CORRECTION #1

Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #			API No. 15
Name:			Spot Description:
Address 1:			Sec TwpS. R
Address 2:			Feet from North / South Line of Section
City: Sta	ate: Zi	p:+	Feet from East / West Line of Section
Contact Person:			Footages Calculated from Nearest Outside Section Corner:
Phone: ()			□ NE □ NW □ SE □ SW
CONTRACTOR: License #			GPS Location: Lat:, Long:
Name:			(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84
Purchaser:			County:
Designate Type of Completion:			Lease Name: Well #:
New Well Re-l	Entry	Workover	Field Name:
			Producing Formation:
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	d3vv	remp. Abu.	Amount of Surface Pipe Set and Cemented at: Fee
Cathodic Other (Core,	. Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info			If yes, show depth set: Feet
Operator:			If Alternate II completion, cement circulated from:
Well Name:			feet depth to:w/sx cmt
Original Comp. Date:			·
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)
O constituents at	D		Chloride content: ppm Fluid volume: bbls
CommingledDual Completion			Dewatering method used:
SWD			Location of fluid disposal if hauled offsite:
☐ ENHR			Location of hala disposal in fladica offsite.
☐ GSW			Operator Name:
_			Lease Name: License #:
Spud Date or Date Read	ched TD	Completion Date or	QuarterSecTwpS. R East Wes
Recompletion Date		Recompletion Date	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:					

CORRECTION #1

Operator Name:				_ Lease N	lame: _			Well #:	
Sec Twp	S. R	East	West	County:					
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to s	g and shut-in pressu	res, whet	her shut-in pre	ssure reach	ned stati	c level, hydrosta	tic pressures, bot		
Final Radioactivity Log, files must be submitted						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional Sh	eets)	Ye	s No				on (Top), Depth a		Sample
Samples Sent to Geolog	gical Survey	Ye	s No		Nam	е		Тор	Datum
Cores Taken Electric Log Run		☐ Ye ☐ Ye							
List All E. Logs Run:									
		Repor	CASING tall strings set-c		Ne	w Used	on, etc.		
Purpose of String	Size Hole Drilled	Size	e Casing (In O.D.)	Weig Lbs./	ht	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	OFMENTIN	10 / 001	JEEZE DEGODD			
Purpose:	Depth					JEEZE RECORD	T 15	N	
Perforate Protect Casing Plug Back TD	Top Bottom	туре	of Cement	# Sacks	Osed		Type and F	Percent Additives	
Plug Off Zone									
Did you perform a hydraulic Does the volume of the tota Was the hydraulic fracturing	al base fluid of the hydra	ulic fractu	ring treatment ex			Yes ? Yes Yes	No (If No, sk	ip questions 2 ar ip question 3) out Page Three	
Shots Per Foot			D - Bridge Plugs ach Interval Perf				cture, Shot, Cement Count and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:		Packer At	:	Liner Run:	Yes No		
Date of First, Resumed Pr	roduction, SWD or ENH	R.	Producing Meth Flowing	od: Pumping		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil Bł	ols.	Gas	Mcf	Wate	er Bl	bls. (Gas-Oil Ratio	Gravity
DISPOSITION	I OF GAS:		N	IETHOD OF	COMPLE	ETION:		PRODUCTIO	ON INTERVAL:
Vented Sold	Used on Lease		pen Hole	Perf.	Dually	Comp. Con	nmingled		
(If vented, Subm	it ACO-18.)		ther (Specify)		(Submit)	(Subi	mit ACO-4) —		

Summary of Changes

Lease Name and Number: Leslie 1-4

API/Permit #: 15-063-21895-00-01

Doc ID: 1075966

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	02/01/2012	03/08/2012
Date of First or Resumed Production or		03/01/2012
SWD or Enhr Producing Method Other	No	Yes
Producing Method Other Detail		Disposing into
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=10 70661	//kcc/detail/operatorE ditDetail.cfm?docID=10 75966



