



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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report 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 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 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ 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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: Hess 3-32

API/Permit #: 15-063-21812-00-01

Doc ID: 1059942

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
API	15-063-21812-00-00	15-063-21812-00-01



CONFIDENTIAL

WELL COMPLETION FORM

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Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

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Name: _____

Wellsite Geologist: _____

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Original Comp. Date: _____ Original Total Depth: _____

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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: _____ Date: _____



1059930

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

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

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.

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Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 20, 2011

Ronald N. Sinclair
Grand Mesa Operating Company
1700 N WATERFRONT PKWY BLDG 600
WICHITA, KS 67206-5514

Re: ACO1
API 15-063-21812-00-00
Hess 3-32
NW/4 Sec.32-13S-31W
Gove County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Ronald N. Sinclair

JOB LOG

SWIFT Services, Inc.

DATE 1/9/11 PAGE NO. 1

CUSTOMER *Grand Mesa* WELL NO. *3-32* LEASE *Hess* JOB TYPE *acidize Perfs* TICKET NO. *20954*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								400gal 15% MCA 28 x 5 1/2 pyps 4108-13 Packer set 4121' treat 4058'
	0810							on loc. TRK 114
	0815		1					Spot 1 bbl acid
	0833							go down hole 9 1/2 bbl Acid
	0840		2 1/2			200		load tubing
	0845		26			800	8	Stage - falling off quickly step up to 800 psi pressure falls off to \emptyset
			37				\emptyset	try to catch pressure - up to 3 bpm never did catch it 2 bbl overflow
	0900							rack up job complete Thanks Dave & Brian

LOG

SWIFT Services, Inc.

DATE 070611 PAGE NO. 1

CUSTOMER GRAND MESA OPER. CO. WELL NO. 3-23 LEASE HESS JOB TYPE ACIDFREE FORMATION TICKET NO. 20924

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0744							DN LOCATION GRABZACES SWABENL
								TRAP SCANNED PERVES 4092'-97'
								F-01TR. DRY SPOT 4090'
								2 7/8 15 1/2 TREAT 4026'
								500gals 1590 MCA CS 71' 1.6888 Bbl
								TR. 4026' 23.31054 Bbl
								TOTAL 25.00038 Bbl
	0754	3-0	2	✓		D-VAC		SPOTTED ACID
	0806	4	2.1	✓		D		START PUMPING
	0809	2	12	✓		D		DN FLUSH
	0813	4-0	25.5	✓		300		LOADED
	0816	125-0	25.5	✓		400		STABILIZ.
	0817	.28	26	✓		425		FEEDING
		.150	26.5	✓		400		"
		.75	27	✓		375		"
	0820	1.26	28	✓		400		"
		1.26	29	✓		400		"
		1.33	30	✓		400		"
		1.58	31	✓		400		"
	0824	1.52	32	✓		400		"
		1.55	33	✓		420		"
		1.60	34	✓		400		"
		1.60	35	✓		400		"
	0827	1.60	36	✓		400		"
		1.60	37	✓		400		DN OVER FLUSH
	0828	1.60-0	38	✓		400		
		0	38			375		ISIP
						325		5 MEN
						275		10 MEN
						200		15 MEN
						100		1/2 HR RELEASED BACK 5gal
								REIN DOWN
								TICKET
	0935							Job Completed
								THANK YOU DUSTY & RUSSELL

JOB LOG

SWIFT Services, Inc.

DATE 07/06/11 PAGE NO. 7

CUSTOMER GRAND MESA OPER. CO. WELL NO. 3-32 LEASE Hess JOB TYPE ACIDIZING FORMATION TICKET NO. 20925-

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GALL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1430							DN LOCATION GONZALES SWABER.
								TAG SEAT NEP. PERFS. 4092'-97'
								FLOHT DRG SPOT 4090' 2.361
								2 7/8 x 5-1/2 TREAT 4026'
								500 gals 20% FE. Cs. 71' 1.6898 Bbl
								Tb. 90 26' 23.31054 Bbl
								TOTAL 25.00034 Bbl
	1438	3-0	2	✓		0-VAC		SPOTTED ACID
	1449	4.5	2.1	✓		0		START PUMPING
	1452	2	12	✓		0		DN FLUSH
	1456	4-0	27	✓		300		LOADED
	1458	2	30	✓		350		TREATING
	1458	3	32	✓		500		"
	1500	3	35	✓		500		"
	1500	3	38	✓		500		DN OVER FLUSH
	1501	3-0	41	✓		400		ISIP
						100		5 MEN
						VAC		10 MEN SHUTT
								REU DOWN
								TICKET
	1545							Job Completed
								THANK YOU DUSTY! RUSSELL