



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
-----------------------------------	-----------------	---

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	BINNS 1-33
Doc ID	1067885

All Electric Logs Run

CPDCN Micro Log
AI Shallow Focussed Log
Comp. Sonic w/Integrated Transit Time
Microresistivity Log

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	BINNS 1-33
Doc ID	1067885

Tops

Name	Top	Datum
Stone Corral	2318	+626
Bs/Stone Corral	2333	+611
Heebner	3845	-901
Lansing	3890	-946
Muncie Creek	4066	-1122
Stark	4156	-1212
Hushpuckney	4194	-1249
Marmaton	4263	-1319
Little Osage	4392	-1447
Morrow	4542	-1598
Mississippian	4604	-1661
LTD	4749	

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

November 15, 2011

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

Re: ACO1
API 15-109-21044-00-00
BINNS 1-33
NE/4 Sec.33-15S-33W
Logan 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

Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: # 1-33 Binns
Location: 1769'FNL, 2383' FEL, 33-15s-33w, Logan County, Kansas
License Number: API: 15-109-21044
Spud Date: 10-24-11
Surface Coordinates: Lat: 38.7089935 Long: -100.9924614
Region: Wildcat
Drilling Completed: 11-5-11

Bottom Hole Coordinates: Vertical hole
Ground Elevation (ft): 2933' K.B. Elevation (ft): 2944'
Logged Interval (ft): 3600' To: RTD Total Depth (ft): 4750'
Formation: Mississippian at RTD
Type of Drilling Fluid: Chemical

Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

GEOLOGIST

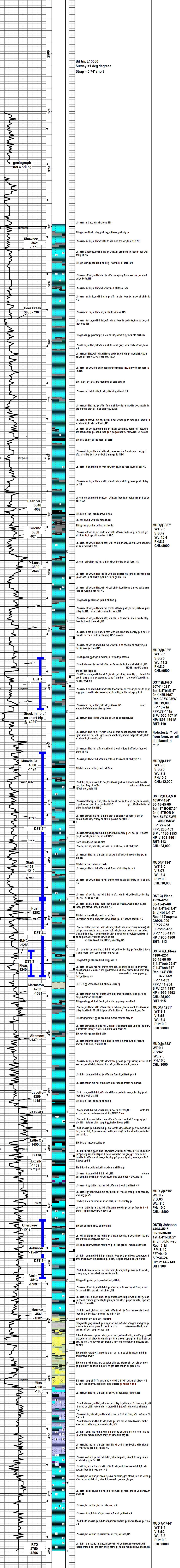
Name: Bob Schreiber
Company: independent
Address: 268 NE 220 Rd
Holsington,KS 67544
620-653-7691

COMMENTS

Contractor: Murfin Drilling Company Rig #22
Pusher: Kelly Wilson
Surface Casing: 8 5/8" set at 224' w/165sx
Production Casing: none,
Mud by: MudCo
DST's by: Diamond Testing
Logs by: Weatherford (DL, CN-CD, ML,SONIC)
RTD=4750'
LTD=4749'

FORMATION TOPS

FORMATION	SAMPLE TOPS		LOG TOPS	
	Depth	Datum	Depth	Datum
Stone Corral	2314'	+630	2318'	+626
B/Stone Corral	2333'	+611	2333'	+611
Heebner Shale	3847'	-903	3845'	-901
Lansing	3890'	-946	3890'	-946
Muncie Creek Shale	4068'	-1124	4066'	-1122
Stark Shale	4156'	-1212	4156'	-1212
Hushpuckney Shale	4202'	-1258	4194'	-1249
Marmaton	4265'	-1321	4263'	-1319
Upper Fort Scott	4364'	-1420'	4361'	-1417
Little Osage Shale	4394'	-1449'	4392'	-1447
Excello Shale	4413'	-1469	4411'	-1467
Johnson Zone	4490'	-1546	4488'	-1544
Morrow	4546'	-1602'	4542'	-1598
Mississippian	4608'	-1665	4604'	-1661
RTD	4750'	-1806		
LTD			4749'	-1805



Remarks

Morning Report Depth/Activity
10/24/11: MRU Rig #22, spud 7:00 PM, set 8 5/8" @ 224', cmt w/ 165
1:15AM, Drig out @ 2:45PM, 10/25/11: PD @ 1635'
@ 3500' 10/28/11: Drig @ 3421', bit trip
10/28/11: Drig @ 3852', stuck @ 4021'

