

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No.: _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: _____, Long: _____

(e.g. xx.xxxxx)

(e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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 #: _____

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

Confidentiality Requested

Date: _____

Confidential Release Date: _____

Wireline Log Received Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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

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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	V & E 1
Doc ID	1309309

All Electric Logs Run

Computer Processed Interpretation
Dual Induction Log
Dual Comp Porosity Log
Borehole Compensated Sonic Log

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	V & E 1
Doc ID	1309309

Tops

Name	Top	Datum
Heebner	3242	-1375
Toronto	3260	-1393
Douglas	3278	-1411
Brown Lime	3382	-1515
Lansing	3412	-1545
Base KC	3671	-1804
Conglomerate	3724	-1857
Viola	3753	-1886
Simpson Shale	3819	-1952
Simpson Sand	3844	-1977
Arbuckle	3885	-2018

Summary of Changes

Lease Name and Number: V & E 1

API/Permit #: 15-185-23956-00-00

Doc ID: 1309309

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	06/13/2016	06/15/2016
Date of First or Resumed Production or SWD or Enhr	4/18/2016	
Disposition Of Gas - Sold	Yes	No
Producing Method Pumping	Yes	No
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1287587	../..kcc/detail/operatorEditDetail.cfm?docID=1309309



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1287587
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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Form must be Signed
All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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 #: _____

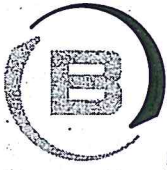
AFFIDAVIT

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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



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 12930 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>2-9-16</u> DISTRICT: <u>PRATT 1CC</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>Griffin management</u>	LEASE: <u>V AND E</u> / WELL NO.:								
ADDRESS:	COUNTY: <u>STAFFORD</u> STATE: <u>Kc</u>								
CITY: STATE:	SERVICE CREW: <u>Sullivan, McGraw, Grant</u>								
AUTHORIZED BY:	JOB TYPE: <u>CPW 8 5/8 Solvent</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							<u>2-9-16</u>	PM	<u>5:40</u>
						ARRIVED AT JOB		AM	<u>7:40</u>
<u>27467</u>	<u>20</u>	<u>ru</u>				START OPERATION		AM	<u>8:55</u>
<u>19918</u>	<u>15</u>	<u>ru</u>				FINISH OPERATION		AM	<u>9:15</u>
						RELEASED		AM	<u>9:45</u>
						MILES FROM STATION TO WELL			<u>30</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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 106	A-Scum Lift cement	SK	100		1,300.00
CP 103	Top/Water cement	SK	130		1,560.00
CC 102	Potter's	lb	58		214.60
PC 109	Calcium chloride	lb	597		626.85
E 100	Solvent	m	30		135.00
F 101	HP Water cement	m	60		450.00
F 113	Brill. Molyb	TM	799		746.25
CE 200	Depth down 10-500'	SA	1		1,000.00
CE 240	Bl. Drill bits	SK	230		322.00
SC02	Sealant separator	SA	1		175.00
SUB TOTAL					6529.70

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		<u>2938.30</u>

SERVICE REPRESENTATIVE: <u>Robert Sullivan</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.:	

Customer <i>Griffin Marywa</i>	Lease No.	Date <i>02-09-16</i>
Lease <i>V AND E</i>	Well #/	
Field Order # <i>12930</i>	Station <i>PRAT 14</i>	Casing <i>8 5/8</i>
		Depth <i>268'</i>
Type Job <i>CNW 8 5/8 Surface</i>	Formation	County <i>STAFFORD</i>
		State <i>KS</i>
		Legal Description <i>21-23-12</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>8 5/8</i>								
Depth <i>268'</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>16</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>3200</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <i>Sum 0</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>253</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager <i>DAVE COST</i>	Treater <i>Robert J. Hill</i>
Service Units <i>37900 27463 19826 19918</i>		
Driver Names <i>William M. M... FRANT</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>7:40</i>					<i>ON LC</i>
					<i>Run 8 5/8 csg.</i>
<i>8:45</i>					<i>CASING ON BOTTOM</i>
<i>8:50</i>					<i>Hook in Casing</i>
<i>8:55</i>			<i>3</i>	<i>4.5</i>	<i>At surface</i>
			<i>30</i>		<i>mix A-Serve Lit. cont 100 sk</i>
			<i>28</i>		<i>mix Goflo per cont 130 sk</i>
					<i>cont mixed</i>
					<i>At depth</i>
<i>9:15</i>			<i>16</i>		<i>plug down</i>
					<i>in 12 BBL cont Pit</i>
					<i>JOB Complete</i>
					<i>Thank you</i>



