



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1090803
OIL & GAS CONSERVATION DIVISION

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 # _____

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: _____

1090803

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
--	---

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:
 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: _____ _____
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Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	BEAZLEY-CHAMBERS 1-13
Doc ID	1090803

All Electric Logs Run

CPDCN Micro Log
AI Shallow Focused Elect Log
Micro Log
Comp. Sonic w/Integrated Transit Time

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	BEAZLEY-CHAMBERS 1-13
Doc ID	1090803

Tops

Name	Top	Datum
Stone Corral	2361	+543
Bs/Stone Corral	2391	+513
Heebner	3924	-1020
Lansing	3966	-1062
Muncie Creek	4119	-1215
Stark	4208	-1304
Marmaton	4309	-1405
Excello	4462	-1558
Mississippian	4577	-1673
LTD	4664	

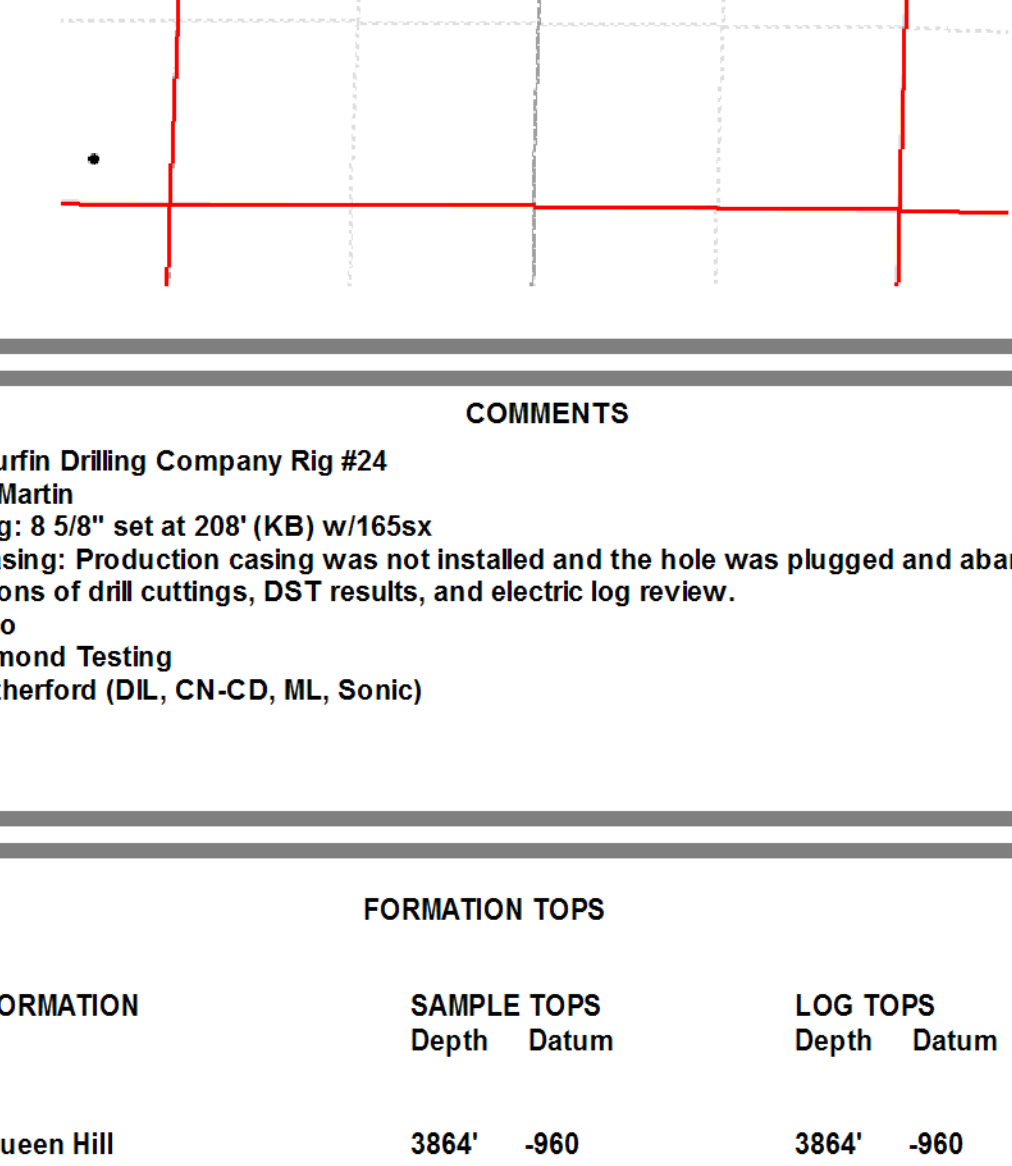
Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: **Beazley-Chambers #1-13**
Location: **1972' FNL, 2387' FWL, 13-13S-31W, Gove County, Kansas**
License Number: **API: 15-063-22004** Region: **Gove County**
Spud Date: **07/01/2012** Drilling Completed: **07/09/2012**
Surface Coordinates: **Lat: 38.9263236**
Long: -100.7145514
Bottom Hole: **Vertical hole**
Coordinates:
Ground Elevation (ft): **2899'** K.B. Elevation (ft): **2904'**
Logged Interval (ft): **3800'** To: **RTD** Total Depth (ft): **4663'**
Formation: **Mississippian** to **RTD**
Type of Drilling Fluid: **Chemical**

