11</i>	
Lease <i>...</i>	Well # <i>3</i>		
Field Order # <i>2115</i>	Station <i>Pratt</i>	Casing <i>17</i>	Depth <i>1180</i>
Type Job <i>C.N. 3 1/2 L.S.</i>	Formation	County <i>Wagoner</i>	State <i>OK</i>
		Legal Description <i>11-74-1</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid <i>3000-4-11</i>	RATE	PRESS	ISIP	
Depth <i>1180</i>	Depth	From	To	Pre Pad <i>5000-4-11</i>	Max		5 Min.	
Volume	Volume	From	To	Pad <i>2000-4-11</i>	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>490</i>	Packer Depth	From	To	Flush <i>117</i>	Gas Volume		Total Load	

Customer Representative <i>...</i>	Station Manager <i>...</i>	Treater <i>...</i>
Service Units <i>27215 337.8 5070</i>	<i>19960/19818</i>	
Driver Names <i>...</i>	<i>P. 144</i>	

Time	Casing Pressure	Tubing Pressure	Bbbls. Pumped	Rate	Service Log
<i>1:30</i>	<i>300</i>		<i>20</i>	<i>5</i>	<i>...</i>
<i>1:36</i>	<i>300</i>		<i>10</i>	<i>5</i>	<i>...</i>
<i>1:38</i>			<i>3</i>	<i>5</i>	<i>...</i>
<i>1:40</i>	<i>200</i>		<i>60.5</i>	<i>5</i>	<i>...</i>
<i>2:00</i>	<i>0</i>		<i>0</i>	<i>7</i>	<i>...</i>
<i>2:05</i>	<i>400</i>		<i>90</i>	<i>6</i>	<i>...</i>
<i>2:15</i>	<i>300</i>		<i>110</i>	<i>5</i>	<i>...</i>
<i>2:20</i>	<i>100</i>		<i>110</i>	<i>11</i>	<i>...</i>