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 13014 A

21-235-12W

DATE _____ TICKET NO. _____

DATE OF JOB: 2-16-16 DISTRICT: Pratt		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: Griffen Management III		LEASE: V and E WELL NO. 1							
ADDRESS:		COUNTY: Stafford STATE: KS							
CITY: STATE:		SERVICE CREW: Mattai Bailey Sullivan							
AUTHORIZED BY:		JOB TYPE: c/w 5 1/2 Long strings							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
20920	.5						2-15-16	AM	11:00
						ARRIVED AT JOB	2-16-16	PM	3:10
19860	.5					START OPERATION		AM	8:08
						FINISH OPERATION		AM	8:50
						RELEASED		AM	9:45
						MILES FROM STATION TO WELL			35

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: *X [Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 CMF	SH	150		2,550.00
CP 103	60/40 P02	SH	30		360.00
CC 102	Celluloflax	lb	38		140.60
CC 111	SAIF	lb	685		342.50
CC 112	CMF Friction reducer	lb	71		426.00
CC 116	MAY chem 10 c'	lb	423		1142.10
CC 201	Gilsonite	lb	750		502.50
CF 607	LATCH DOWN PLUG + BACKER 5 1/2	EA	1		400.00
CF 1051	CMF Packer stop 5 1/2	EA	1		2800.00
CF 1651	Turbolizer 5 1/2	EA	5		550.00
CF 1901	BACKER 5 1/2	EA	1		290.00
C 704	CLAYMAX	gal	5		175.00
CC 151	MUD Flush	gal	500		750.00
E 100	P.V. MILK	mi	35		157.50
E 101	HEAVY eq. MILK	mi	70		525.00
E 113	PROP + bulk del.	FM	298		743.75
CC 204	depth charge 3000 - 4000'	4hr	1		2,160.00
CC 240	blend + mix	gal	180		252.00
CC 500	PLUG COMPACTOR	4hr	1		250.00
5003	SUP. VJO	EA	1		
SUB TOTAL					14,691.95

CHEMICAL / ACID DATA:			

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

TOTAL
14,691.95 95

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

Customer GRIFFIN MANAGEMENT LLC	Lease No.	Date 2-16-16
Lease V and E	Well # 1	
Field Order # 13014	Station Pratt	Casing 5 1/2
		Depth 3960.3
Type Job CNW 5 1/2 LONG STRING	Formation TD 4040	County STAFFORD
		State KS
		Legal Description 21 23S 12W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid 150 SK AA-2	RATE 2.25	PRESS 70	ISIP SAIT .5	
Depth 3960.3	Depth	From	To	Pre Pad 5 # SK 5150	Max 35	AVG 40	5 Min.	
Volume 44.2	Volume	From	To	Pad 30 SK 6	Min 40		10 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection PC	Annulus Vol.	From	To		HHP Used 87.3		Annulus Pressure	
Plug Depth 3438.7	Packer Depth	From	To	Flush 93	Gas Volume		Total Load	

Customer Representative Charles Griffin	Station Manager Kevin Golden	Treater Mike Mattal
Service Units 3756	33708	20920
Driver Names MATTAL	Bailey	Sullivan

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:15					ON LOCATION
4:50					Run 5 1/2" CSNG 20 LBS
					BACK 10' OF #1 TUBING ON 3, 4, 5, 6, 7
6:35					CSNG ON BOTTOM
6:45					HOOK TO CSNG / BREAK CIRC. W. RIG
8:08	1400		3	1	PUMP 3 bbl WATER, SET PKR SHOT
8:09	200		12	5	PUMP 12 bbl MUD FLUSH
8:12	200		36	5	MIX 150 SK AA-2 @ 15.3 GPM
8:22			4	3	WASH PUMP + LINE, DROP PLUG
8:25	100			6	START 2% KCl DISPLACEMENT
8:37	200		60	5.5	LIST PRESSURE
8:41	500		77	3	SLOW RATE
8:45	1,500		87.3		PLUG DOWN, RELEASED + HOLD
8:55			7		PLUG PATH
					JOB COMPLETE
					THANK YOU!
					MIKE MATTAL
					JUSTIN + ROBERT



DIAMOND TESTING, LLC
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (620) 653-7550 • (800) 542-7313
 VE1DST1

Company Charles N. Griffin Lease & Well No. V & E No. 1
 Elevation 1867 KB Formation Lansing/Kansas City "J & K" Effective Pay Ft. Ticket No. F425
 Date 2-13-16 Sec. 21 Twp. 23S Range 12W County Stafford State Kansas
 Test Approved By Bruce A. Reed Diamond Representative Jake Fahrenbruch

Formation Test No. 1 Interval Tested from 3,574 ft. to 3,618 ft. Total Depth 3,618 ft.
 Packer Depth 3,569 ft. Size 6 3/4 in. Packer Depth ft. Size in.
 Packer Depth 3,574 ft. Size 6 3/4 in. Packer Depth ft. Size in.
 Depth of Selective Zone Set ft.

Top Recorder Depth (Inside) 3,560 ft. Recorder Number 5586 Cap. 5,000 psi.
 Bottom Recorder Depth (Outside) 3,579 ft. Recorder Number 5584 Cap. 5,000 psi.
 Below Straddle Recorder Depth ft. Recorder Number Cap. psi.