Bit trip @ 3500
Survey = 1 deg degrees
Strap = 0.74' short

geograph not working

Stuck in hole on short trip @ 4021'

MUD@3887'
WT:9.3
VIS:47
WL:10.4
PH:8.3
CHL:8000

DST1)E,F&G
3074'-4021'
30-45-45-60
2nd)NBI-bld7.5"
Rec:307'OCMW
CHL:19,000
IFP:19-71#
SIP:1050-1071#
HP:1893-1891#
BHT:110

Note:tester? oil from form. or oil displaced in mud

MUD@4111'
WT:9.0
VIS:70
WL:7.2
PH:10.5
CHL:12,000

DST 2:H,J,& K
4056'-4184'
30-45-45-60
1st)1/4"bld5.5"
2nd)5"BOB 9"
Rec:548'OSWM
496'OSMW
IFP:27-255
SIP:1160-1453
HP:1992-1993
BHT:113
CHL:24,000

MUD@4184'
WT:9.0
VIS:76
WL:6.4
PH:10.0
CHL:10,000

DST 3) Pleas.
4229-4251'
30-45-45-60
1st)1/4"bld5.5"
2nd)NBI to 1.5"
Rec:112'ospmv
CHL:26,000
IFP:27-255
SIP:1160-1453
HP:1992-1993
BHT:113
CHL:24,000

DST 4 K,L,Pleas
4186-4251'
30-45-60-90
1)1/4"bld5.5"
2nd)5"BOB 9"
Rec:144'WM
372' MW
IFP:14-133
SIP:1214-1197
HP:2144-2143
BHT 108

MUD@4251'
WT:9.1
VIS:68
WL:6.4
PH:10.0
CHL:8000

MUD@4333'
WT:9.1
VIS:63
WL:7.6
PH:10.0
CHL:8000

DST5) Johnson
4464-4510
30-30-30-30
1st)1/4"bld12"
2nd)NBI bld wsb
Rec: 3' M
IFP: 8-10
SIP:39-24
HP: 2144-2143
BHT 108

MUD@4744'
WT:9.4
VIS:62
WL:8.8
PH:10.0
CHL:8000



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

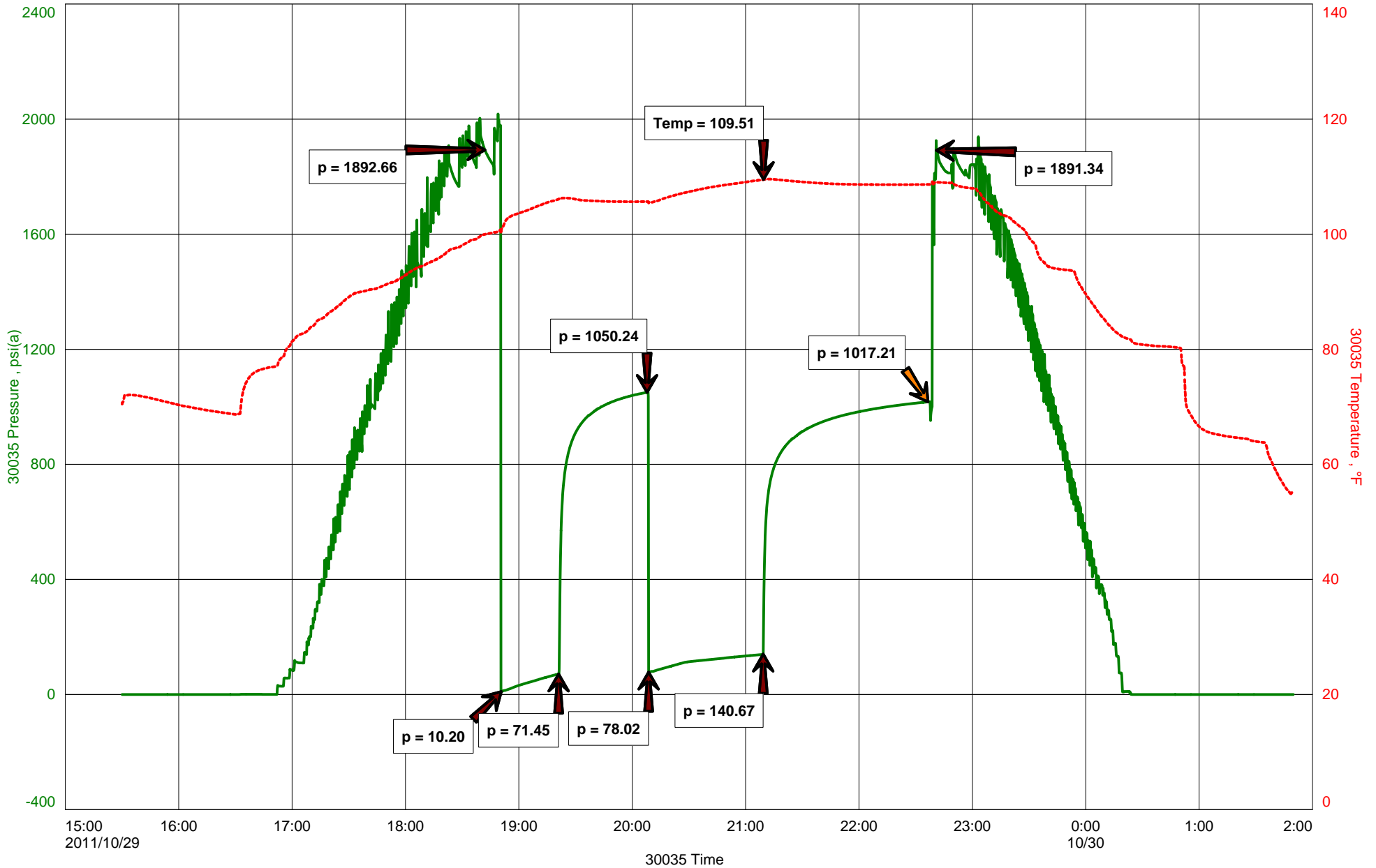
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Grand Mesa Operating Co.
DST # 1 Lansing E-F 3974-4021'
Start Test Date: 2011/10/29
Final Test Date: 2011/10/30