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

GEOLOGIST

Name: **Kent R. Matson**
Company: **Matson Geological Services, LLC**
Address: **33300 W. 15th Street S.
Garden Plain, Kansas 67050
316-644-1975**

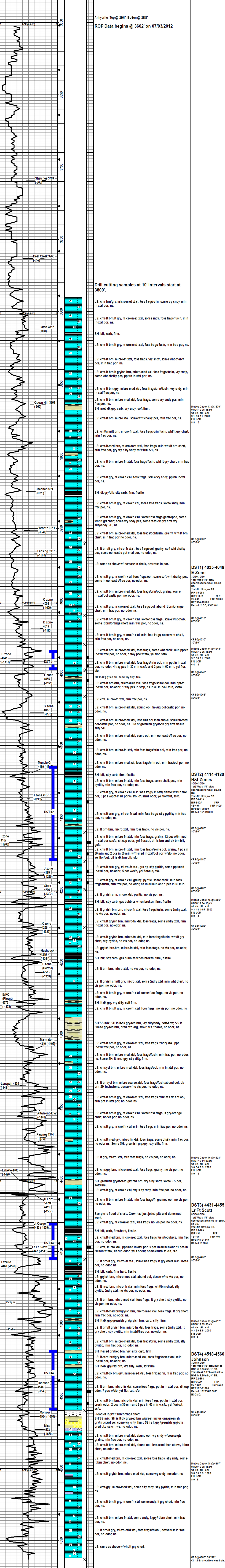


COMMENTS

Contractor: **Murfin Drilling Company Rig #24**
Pusher: **Tony Martin**
Surface Casing: **8 5/8" set at 208' (KB) w/165x**
Production Casing: **production casing was not installed and the hole was plugged and abandoned, based on field observations of drill cuttings, DST results, and electric log review.**
Mud by: **MudCo**
DST's by: **Diamond Drilling**
Logs by: **Weatherford (DIL, CN-CD, ML, Sonic)**
RTD = 4663'
LTD = 4664'