Drilling Contractor VW Drilling, LLC - Rig 4 Drill Collar Length 120 ft I.D. 2 1/4 in.
 Mud Type Chemical Viscosity 56 Weight Pipe Length ft I.D. in.
 Weight 8.5 Water Loss 8.0 cc. Drill Pipe Length 3,429 ft I.D. 3 1/2 in.
 Chlorides 5,400 P.P.M. Test Tool Length 25 ft Tool Size 3 1/2-IF in.
 Jars: Make Sterling Serial Number Not Run Anchor Length 10' perf. w/34' drill pipe Size 4 1/2-FH in.
 Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.
 Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2-XH in.

Blow: 1st Open: Weak blow increasing to 4 ins. No blow back during shut-in.
 2nd Open: Weak blow increasing to 3 1/2 ins. No blow back during shut-in.

Recovered 135 ft. of very slightly oil specked, slightly water cut mud = .803850 bbls. (Grind out: <1%-oil; 3%-water; >96%-mud)
 Recovered ft. of
 Recovered ft. of
 Recovered ft. of
 Recovered ft. of
 Recovered ft. of

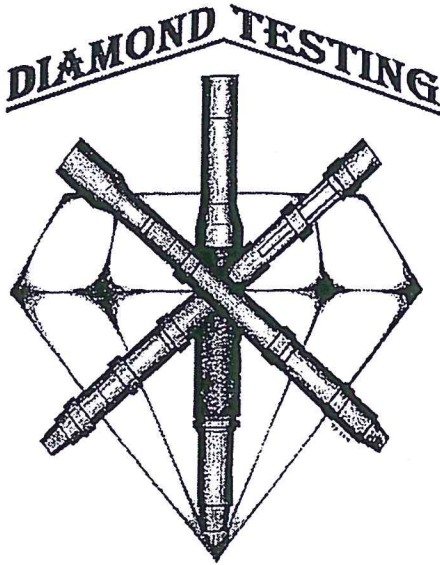
Remarks

Time Set Packer(s) 7:50 P.M. Time Started off Bottom 9:50 P.M. Maximum Temperature 103°
 Initial Hydrostatic Pressure.....(A) 1684 P.S.I.
 Initial Flow Period.....Minutes 30 (B) 13 P.S.I. to (C) 49 P.S.I.
 Initial Closed In Period.....Minutes 30 (D) 1032 P.S.I.
 Final Flow Period.....Minutes 30 (E) 52 P.S.I. to (F) 73 P.S.I.
 Final Closed In Period.....Minutes 30 (G) 994 P.S.I.
 Final Hydrostatic Pressure.....(H) 1681 P.S.I.

DIAMOND TESTING GENERAL REPORT

Jake Fahrenbruch, Tester

Cell: (620) 282-8977 / Office: (800) 542-7313



TEST INFORMATION

Well Name	V & E #1
Company Name	Charles N. Griffin
Formation	DST #1, L/KC "J&K" 3574'-3618'
Test Type	Bottom-Hole w/no extra equipment
Surface Location	Sec 21-23s-12w-Stafford County-KS
KB Elevation (SL)	1867.000
Gauge Name	5586
Start Test Date	2016/02/13
Start Test Time	18:02:00
Final Test Date	2016/02/14
Final Test Time	00:39:00
Job Number	F425
Contact	Charles Griffin
Site Contact	Bruce Reed

