



KANSAS CORPORATION COMMISSION 1055128  
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 # 5929  
Name: Duke Drilling Co., Inc.  
Wellsite Geologist: Bruce Reed  
Purchaser: Plains Marketing/West Wichita Gas Gatherin

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>12/13/2010</u>	<u>12/19/2010</u>	<u>02/15/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-077-21727-00-00

Spot Description: \_\_\_\_\_

SW SW SW Sec. 4 Twp. 34 S. R. 9  East  West

330 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: MORGAN Well #: 1

Field Name: Corwin North

Producing Formation: Mississippi

Elevation: Ground: 1305 Kelly Bushing: 1318

Total Depth: 4700 Plug Back Total Depth: 4655

Amount of Surface Pipe Set and Cemented at: 265 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**

- 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



1055128

Operator Name: Griffin, Charles N. Lease Name: MORGAN Well #: 1  
 Sec. 4 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 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 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 Density Neutron Log Cement Sonic Bond Log</small>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Kansas City</td> <td>4050</td> <td>2732</td> </tr> <tr> <td>Stark Shale</td> <td>4196</td> <td>2878</td> </tr> <tr> <td>Bottom Kansas City</td> <td>4279</td> <td>2961</td> </tr> <tr> <td>Cherokee</td> <td>4442</td> <td>3124</td> </tr> <tr> <td>Mississippi</td> <td>4450</td> <td>3232</td> </tr> </tbody> </table>	Name	Top	Datum	Kansas City	4050	2732	Stark Shale	4196	2878	Bottom Kansas City	4279	2961	Cherokee	4442	3124	Mississippi	4450	3232
Name	Top	Datum																	
Kansas City	4050	2732																	
Stark Shale	4196	2878																	
Bottom Kansas City	4279	2961																	
Cherokee	4442	3124																	
Mississippi	4450	3232																	

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	265	Common	200	
Production	7.875	5.5	15.5	4665	AA2/60-40 POZ	200	

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	4553-4562	2000 gals 10% HCL Acid	

TUBING RECORD:	Size: <u>2.875</u>	Set At: <u>4565</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>02/15/2011</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>3</u>	Gas Mcf <u>30</u>	Water Bbls. <u>30</u>	Gas-Oil Ratio <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>4553-4562</u>
--	---	--



# 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 03213 A

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

DATE OF JOB 12-13-10 DISTRICT Pratt		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 Griffin Management		LEASE Morgan				WELL NO. 1	
ADDRESS		COUNTY Harper		STATE KS			
CITY		STATE		SERVICE CREW U. L. ... .. M. ...			
AUTHORIZED BY		JOB TYPE: Cement Slurry					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 12-13-10 TIME 4:00
27285	1					ARRIVED AT JOB	AM 5:00
27163	1					START OPERATION	AM 7:00
19826-17360	1					FINISH OPERATION	AM 7:30
						RELEASED	AM 8:00
						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 Basis 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
PC110	Common	Sq	200		3200.00
CL102	Colliflake	Lb	50		185.00
CC109	Calcium Chloride	Lb	376		394.80
CF-153	Wooden Cement Plug	ea	1		160.00
E100	Pickup Mileage	M.	65		276.25
E101	Heavy Equipment Mileage	M.	150		910.00
E113	Bulk Delivery	Tm	611		977.60
CE200	Depth Charge 0.500	ea	1		1000.00
CE240	Cement Service Charge	Sq	200		280.00
CE504	Plug Container	ea	1		250.00
SO03	Service Supervisor	ea	1		175.00

SUB TOTAL  
DLS 5622.23

CHEMICAL / ACID DATA:			