Binns # 1-33
Formation: DST # 1 Lansing E-F 3974-4021'
Pool: Wildcat
Job Number: S0048

Binns # 1-33



Diamond Testing

General information Report

General Information

Company Name Grand Mesa Operating Co.

Contact	Ron Sinclair	Job Number	S0048
Well Name	Binns # 1-33	Representative	Jacob McCallie
Unique Well ID	DST # 1 Lansing E-F 3974-4021'	Well Operator	Grand Mesa Operating Co.
Surface Location	SEC 33-15S-33W Logan County	Report Date	2011/10/29
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST # 1 Lansing E-F 3974-4021'		
Well Fluid Type	01 Oil	Start Test Time	15:30:00
		Final Test Time	01:51:00
Start Test Date	2011/10/29		
Final Test Date	2011/10/30		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:
307' Oil Cut Muddy Water 1% Oil 60% WTR 39% Mud
307' TOTAL FLUID

CHLORIDES: 19,000 ppm
PH: 10
RW: .65 @ 43 degrees F

TOOL SAMPLE:
42% WTR 58% MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

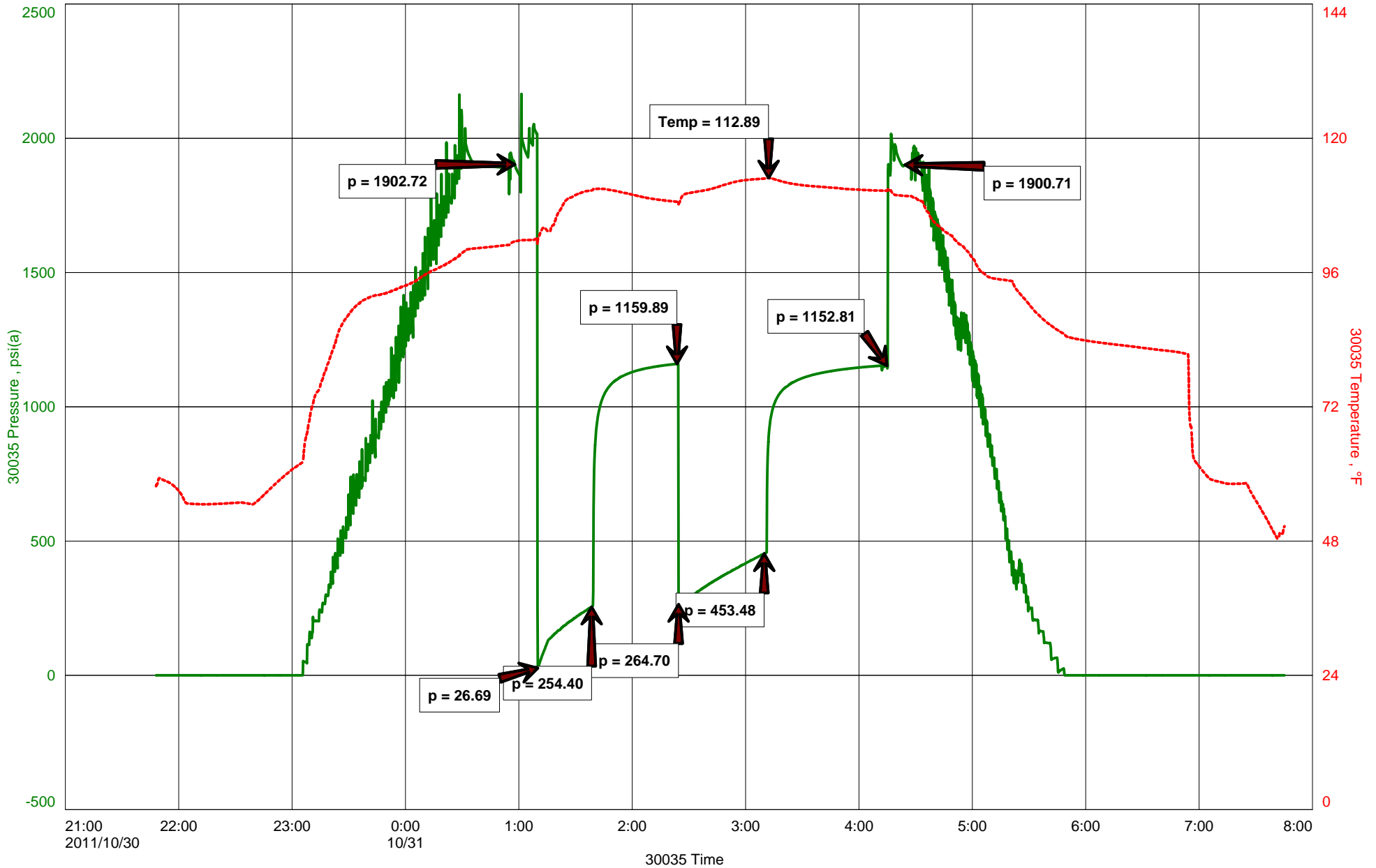
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Binns #1-33



Diamond Testing

General information Report

General Information

Company Name Grand Mesa Operating Co

Contact	Ron Sinclair	Job Number	S0049
Well Name	Binns #1-33	Representative	Jacob McCallie
Unique Well ID	DST # 2 Lansing H-K 4056-4184'	Well Operator	Grand Mesa Operating Co
Surface Location	SEC 33-15S-33W Logan County	Report Date	2011/10/31
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST # 2 Lansing H-K 4056-4184'		
Well Fluid Type	01 Oil	Start Test Time	21:48:00
		Final Test Time	07:46:00
Start Test Date	2011/10/30		
Final Test Date	2011/10/31		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:

548'	Oil Specked Watery Mud	1% OIL 30% WTR 69% MUD
496'	Oil Specked Muddy WTR	1% OIL 76% WTR 23% MUD
1044'	TOTAL FLUID	

Chlorides: 24,000 ppm
Ph: 9
RW: .52 @ 35 degrees F

TOOL SAMPLE:

2% OIL 63% WTR 35% MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

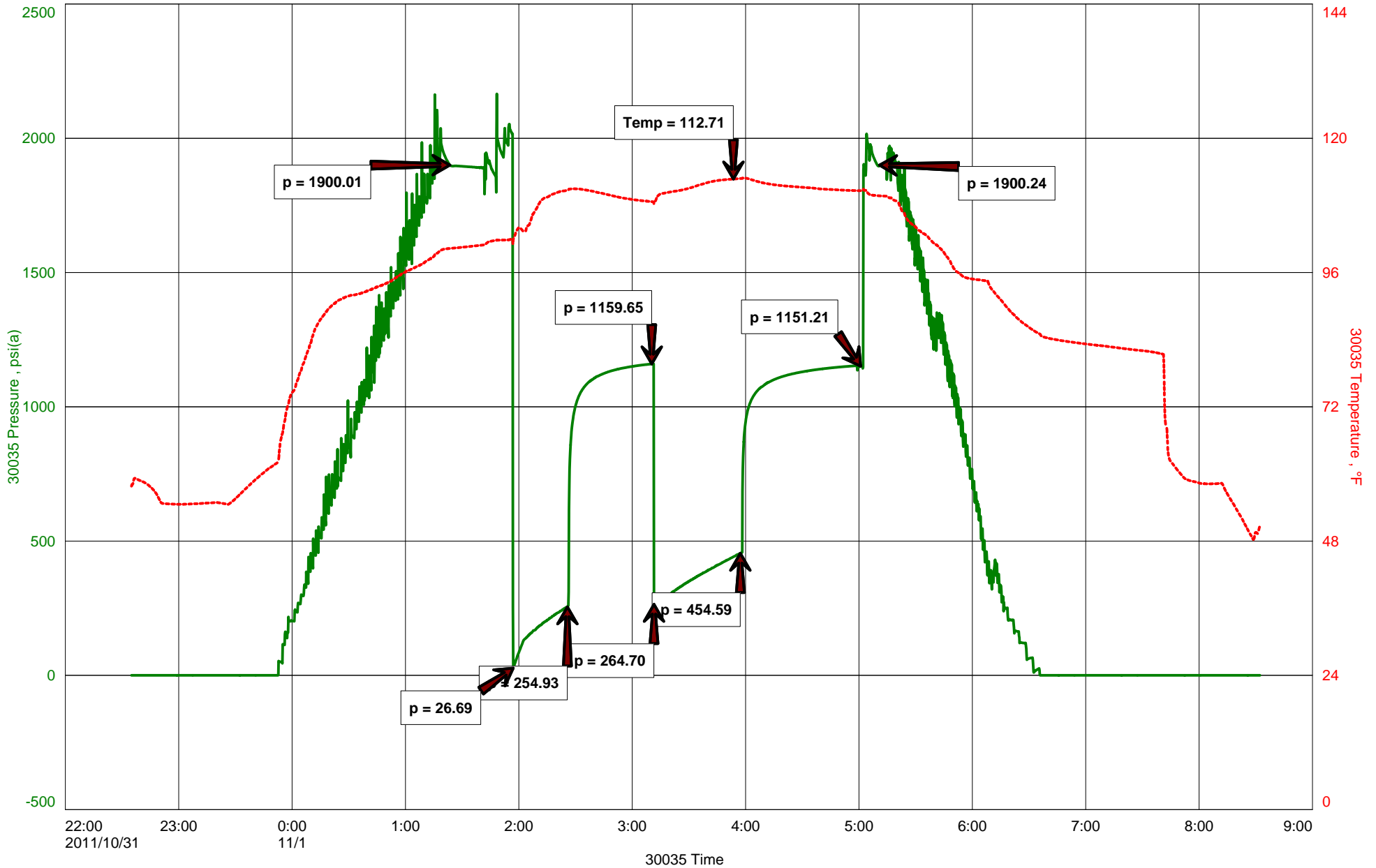
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Binns # 1-33



Diamond Testing

General information Report

General Information

Company Name Grand Mesa Operating Co

Contact	Ron Sinclair	Job Number	S0050
Well Name	Binns # 1-33	Representative	Jacob McCallie
Unique Well ID	DST# 3 Pleasanton 4229-4251'	Well Operator	Grand Mesa Operating Co
Surface Location	SEC 33-15S-33W Logan County	Report Date	2011/11/01
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST# 3 Pleasanton 4229-4251'		
Well Fluid Type	01 Oil	Start Test Time	22:35:00
		Final Test Time	07:02:00
Start Test Date	2011/10/31		
Final Test Date	2011/11/01		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:
112' Oil Specked Muddy WTR 60% WTR 40% MUD
112' TOTAL FLUID