TEST RESULTS

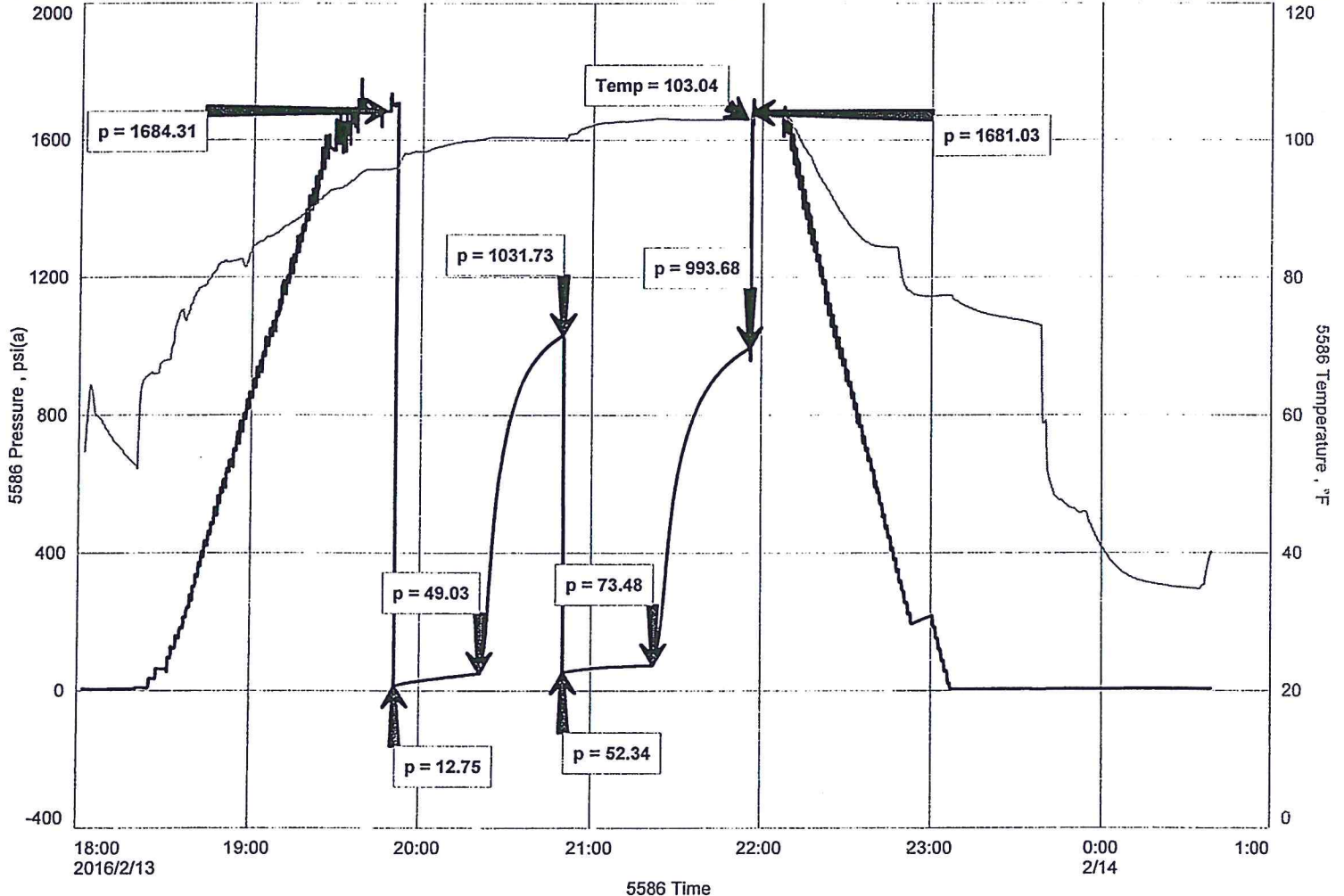
Initial flow, weak blow, increased to 4". No blowback.
 Final flow, weak blow, increased to 3.5". No blowback.

Recovered 135' of very slightly oil-specked, slightly oil cut mud. <1% oil, 3% wtr, >96% mud

Charles N. Griffin
 DST #1 L/KC "J&K" 3574'-3618'
 Start Test Date: 2016/02/13
 Final Test Date: 2016/02/14

V & E #1
 Formation: DST #1 L/KC "J&K" 3574'-3618'
 Pool: Pool Ext
 Job Number: F425