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

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



**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 03378 A

4-345-9W

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

DATE OF JOB: 12-19-10		DISTRICT: Pratt, 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: Morgan		WELL NO. 1					
ADDRESS:		COUNTY: Harper		STATE: Kansas					
CITY:		STATE:		SERVICE CREW: C. Messick; C. Veatch; L. Wiser					
AUTHORIZED BY:		JOB TYPE: C.N.W. - Longstring							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19,866	.5						12-18-10	AM	6:00
						ARRIVED AT JOB	12-18-10	AM	11:00
27,463	.5					START OPERATION	12-19-10	AM	5:15
						FINISH OPERATION	12-19-10	PM	5:45
19,960-19,918	.5					RELEASED	12-19-10	PM	6:30
						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	AA 2 Cement	sk	150		\$ 2,550 00
CP 103	60/40 Poz Cement	sk	50		\$ 600 00
CC 102	Cellflats	Lb	38		\$ 140 60
CC 111	Salt (Fine)	Lb	685		\$ 342 50
CC 112	Cement Friction Reducer	Lb	71		\$ 426 00
CC 115	Gas Blotr	Lb	141		\$ 726 15
CC 201	Gilsonite	Lb	750		\$ 502 50
CF 607	Latch Down Plug and Baffle, 5 1/2"	ea	1		\$ 400 00
CF 1291	Auto Fill Float Shoe, 5 1/2"	ea	1		\$ 360 00
CF 1651	Turbolizer, 5 1/2"	ea	4		\$ 440 00
CF 1901	Basket, 5 1/2"	ea	1		\$ 290 00
CC 704	CS-1L	Gal	5		\$ 175 -
CC 151	Mud Flush	Gal	500		\$ 430 -

SUB TOTAL

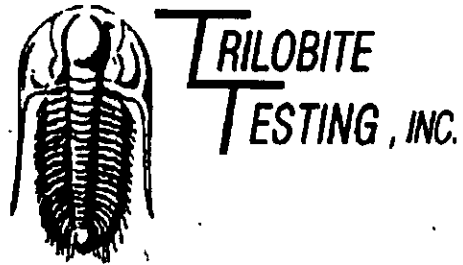
DLS

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Mr. R. Messick* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Justin Lewis*  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



## DRILL STEM TEST REPORT

Prepared For: **Charles N Griffin**

PO Box 347  
Pratt KS 67124

ATTN: Bruce Reed

**4 34s 9w Harper KS**

**Morgan #1**

Start Date: 2010.12.17 @ 12:27:27

End Date: 2010.12.17 @ 21:33:37

Job Ticket #: 37405.                      DST #: 1

Trilobite Testing, Inc

PO Box 1733 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Charles N Griffin

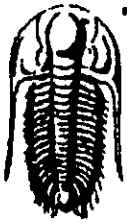
Morgan #1

4 34s 9w Harper KS

DST # 1

Miss

2010.12.17



**TRIOBITE  
TESTING, INC**

## DRILL STEM TEST REPORT

Charles N Griffin

Morgan #1

PO Box 347  
Pratt KS 67124

4 34s 9w Harper KS

Job Ticket: 37405

DST#: 1

ATTN: Bruce Reed

Test Start: 2010.12.17 @ 12:27:27

### GENERAL INFORMATION:

Formation: Miss

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 15:00:07

Time Test Ended: 21:33:37

Test Type: Conventional Bottom Hole

Tester: Esak Hadley

Unit No: 34

Interval: 4528.00 ft (KB) To 4569.00 ft (KB) (TVD)

Reference Elevations: 1318.00 ft (KB)

Total Depth: 4569.00 ft (KB) (TVD)

1305.00 ft (CF)

Hole Diameter: 7.88 Inches Hole Condition: Fair

KB to GR/CF: 13.00 ft

Serial #: 6773

inside

Press@RunDepth: 256.61 psig @ 4529.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2010.12.17

End Date:

2010.12.17

Last Calib.: 2010.12.17

Start Time: 12:27:27

End Time:

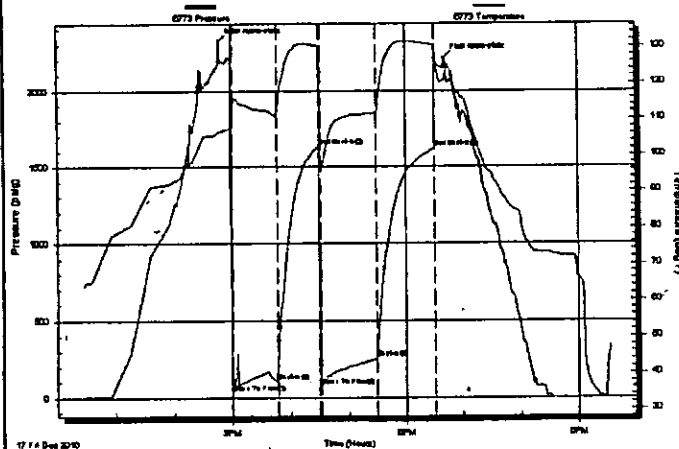
21:33:37

Time On Btm: 2010.12.17 @ 14:47:07

Time Off Btm: 2010.12.17 @ 18:41:06

TEST COMMENT: F Weak blow . BOB in 5 min. GTS in 37 min. (see gas flow report)  
ISI Weak surface blow . No more than 1/4".  
FF Strong blow . BOB in 2 sec.  
FSI No blow .