FORMATION TOPS

FORMATION	SAMPLE TOPS		LOG TOPS	
	Depth	Datum	Depth	Datum
Queen Hill	3864'	-960	3864'	-960
Heebner Shale	3924'	-1020	3824'	-1020
Toronto	3951'	-1047	3951'	-1047
Lansing	3967'	-1063	3966'	-1062
Muncie Creek Shale	4119'	-1215	4119'	-1215
Stark Shale	4206'	-1302	4208'	-1304
Hushpuckney Shale	4245'	-1341	4246'	-1342
Marmaton	4310'	-1406	4310'	-1406
Upper Fort Scott	4411'	-1507	4411'	-1507
Little Osage Shale	4433'	-1529	4434'	-1530
Excello Shale	4460'	-1556	4462'	-1558
Johnson Zone	4544'	-1640	4544'	-1640
Morrow	4564'	-1660	4562'	-1658
Mississippian	4574'	-1670	4577'	-1673
RTD	4663'	-1759		
LTD			4664'	-1760





**DIAMOND TESTING
ROGER D. FRIEDLY - TESTER
CELL 620-793-2043**

Company Name GRAND MESA OPERATING COMPANY
Contact RONALD N. SINCLAIR
Well Name BEAZLEY-CHAMBERS #1-13
Unique Well ID DST #1 LANSING 'E' 4,035' - 4,048;
Surface Location SEC 13-13S-31W GOVE COUNTY, KS
Field WILDCAT

Job Number NO. 5
Test Unit ROGER D, FRIEDLY
Representative GRAND MESA OPERATING COMPANY
Well Operator 2012/07/05
Report Date ROGER D. FRIEDLY
Prepared By KENT MATSON
Qualified By

Test Information

Test Type CONVENTIONAL
Formation DST #1 LANSING 'E' 4,035' - 4,048'
Test Purpose Initial Test
Well Fluid Type 01 Oil
H2S

Start Test Date 2012/07/04 **Start Test Time** 23:31:00
Final Test Date 2012/07/05 **Final Test Time** 05:42:00