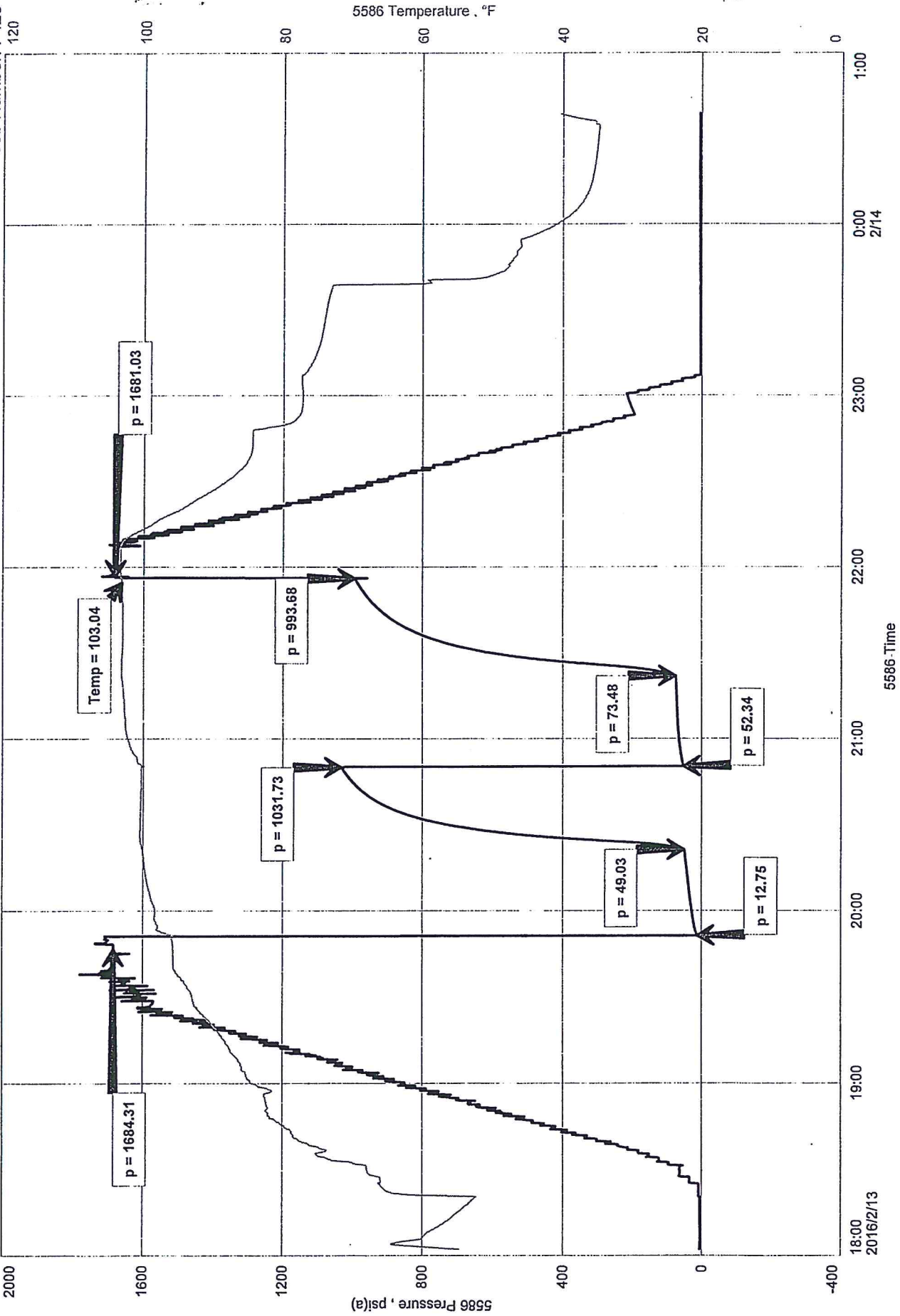
V & E #1



V & E #1
 Formation: DST #1 L/KC "J&K" 3574'-3618'
 Pool: Pool Ext
 Job Number: F425

Charles N. Griffin
 DST #1 L/KC "J&K" 3574'-3618'
 Start Test Date: 2016/02/13
 Final Test Date: 2016/02/14

V & E #1





DIAMOND TESTING, LLC
P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
VE1DST2

Company Charles N. Griffin Lease & Well No. V & E No. 1
Elevation 1867 KB Formation Simpson Sand Effective Pay _____ Ft. Ticket No. F426
Date 2-14-16 Sec. 21 Twp. 23S Range 12W County Stafford State Kansas
Test Approved By Bruce A. Reed Diamond Representative Jake Fahrenbruch

Formation Test No. 2 Interval Tested from 3,830 ft. to 3,866 ft. Total Depth 3,866 ft.
Packer Depth 3,825 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Packer Depth 3,830 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) 3,816 ft. Recorder Number 5586 Cap. 5,000 psi.
Bottom Recorder Depth (Outside) 3,831 ft. Recorder Number 5584 Cap. 5,000 psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor WW Drilling, LLC - Rig 4 Drill Collar Length 120 ft I.D. 2 1/4 in.
Mud Type Chemical Viscosity 52 Weight Pipe Length _____ ft I.D. _____ in.
Weight 9.0 Water Loss 10.2 cc. Drill Pipe Length 3,685 ft I.D. 3 1/2 in.
Chlorides 12,200 P.P.M. Test Tool Length 25 ft Tool Size 3 1/2-IF in.
Jars: Make Sterling Serial Number Not Run Anchor Length 36 ft. Size 4 1/2-FH in.
Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.
Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2-XH in.

Blow: 1st Open: Strong blow increasing. Off bottom of bucket in 1 min. No blow back during shut-in.

2nd Open: Strong blow increasing. Off bottom of bucket in 1 1/2 mins. No blow back during shut-in.

Recovered 300 ft. of mud cut water = 4.269000 bbls. (Grind out: 85%-water; 15%-mud)

Recovered 2,300 ft. of water = 31.611800 bbls. (Grind out: 100%-water) Chlorides: 66,000 Ppm PH: 7.0 RW: .28 @ 43°

Recovered 2,600 ft. of TOTAL FLUID = 35.880800 bbls.

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) 11:35 P.M. Time Started off Bottom 2:20 A.M. Maximum Temperature 124°

Initial Hydrostatic Pressure.....(A) 1802 P.S.I.

Initial Flow Period.....Minutes 30 (B) 207 P.S.I. to (C) 951 P.S.I.

Initial Closed In Period.....Minutes 45 (D) 1212 P.S.I.

Final Flow Period.....Minutes 30 (E) 955 P.S.I. to (F) 1169 P.S.I.