CONFIDENTIAL OIL &

Kansas Corporation Commission Oil & Gas Conservation Division

1070661

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
□ Oil □ WSW □ SIOW □ Gas □ D&A □ ENHR □ SIGW □ OG □ GSW □ Temp. Abd. □ CM (Coal Bed Methane) □ Cathodic □ Other (Core, Expl., etc.):	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:
If Workover/Re-entry: Old Well Info as follows:	feet depth to:w/sx cmt
Operator:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R East West
ENHR Permit #:	County: Permit #:
GSW Permit #:	
Spud Date or Date Reached TD Completion Date or	

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:

Side Two



Operator Name:				_ Lease N	lame:			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	ssures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No							
List All E. Logs Run:										
		Report all	CASING I		New	Used mediate, producti	on, etc.			
Purpose of String	Size Hole Drilled	Size Ca Set (In C	sing	Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent dditives
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Co	ement	# Sacks	Used		Type and	Percent Additives		
Shots Per Foot	PERFORATI Specify I	ON RECORD - Footage of Each	Bridge Plugs Interval Perfo	s Set/Type orated			cture, Shot, Cemei mount and Kind of N		d 	Depth
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0		
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Water		ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually (nmingled mit ACO-4)			

JOB LOG

SWIFT Services, Inc.

DATE 12 DECL) PAGE NO.

GRANS	s MESA		WELL NO.			LEASE LES LI	E1-4	JOB PLUC BOTTOM	TICKET NO. 22547
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMP:	S C	PRESSURE TUBING	(PSI) CASING	DESCRIPTION OF OPERATION AND	
	1400							ON LOCATION	
								JUBINGE 2262	
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Walter of the American	1452	4		7		SOO		SHUT AUNDUS IN TAKE I	JIECTION RATE.
	1457	35	lolo	7		25D		MIX 2505x 60/40-4%	Ger-25x Hours.
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County	Stat	e 25	ВНТ	Y	D	Inte	erval 458	9-45	595.
	Completion ☐ R	lecompletion	Workover □	Oil 🗌 Gas 🗆	Water □ D	isposal □	Perf 🗆 C	DH 🗆	
ob Pumpe	d Via: Tubing □	Casing □ An	nulus 🗆 CTI	J 🗆 Combina	tion Plug [Depth		Packer De	epth
Casing Size	**	GRD V	VT De	pth	Tubing Size:	27/8	GRD	WT :	Spot
Casing Vol.		Tbg Vol	An	n Vol	OH Vol		Total Dis	placement	
Maximum F	ressure .	Tubing	Ca	sing	Proposed Pun	np Time	AOL	Leave Lo	DC .
Special Inst	ructions:	500	Sals	1RWR 090		o) ad	deti	ves	Management
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Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure Tubing Ca	ising		Observatio	ons
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Avg Inj Rate	Fluid BPM			Treatment Total Injected F	Synopsis H20 27 SIP 300	Acid	12 (oii Josi VAK	

Pro-Stim Chemicals, LLC

P.O. Box 25 Cheyenne Wells, CO 80810

Requested By

Invoice

Date	Invoice #
10/31/2011	58371

Lease

Bill To	
Grand Mesa Operating Co. 1700 N. Waterfront Pkwy - Bldg 600 Wichita, KS 67206-6614	

Terms

Ship To			
		÷	

Ship

Total

		Net 30	S M	10/25/2011	LESLII	E 1-4
Quantity	Item Code		Description		Price Each	Amount
55 15 2 2 2 2 1.5	RWR-1 10% GAS-PLUS S-3000 AC-307 S-262 AR-630 AI-150 8% KCI DUMP JOB TRUCK TIME	GALLONS GALLONS GALLONS GALLONS GALLONS GALLONS BRL HOURS Sales Tax - GOVE C	Ο.		2.22 19.41 23.56 18.61 14.36 25.79 20.15 3.96 158.00 95.00 8.05%	1,110.00 1,067.55 353.40 37.22 28.72 51.58 30.23 106.92 158.00T 285.00T 35.66

Sales Rep.