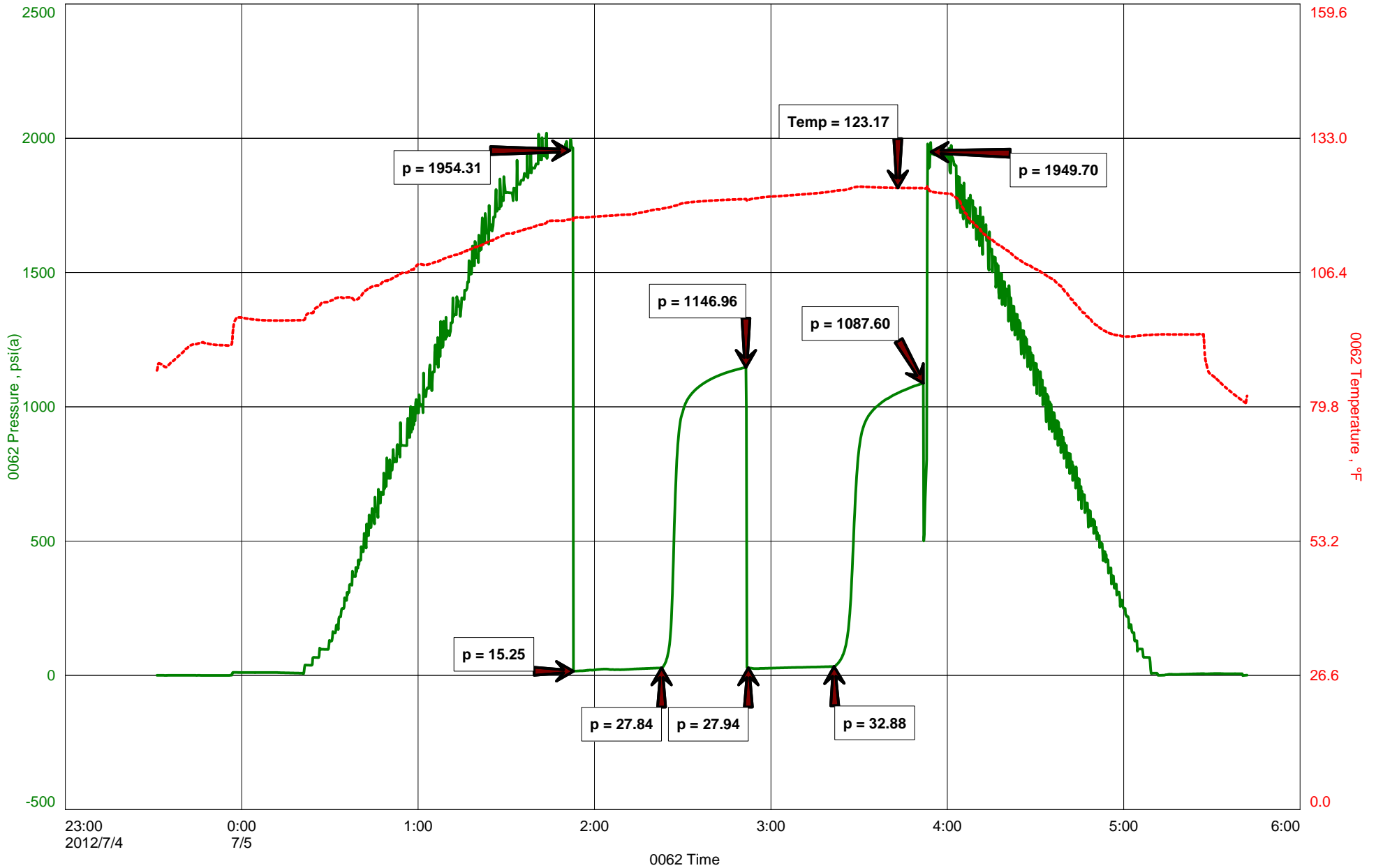
Remarks

RECOVERED: 2' CLEAN OIL
8' OCWM 6% OIL, 30% WTR, 64% MUD
10' TOTAL RECOVERY

TOOL SAMPLE: 6% OIL, 40% WTR, 54% MUD

CHLORIDES 37,500 Ppm
PH 8.0
RW .165 @ 80 deg

BEAZLEY-CHAMBERS #1-13





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.



DIAMOND TESTING
ROGER D. FRIEDLY - TESTER
CELL 620-793-2043

Company Name GRAND MESA OPERATING COMPANY
Contact RONALD N. SINCLAIR
Well Name BEAZLEY-CHAMBERS #1-13
Unique Well ID DST #2 LANSING 'H-I' 4,114' - 4,180'
Surface Location SEC 13-13S-31W GOVE COUNTY, KS
Field WILDCAT

Job Number NO. 5
Test Unit ROGER D. FRIEDLY
Representative GRAND MESA OPERATING COMPANY
Well Operator 2012/07/06
Report Date ROGER D. FRIEDLY
Prepared By KENT MATSON
Qualified By

Test Information

Test Type CONVENTIONAL
Formation DST #2 LANSING 'H-I' 4,114' - 4,180'
Test Purpose Initial Test
Well Fluid Type 01 Oil
H2S