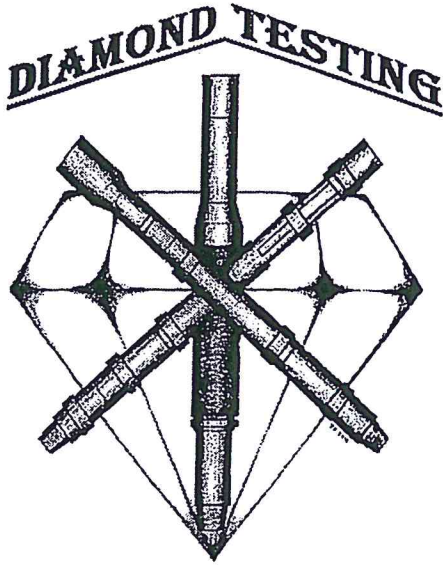
Final Closed In Period.....Minutes 60 (G) 1218 P.S.I.

Final Hydrostatic Pressure.....(H) 1798 P.S.I.

DIAMOND TESTING GENERAL REPORT

Jake Fahrenbruch, Tester

Cell: (620) 282-8977 / Office: (800) 542-7313



TEST INFORMATION

Well Name	V & E #1
Company Name	Charles N Griffin
Formation	DST #2, Simpson Sand, 3830'-3866'
Test Type	Bottom-Hole (no extra equipment)
Surface Location	Sec 21-23s-12w-Stafford Co.-KS
KB Elevation (SL)	1867.000
Gauge Name	5586
Start Test Date	2016/02/14
Start Test Time	21:55:00
Final Test Date	2016/02/15
Final Test Time	05:02:00
Job Number	F426
Contact	Charles Griffin
Site Contact	Bruce Reed

TEST RESULTS

Initial flow, strong blow BOB in 1 minute. No blowback.
 Final flow, strong blow BOB in 1.5 minutes. No blowback.

TOTAL RECOVERED FLUID: 2,600'

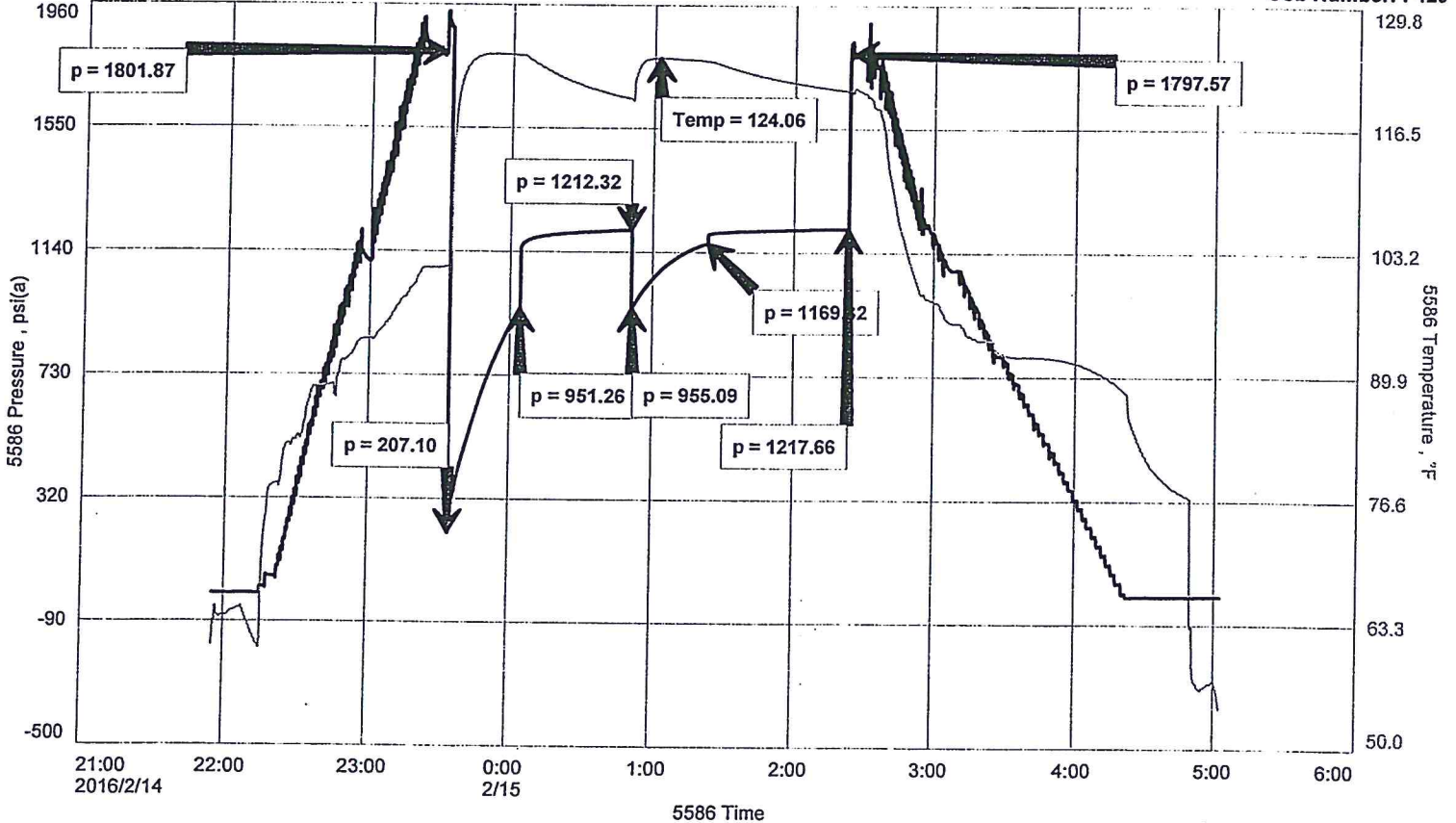
300' MCW 85% wtr, 15% mud
 2300' Water 100% wtr