PH: 7
RW: .49 @ 39 degrees F
CHLORIDES: 26,000 ppm

TOOL SAMPLE:
84% WTR 16% MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

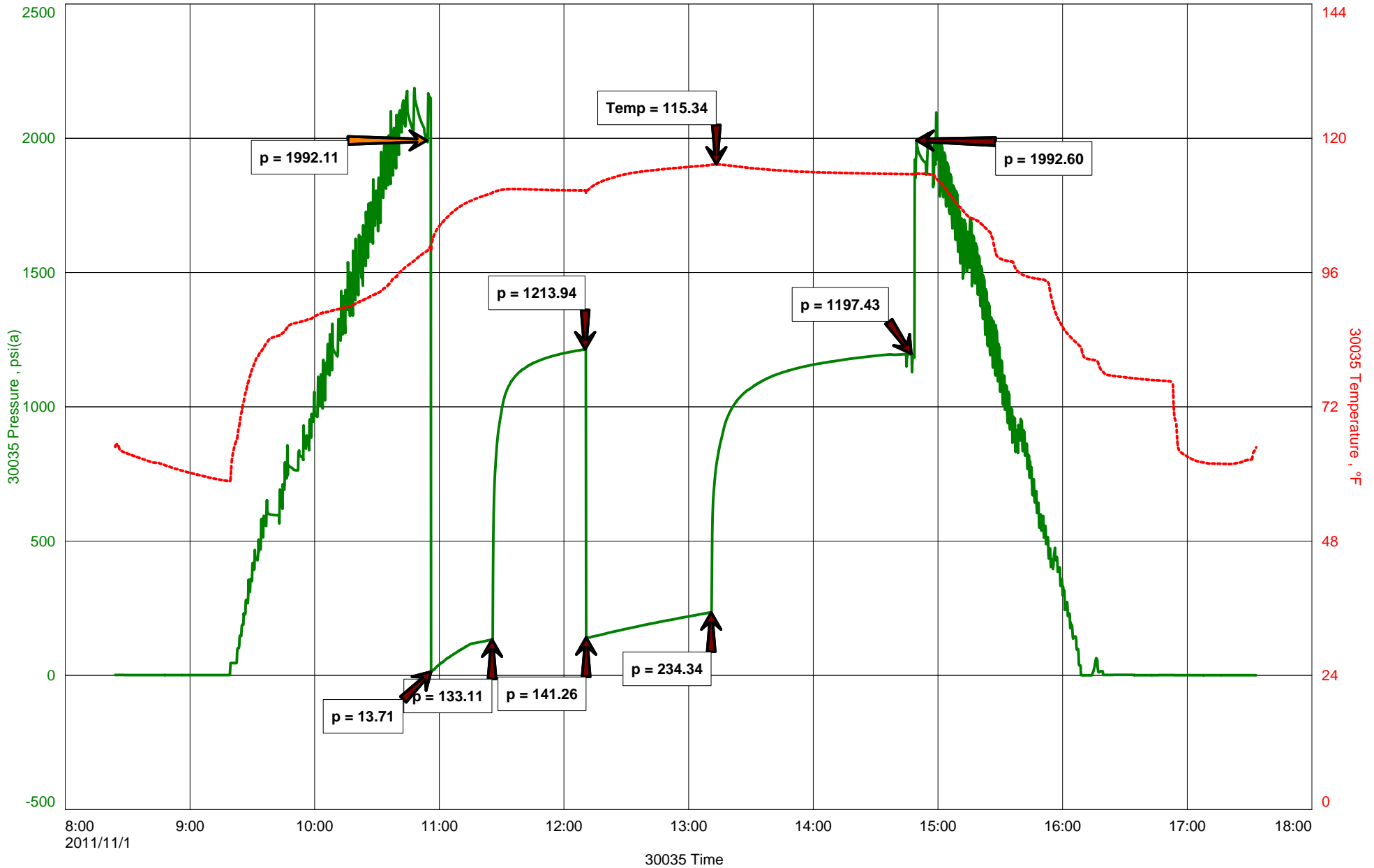
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Binns # 1-33



Diamond Testing

General information Report

General Information

Company Name Grand Mesa Operating Co.

Contact

Well Name

Unique Well ID

Surface Location

Well License Number

Field

Well Type

Ron Sinclair

Binns # 1-33

DST # 4 Lansing L, Lansing KC, Pleasanton 4186-4251'

SEC 33-15S-33W Logan County

Wildcat

Vertical

Job Number

Representative

Well Operator

Report Date

Prepared By

S0051

Jacob McCallie

Grand Mesa Operating Co.

