



Confidentiality Requested:

Yes  No

### 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

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: \_\_\_\_\_

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  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				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 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)*

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: <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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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 <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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## 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 SWD or Enhr Producing Method Other	No	03/01/2012 Yes
Producing Method Other Detail		Disposing into
Save Link	<a href="http://../kcc/detail/operatorEditDetail.cfm?docID=1070661">../kcc/detail/operatorEditDetail.cfm?docID=1070661</a>	<a href="http://../kcc/detail/operatorEditDetail.cfm?docID=1075966">../kcc/detail/operatorEditDetail.cfm?docID=1075966</a>



**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
- 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: \_\_\_\_\_



1070661

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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JOB LOG

SWIFT Services, Inc.

DATE 12 DEC 11 PAGE NO.

CUSTOMER  
GRAND MESA

WELL NO.

LEASE  
LESLIE 1-4

JOB TYPE  
PLUG BOTTOM

TICKET NO. 22547

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1400							ON LOCATION TUBING @ 2262
	1430	4	60	✓				LOAD CASING CIRCULATE OIL OUT
	1452	4		✓		500		SHUT ANNULUS IN TAKE INJECTION RATE.
	1457	3½	66	✓		250		MIX 250SX 60/40-4% GEL-2SX HULLS.
		3		✓				START DISPLACEMENT
	1525	Ø	11	✓		400		PSI UP =
	1531	3½	20	✓		<del>300</del> 300		REVERSE CEMENT OUT
	1533							WASH TRUCK
	1600							JOB COMPLETE
								THANKS #110
								JASON JEFF DAVID

Acidizing Report

**PRO-STIM CHEMICALS**

Date **10-25-11**

Customer <i>Grand Mesa</i>		Pro-Stim Chemical Yard <i>Dighton</i>		Pro-Stim Number <i>A6 58371</i>	
Well Name & Number <i>Leslie 1-4</i>		Field		Formation Spot	
County <i>Goce</i>	State <i>KS</i>	BHT	YD	Interval <i>4589-4595</i>	

Well Type: Completion  Recompletion  Workover  Oil  Gas  Water  Disposal  Perf  OH

Job Pumped Via: Tubing <input type="checkbox"/> Casing <input type="checkbox"/> Annulus <input type="checkbox"/> CTU <input type="checkbox"/> Combination <input type="checkbox"/>				Plug Depth	Packer Depth		
Casing Size:	GRD	WT	Depth	Tubing Size: <i>2 7/8</i>	GRD	WT	Spot
Casing Vol.	Tbg Vol		Ann Vol	OH Vol	Total Displacement		
Maximum Pressure	Tubing		Casing	Proposed Pump Time	AOL	Leave Loc	

Special Instructions: *500 gals RWR-1 w/ additives 10%*

**Treatment Record**

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
							Prs Test to _____ psi
<i>1</i>	<i>Acid</i>	<i>3.0</i>		<i>3.3</i>	<i>50</i>		
<i>4</i>	<i>Acid</i>	<i>3.0</i>		<i>12</i>	<i>50</i>		<i>Acid Gone</i>
<i>5</i>	<i>Flush</i>	<i>3.0</i>		<i>13.9</i>	<i>30</i>		
<i>10</i>	<i>Flush</i>	<i>0</i>		<i>27.4</i>	<i>70</i>		<i>loaded</i>
<i>12</i>	<i>Flush</i>	<i>2.0</i>		<i>29.5</i>	<i>550</i>		
<i>14</i>	<i>Flush</i>	<i>2.5</i>		<i>33</i>	<i>650</i>		
<i>16</i>	<i>Flush</i>	<i>2.5</i>		<i>39</i>	<i>650</i>		<i>Done</i>

**Treatment Synopsis**

Avg Inj Rate	Fluid BPM	Total Injected		H2O <i>27</i>	Acid <i>12</i>	Oil
Treating Prs.	Max <i>650</i>	Final <i>650</i>	Avg.	ISIP <i>300</i>	5' SI <i>30</i>	7' SI <i>VAK</i>
Customer Representative				Pro-Stim Supervisor	<i>Shannon M.</i>	

# Pro-Stim Chemicals, LLC

P.O. Box 25  
 Cheyenne Wells, CO 80810

# Invoice

Date	Invoice #
10/31/2011	58371

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

Ship To

Requested By	Terms	Sales Rep.	Ship	Lease
	Net 30	S M	10/25/2011	LESLIE 1-4

Quantity	Item Code	Description	Price Each	Amount
500	RWR-1 10%	GALLONS	2.22	1,110.00
55	GAS-PLUS	GALLONS	19.41	1,067.55
15	S-3000	GALLONS	23.56	353.40
2	AC-307	GALLONS	18.61	37.22
2	S-262	GALLONS	14.36	28.72
2	AR-630	GALLONS	25.79	51.58
1.5	AI-150	GALLONS	20.15	30.23
27	8% KCl	BRL	3.96	106.92
1	DUMP JOB		158.00	158.00T
3	TRUCK TIME	HOURS	95.00	285.00T
		Sales Tax - GOVE CO.	8.05%	35.66

			<b>Total</b>	\$3,264.28
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Phone #	Fax #	E-mail
719-767-8071	719-767-5925	prostim@hotmail.com