----- Chlorides: 66,000 PPM ----- PH: 7.0 ----- RW: .28 ohm @ 43 Deg F -----

Charles N. Griffin
 DST #2 Simpson Sand 3830'-3866'
 Start Test Date: 2016/02/14
 Final Test Date: 2016/02/15

V & E #1
 Formation: DST #2 Simpson Sand 3830'-3866'
 Pool: Pool Ext
 Job Number: F426

V & E #1



Charles N. Griffin

DST #2 Simpson Sand 3830'-3866'

Start Test Date: 2016/02/14

Final Test Date: 2016/02/15

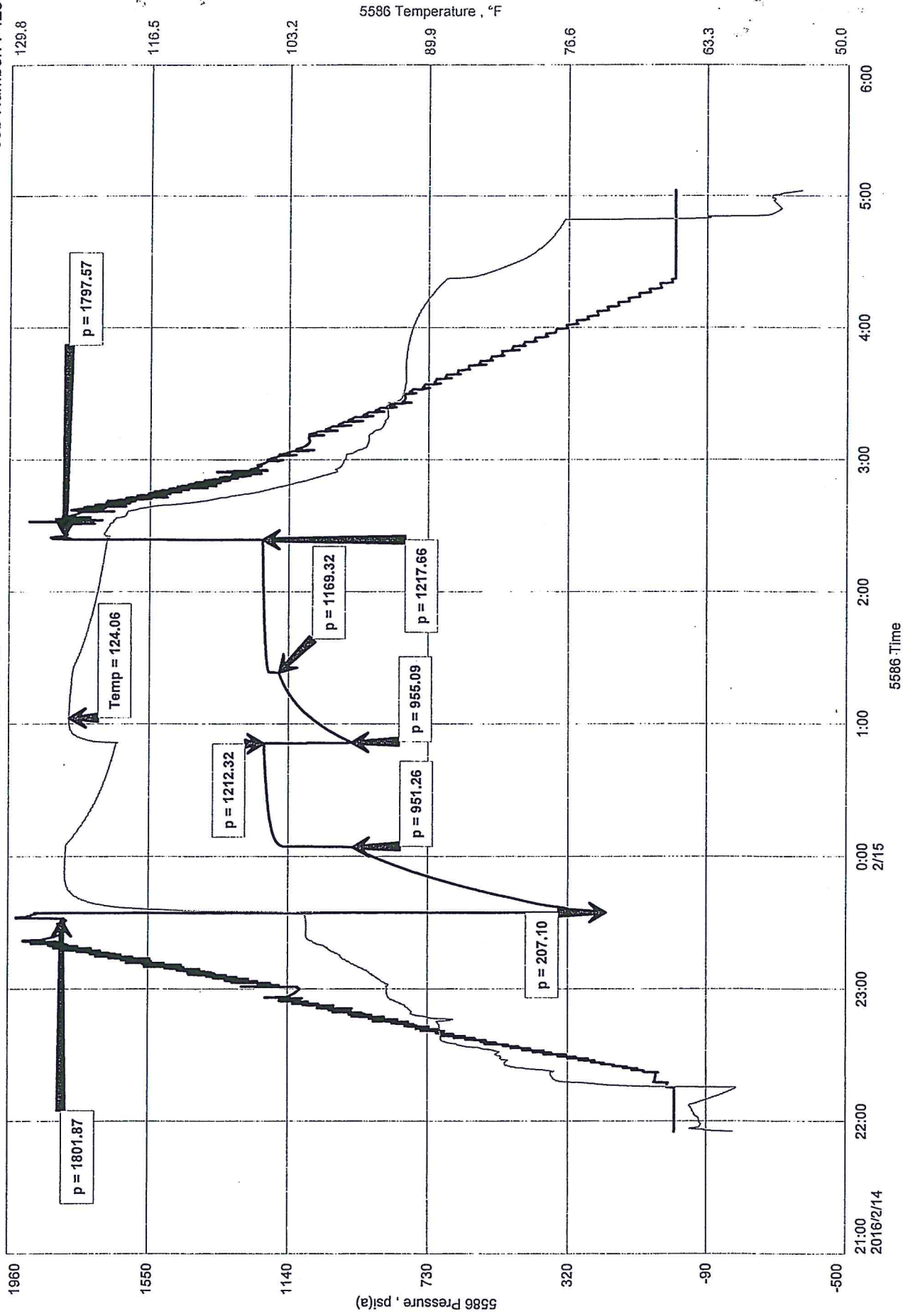
V & E #1

V & E #1

Formation: DST #2 Simpson Sand 3830'-3866'