2011/11/01

Jacob McCallie

Test Type

Formation

Well Fluid Type

Start Test Date

Final Test Date

Gauge Name

Gauge Serial Number

Drill Stem Test

DST # 4 Lansing L, Lansing KC, Pleasanton 4186-4251'

01 Oil

2011/11/01

2011/11/01

30035

Start Test Time

Final Test Time

08:24:00

17:34:00

Test Results

RECOVERED:

144' Muddy WTR 55% WTR 45% MUD
372' Muddy WTR 83% WTR 17% MUD
516' TOTAL FLUID

Chlorides: 25,000 ppm

Ph: 8

RW: .32 @ 60 degrees F

TOOL SAMPLE:

70% WTR 30% MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

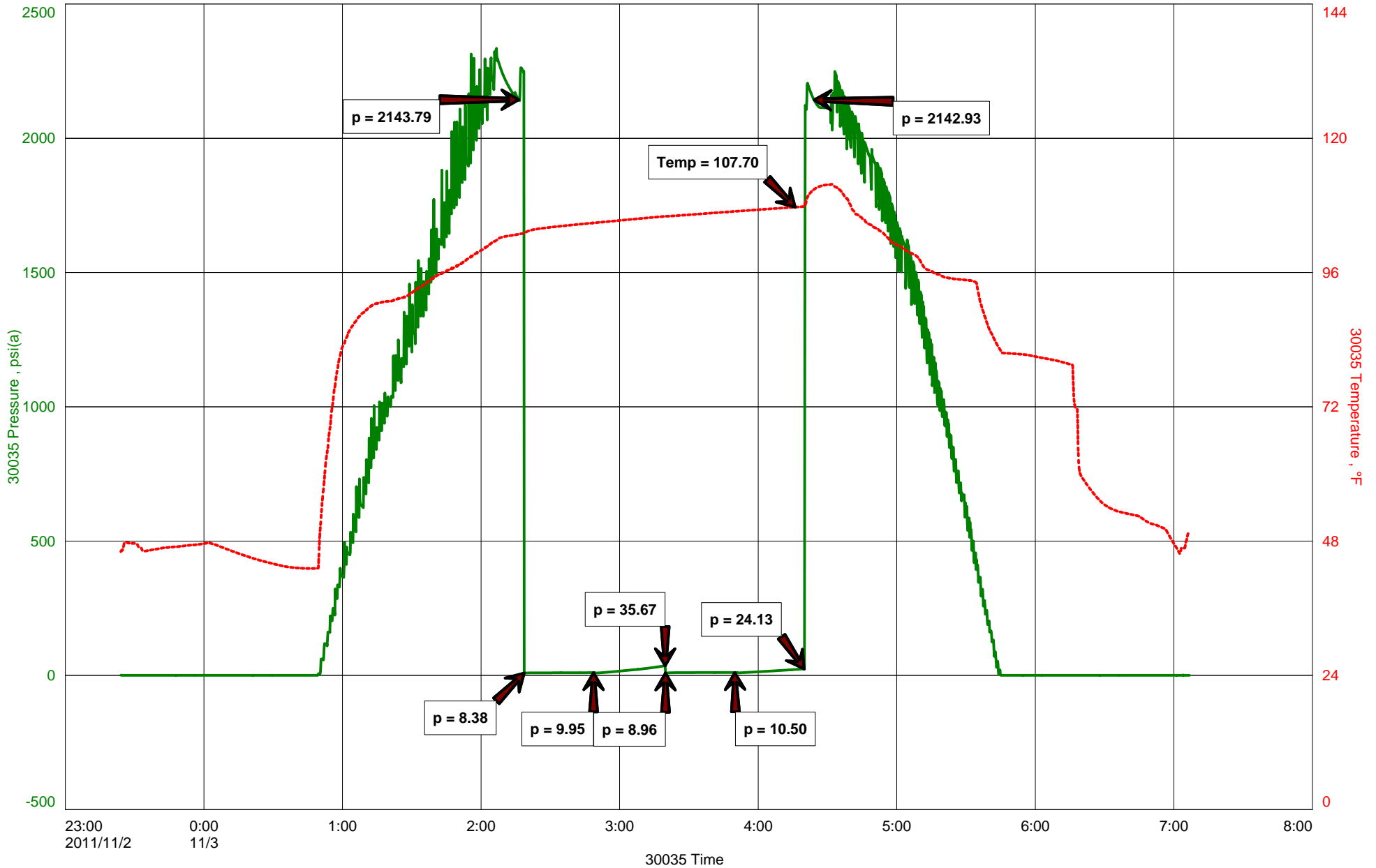
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Grand Mesa Operating Co
DST # 5 Johnson 4464-4515'
Start Test Date: 2011/11/02
Final Test Date: 2011/11/03