 Phone #
 Fax #
 E-mail

 719-767-8071
 719-767-5925
 prostim@hotmail.com

\$3,264.28

Acidizing	Report	PRO)-STIM CH	IEMICA	L .5			Date	27-11	
Customer Grand 11/459			Pro-Stim Chemical Yard Pro				Pro-Stim Number A 6 A 3			
Well Name 8	k Number /	11	Field	Field				Formation Spot		
County	5// × / Stat	e/i=S	BHT	BHT YD			Interval 58433			
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Well Type:	Completion F	lecompletion 🗆	workover 🗆 🤇	DII CI Gas C			Lad 1 (211 La) 1	Dacker	r Depth	
Job Pumped	l Via: Tubing □	Casing □ Ann	nulus 🖸 - CTU l	☐ Combina	ation 🗆 Plug 🗅	epm		racker	Соры	
Casing Size	T	GRD W	/T Dept	h	Tubing Size:	yayinganismi misira sa salari Abb	GRD	WT	Spot	
Casing Vol.	المراجعة	Tbg Vol	Ann	Ann Vol		OH Vol		Total Displacement 27.5		
Maximum P	ressure	Tubing	Casi	Casing		Proposed Pump Time		AOL Leave Loc		
Special Inst		301 7.5	6 R	WR-1	n garga di campina kenarapikan dan arang kelaman arang kelaman di sebang sebanggan pengangan melana m	alleren inn gestellt state fra	AND THE PROPERTY OF THE PROPER		internation between the property of the control of	
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Time	Type Fluid	Rate BMP	Increment Vol Bbis	Cum Vol Bbis	Pressure Tubing Ca	sing		Observ	rations	
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	Representative				Pro-Stim			not.	17.	

Pro-Stim Chemicals, LLC

P.O. Box 25 Cheyenne Wells, CO 80810

Requested By

Invoice

Date	Invoice #				
10/31/2011	58433				

Lease

Bill To	
Grand Mesa Operating Co. 1700 N. Waterfront Pkwy - Bldg 600 Wichita, KS 67206-6614	

Terms

Ship To	

Ship

Total

		Net 30	S M	10/27/2011	LESLIE	1-4
Quantity	Item Code		Description	Price Each	Amount	
1,500 40 1,100 28 110 50	AI-150 DUMP JOB	GALLONS GALLONS BRLS LBS BRLS GALLONS GALLONS GALLONS GALLONS GALLONS GALLONS HOURS - 2 TRUCK Sales Tax - GOVE C			2.52 2.55 2.00 1.70 3.16 16.18 23.56 18.61 14.36 25.79 20.15 158.00 95.00 8.05%	756.00 3,825.00 80.00 1,870.00 88.48 1,779.80 1,178.00 111.66 86.16 154.74 60.45 158.00T 427.50T 47.13

Sales Rep.

Phone # Fax # E-mail

719-767-8071 719-767-5925 prostim@hotmail.com

\$10,622.92

JOB LOG

SWIFT Services, Inc.

JOB LO	U							ces, Inc.	DATE D. 14-11 PAGE		
CUSTOMER GRAND MESA WELL			WELL NO.	WELL NO. LEASE LESLIE			LIE	JOB TYPE ACUIZE PURES	TICKET NO.		
CHART NO.	TIME RATE (BPM)		VOLUME PUMPS (BBL) (GAL) T C			PRESSURI TUBING	E (PSI) CASING	DESCRIPTION OF ODERATION AND MATERIALS			
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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/

Sam Brownback, Governor

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

January 31, 2012

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

Re: ACO1 API 15-063-21895-00-01 Leslie 1-4 SE/4 Sec.04-14S-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