Pool: Pool Ext

Job Number: F426



IEKHILCUH

ENERGY SERVICE, LLC

Company: TerraTech Energy Service LLC.
Address: 1632 S. West St. Suite 12
Wichita, KS 67208

Phone Nbr: 316-617-3959
Logged By: Geologist

Name: Bruce Reed

CONTRACTOR

Contractor: WW Drilling
Rig #: 4
Rig Type: mud rotary
Spud Date: 2/9/2016
TD Date: 2/15/2016
Rig Release: 2/16/2016

Time: 3:45 PM
Time: 11:45 PM
Time: 12:00 PM

ELEVATIONS

K.B. Elevation: 1867.00ft
K.B. to Ground: 5.00ft

Ground Elevation: 1862.00ft

NOTES

Surface Casing: 8-5/8" at 268'
Production Casing: 5-1/2" at 3951'

Daily Penetration:

02/09/16	SPUD @ 3:45 PM
02/10/16	403'
02/11/16	1952'
02/12/16	2904'
02/13/16	3554'
02/14/16	3726'
02/15/16	3866' RTD @ 11:45 PM
02/16/16	4040'

Company: Charles N. Griffin
Address: Po Box 347
Pratt, KS 67124-0347

Contact Geologist:
Contact Phone Nbr:
Well Name: #1 VE
Location: Section 21-23S-12W
Pool:
State: Kansas

API: 15-185-23956
Field: Bedford Ext.
Country: USA

Scale 1:240 Imperial

Well Name: #1 VE
Surface Location: Section 21-23S-12W
Bottom Location:
API: 15-185-23956
License Number:
Spud Date: 2/9/2016
Region: Stafford County
Drilling Completed: 2/15/2016
Surface Coordinates: 1650' FNL & 330' FWL
Bottom Hole Coordinates:
Ground Elevation: 1862.00ft
K.B. Elevation: 1867.00ft
Logged Interval: 3200.00ft
Total Depth: 4040.00ft
Formation:
Drilling Fluid Type: Chemical (MudCo)

Time: 3:45 PM

Time: 11:45 PM

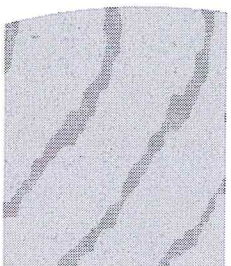
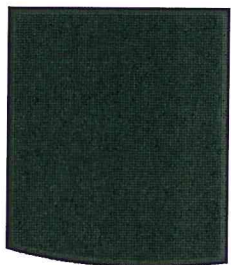
To: 4040.00ft

SURFACE CO-ORDINATES

Well Type: Vertical
Longitude: 1650' FNL
N/S Co-ord: 330' FWL
E/W Co-ord:

Latitude:

LOGGED BY



DRILL STEM TESTS

DST #1 3574' to 3618' Lansing/KC "J" and "K". Weak blow throughout both flow periods.
 Recovered: 135' Very Slightly Oil Specked and Slightly Water Cut Mud (<1% oil, 3% water)
 IFF: 30" 13-49 psi, ISIP: 30" 1032 psi, FFP: 30" 52-73 psi, FSIP: 30" 994 psi

DST #2 3830' to 3866' Simpson Sand, Strong blow, bottom of bucket in 1" of each flow.
 Recovered: 300' SMCW (85% water, 15% mud), 2300' water
 IFF: 30" 207-951 psi, ISIP: 45" 1212 psi, FFP: 30" 955-1169 psi, FSIP: 60" 1218 psi

FORMATION TOPS

Formation	Sample Top	Datum	Log Top	Datum	Comparison*
Heebner	3241'	-1374	3242'	-1375	
Toronto	3261'	-1394	3260'	-1393	
Douglas	3276'	-1409	3278'	-1411	
Brown Lime	3381'	-1514	3382'	-1515	+6
Lansing	3411'	-1544	3412'	-1545	
Base KC	3674'	-1807	3671'	-1804	
Conglomerate	3724'	-1857	3724'	-1857	-12
Viola	3753'	-1886	3753'	-1886	-24
Simpson Shale	3821'	-1954	3819'	-1952	-15
Simpson Sand	3844'	-1977	3844'	-1977	+2
Arbuckle	3885'	-2018	3885'	-2018	-16

*Reference well: Mull Drilling Company, #1 McGill, C NW NE, Section 21-23S-12W
 Stafford County, Kansas