Binns #1-33
Formation: DST # 5 Johnson 4464-4515'
Pool: Wildcat
Job Number: S0052

Binns #1-33



Diamond Testing

General information Report

General Information

Company Name Grand Mesa Operating Co

Contact	Ron Sinclair	Job Number	S0052
Well Name	Binns #1-33	Representative	Jacob McCallie
Unique Well ID	DST # 5 Johnson 4464-4515'	Well Operator	Grand Mesa Operating Co.
Surface Location	SEC 33-15S-33W Logan County	Report Date	2011/11/03
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST # 5 Johnson 4464-4515'		
Well Fluid Type	01 Oil	Start Test Time	23:24:00
		Final Test Time	07:06:00
Start Test Date	2011/11/02		
Final Test Date	2011/11/03		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:
3' DM 100% DM
3' TOTAL FLUID

TOOL SAMPLE:
100% DM



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676



NUMBER 33668

LOCATION OKR, KS
FOREM FUZZY

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-24-11	3372	1-33 BIVNS	33	15S	33W	LOGAN
CUSTOMER <u>Grand Mesa Operating Co</u>		TRUCK #		DRIVER		DRIVER
MAILING ADDRESS		463		Josh G		
CITY		439		Derek G		
STATE				Cec. P		
ZIP CODE						

Power
to
Grand
Road
2 mile
W. 1/2
W. 1/2

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 225' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 225' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 1.36 WATER gal/sk 6.5 CEMENT LEFT in CASING 15'
 DISPLACEMENT 13.3 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Monday #22. Rig up and circulate
Mix 16 SSKS Class 'A' 390cc 29 gal Displace 13 1/4 BBL
and shot in. Cement did circulate approx 4 BBLs
to pit.

Thanks Fuzzy &
crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	1025 ⁰⁰	1025 ⁰⁰
5406	40	MILEAGE	5 ⁰⁰	200 ⁰⁰
5407A	7.76 tow.	Tow Mileage Delivery	15 ⁰⁰	490 ⁴³
1104S	165 SSKS	Class 'A' cement	16 ⁰⁰	2772 ⁰⁰
1102	465 #	Calcium Chloride	.84	390 ⁶⁰
1118B	310 #	Bentonite	.24	74 ⁴⁰
		sub total		4952 ⁴³
		less 1090 discount		495 ²⁴
		sub total		4457 ¹⁹
		245331	SALES TAX	227.24
			ESTIMATED TOTAL	4684 ⁴³

Ravin 3737

AUTHORIZATION Kelly Wilson

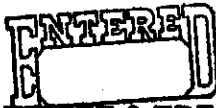
TITLE Pusher

DATE 10-25-11

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC



TICKET NUMBER 33677
LOCATION OKRLEY
FOREMAN Fuzz Y

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
11-5-11	3372	Binns 1-33	33	15	33	Logan												
CUSTOMER Grand Mesa Operating			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>463</td> <td>Wes F</td> <td></td> <td></td> </tr> <tr> <td>439</td> <td>Cody R</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	463	Wes F			439	Cody R		
TRUCK #	DRIVER	TRUCK #					DRIVER											
463	Wes F																	
439	Cody R																	
MAILING ADDRESS																		
CITY	STATE	ZIP CODE																

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4750 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 14.1 SLURRY VOL 1.40 WATER gal/sk 4.7 CEMENT LEFT In CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety monitoring on mud pit #22. Re-cup and plug as ordered
25 sks @ 2324'
100 sks @ 1133'
40 sks @ 274'
10 sks @ 40' w/plug
30 sks in RH

Thanks Fuzz Y & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1250.00	1250.00
5406	40	MILEAGE	5.00	200.00
5407A	8.82 ton	Ton mileage Delivery	158	557.60
1131	205 sks	60/40 pos	14.33	2941.25
1118B	705 #	Bentonite	.24	169.20
1107	51 #	cellulose	2.66	135.66
4432	1	8 3/8 wood cup plug	96.00	96.00
		subtotal		5350.21
		less 10% discount		5350.21
				4815.19
		245617	SALES TAX	234.66
			ESTIMATED TOTAL	5049.85

AUTHORIZATION Kelly Wilson TITLE Pusher DATE 11-5-11

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.