Acidizing Report

**PRO-STIM CHEMICALS**

Date 10-27-11

Customer <u>Grand Mesa</u>	Pro-Stim Chemical Yard <u>Alighton</u>	Pro-Stim Number <u>A6, A3</u>
Well Name & Number <u>L7512 1-4</u>	Field	Formation <u>Spot</u>
County <u>Garfield</u>	State <u>KS</u>	BHT
	YD	Interval <u>58433</u> <u>4589-4595</u>

Well Type: Completion  Recompletion  Workover  Oil  Gas  Water  Disposal  Perf  OH

Job Pumped Via: Tubing <input type="checkbox"/> Casing <input type="checkbox"/> Annulus <input type="checkbox"/> CTU <input type="checkbox"/> Combination <input type="checkbox"/>	Plug Depth	Packer Depth
Casing Size: GRD WT Depth	Tubing Size: GRD WT Spot	
Casing Vol. Tbg Vol Ann Vol OH Vol	Total Displacement	<u>27.5</u>
Maximum Pressure Tubing Casing	Proposed Pump Time AOL	Leave Loc

Special Instructions: 300 gal 7.5% RWR-1  
1500 gal 7.5% + 3% HF  
40 bbl 8% Ammonium chloride water  
28 bbl 2% KCL

**Treatment Record**

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
							Prs Test to _____ psi
8:28	Acid	2.5	1.5		100		
8:31	Acid	2.8	7.1		40		7.5% RWR-1
8:31	FWH	2.8	7.2		40		8% Am <sup>5+</sup> chloride water
8:38	Acid	.7	28.3		40		7.5% 3% HF
8:39	"	2.5	30		500		
8:42	"	5.0	40		1000		
8:44	"	5.0	44		1100		
8:46	"	5.0	63		1030		
8:47	FWH	5.0	63.1		1030		5% Ammonium chloride
8:52	"	5.0	82		1150		2% KCL
8:54	"	5.0	96		1200		
8:57	"	5.0	107.5		1060		
8:58	"	5.0	109.5		1060		

**Treatment Synopsis**

30 SI 140, 45 SI 60, 59 min

Avg Inj Rate	Fluid BPM <u>5.0</u>	Total Injected	H2O <u>67</u>	Acid <u>43</u>	Oil
Treating Prs.	Max <u>1200</u>	Final <u>1060</u>	Avg. <u>1100</u>	ISIP <u>460</u>	5'SI <u>210</u> 10'SI <u>250</u> 15'SI <u>210</u>
Customer Representative				Pro-Stim Supervisor	<u>Shannon M.</u>

# Pro-Stim Chemicals, LLC

P.O. Box 25  
 Cheyenne Wells, CO 80810

# Invoice

Date	Invoice #
10/31/2011	58433

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

Ship To

Requested By	Terms	Sales Rep.	Ship	Lease
	Net 30	S M	10/27/2011	LESLIE 1-4

Quantity	Item Code	Description	Price Each	Amount
300	RWR-1 7.5%	GALLONS	2.52	756.00
1,500	HF-375	GALLONS	2.55	3,825.00
40	FRESH WATER	BRLS	2.00	80.00
1,100	AM-CHLOR	LBS	1.70	1,870.00
28	KCL BIOCID - 2%	BRLS	3.16	88.48
110	GAS-ENE	GALLONS	16.18	1,779.80
50	S-3000	GALLONS	23.56	1,178.00
6	AC-307	GALLONS	18.61	111.66
6	S-262	GALLONS	14.36	86.16
6	AR-630	GALLONS	25.79	154.74
3	AI-150	GALLONS	20.15	60.45
1	DUMP JOB		158.00	158.00T
4.5	TRUCK TIME	HOURS - 2 TRUCKS	95.00	427.50T
		Sales Tax - GOVE CO.	8.05%	47.13

**Total** \$10,622.92

Phone #	Fax #	E-mail
719-767-8071	719-767-5925	prostim@hotmail.com

**JOB LOG**

**SWIFT Services, Inc.**

DATE 10/14/11 PAGE NO. 7

CUSTOMER GRAND MESA WELL NO. 1-4 LEASE LESLIE JOB TYPE ACIDIZE PERES TICKET NO. 21154

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0900							ON LOCATION, WAITING ON CAT! ACID: 3000 GALS 7 1/2% FE 110 BBL'S - PERF Pkg 3 7/8 x 5 1/2 PBD 2350 PERES 2070-2140 PHR 2040
	1045	3.5	0	✓		0		START ACID
		2.0	3.0	-		450		LOADED
		2.0	10.0	✓		500		57. BBL'S
		6.0	14.0	✓		700		ACID ON PERES
			20.0	-		800		
			25.0	-		750		
			27.0	-		700		
			36.0	✓		700		110 BBL'S 34 bbls ACID
		6.5	40.0	-		800		
			50.0	-		800		ALL BBL'S ON PERES
			70.0	-		800		START FLUSH
			84.0	-		800		ACID CEMENTED, START OVER FLUSH
			104.0	-		800		
	1110	0	124.0	-		300		END TEST
						0		30 SEC! VAC!
								124 bbl. LOAD!
								GET CAT OUT
	1200							THANK YOU! DAVE, JIMMY, BRANDON

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

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