Pressure vs. Time



### PRESSURE SUMMARY

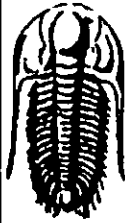
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2323.92	106.48	Initial Hydro-static
13	38.22	107.60	Open To Flow (1)
60	107.65	110.70	Shut-In(1)
103	1632.98	130.02	End Shut-In(1)
105	78.15	96.46	Open To Flow (2)
162	256.61	111.57	Shut-In(2)
224	1622.71	130.46	End Shut-In(2)
234	2211.80	121.18	Final Hydro-static

### Recovery

Length (ft)	Description	Volume (bbl)
118.00	GCM 5%g 95% m	0.58
82.00	GCM w/o specs 5%g 95% m	0.61

### Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.50	35.00	333.24
Last Gas Rate	0.13	153.00	62.66
Max. Gas Rate	0.13	153.00	62.66



**TRILOBITE  
TESTING, INC**

## DRILL STEM TEST REPORT

TOOL DIAGRAM

Charles N Griffin

Morgan #1

PO Box 347  
Pratt KS 67124

4 3/4s 9w Harper KS

Job Ticket: 37405

DST#: 1

ATTN: Bruce Reed

Test Start: 2010.12.17 @ 12:27:27

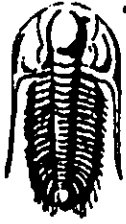
### Tool Information

Drill Pipe:	Length: 4349.00 ft	Diameter: 3.80 inches	Volume: 61.01 bbl	Tool Weight: 2100.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 24000.00 lb
Drill Collar:	Length: 177.00 ft	Diameter: 2.25 inches	Volume: 0.87 bbl	Weight to Pull Loose: 75000.00 lb
			<u>Total Volume: 61.88 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	19.00 ft			String Weight: Initial 66000.00 lb
Depth to Top Packer:	4528.00 ft			Final 66000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	41.00 ft			
Tool Length:	62.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4508.00	
Shut In Tool	5.00			4513.00	
Hydraulic tool	5.00			4518.00	
Packer	5.00			4523.00	21.00 Bottom Of Top Packer
Packer	5.00			4528.00	
Stubb	1.00			4529.00	
Recorder	0.00	8166	Outside	4529.00	
Recorder	0.00	6773	Inside	4529.00	
Change Over Sub	1.00			4530.00	
Blank Spacing	31.00			4561.00	
Change Over Sub	1.00			4562.00	
Perforations	4.00			4566.00	
Bullnose	3.00			4569.00	41.00 Bottom Packers & Anchor

**Total Tool Length: 62.00**



**TRILOBITE  
TESTING, INC**

## DRILL STEM TEST REPORT

FLUID SUMMARY

Charles N Griffin

Morgan #1

PO Box 347  
Pratt KS 67124

4 34s 9w Harper KS

Job Ticket: 37405

DST#: 1

ATTN: Bruce Reed

Test Start: 2010.12.17 @ 12:27:27

### Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length: ft

Water Salinity: ppm

Viscosity: 49.00 sec/qt

Cushion Volume: bbl

Water Loss: 9.18 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure: psig

Salinity: 2000.00 ppm

Filter Cake: 0.20 inches

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
118.00	GCM 5%g 95%m	0.580
82.00	GCM w/o specs 5%g 95%m	0.613

Total Length: 200.00 ft      Total Volume: 1.193 bbl

Num Fluid Samples: 1

Num Gas Bombs: 1

Serial #: eh-1

Laboratory Name: Caraway

Laboratory Location: Liberal, KS

Recovery Comments:





**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

**GAS RATES**

Charles N Griffin

Morgan #1

PO Box 347  
Pratt KS 67124

4 34s 9w Harper KS

Job Ticket: 37405

DST#: 1

ATTN: Bruce Reed

Test Start: 2010.12.17 @ 12:27:27

### Gas Rates Information

Temperature: 59 deg C  
Relative Density: 0.65  
Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (mm)	Pressure (kPaa)	Gas Rate (m <sup>3</sup> /d)
1	42	0.50	35.00	333.24
1	42	0.50	35.00	333.24
1	45	0.50	21.00	238.80
2	10	0.13	75.00	33.46
2	20	0.13	104.00	44.32
2	30	0.13	120.00	50.30
2	40	0.13	138.00	57.04
2	50	0.13	153.00	62.66