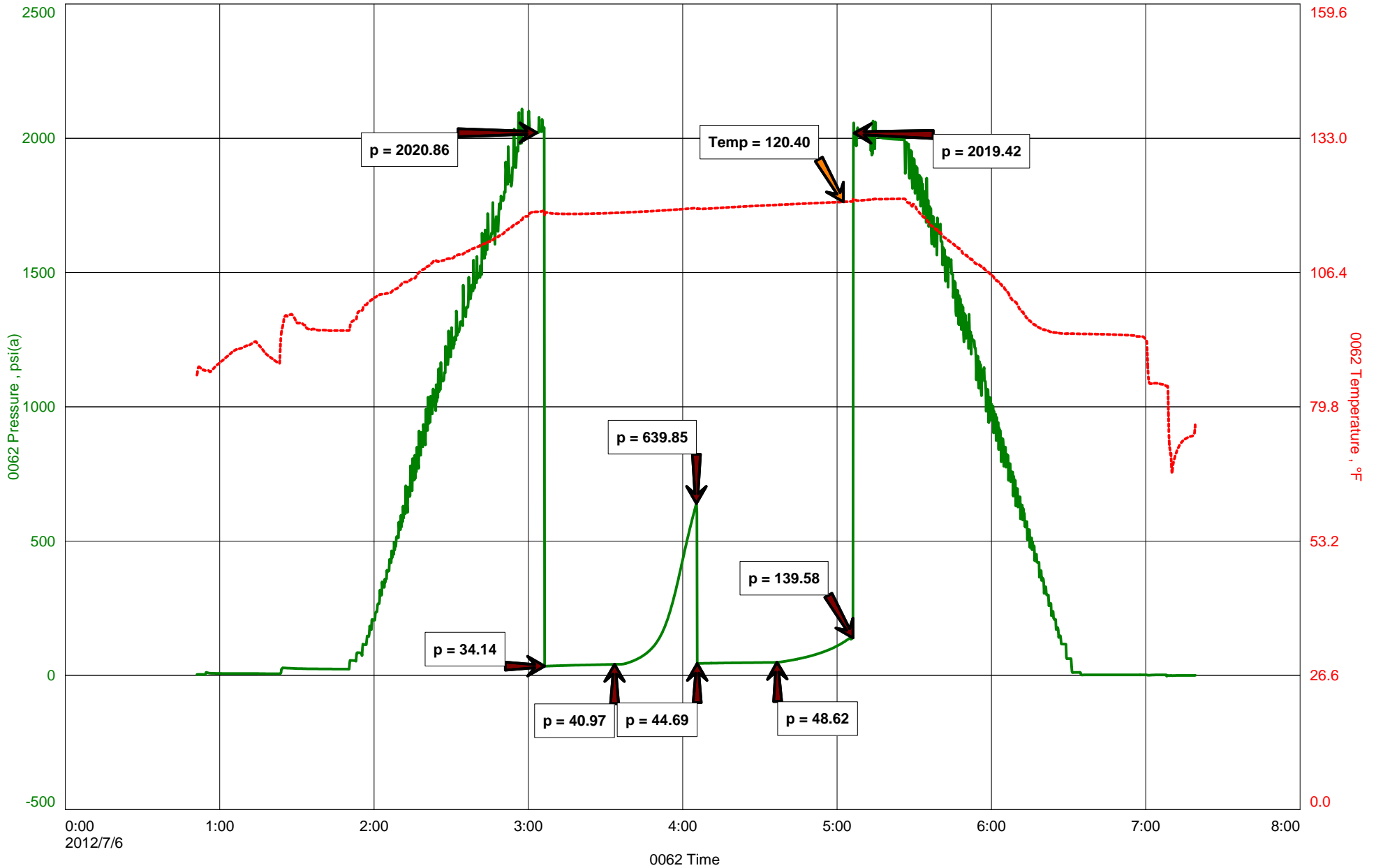
Start Test Date 2012/07/06 **Start Test Time** 00:51:00
Final Test Date 2012/07/06 **Final Test Time** 07:20:00

Remarks

RECOVERED: 15' SLTOCM 2% OIL, 98% MUD
 15' TOTAL FLUID

TOOL SAMPLE: 6% OIL, 94% MUD

BEAZLEY-CHAMBERS #1-13





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.

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DIAMOND TESTING
ROGER D. FRIEDLY - TESTER
CELL 620-793-2043

Company Name GRAND MESA OPERATING COMPANY
Contact RONALD N. SINCLAIR
Well Name BEAZLEY-CHAMBERS #1-13
Unique Well ID DST #3 LOWER FT. SCOTT 4,431' - 4,455'
Surface Location SEC 13-13S-31W GOVE COUNTY, KS
Field WILDCAT

Test Information

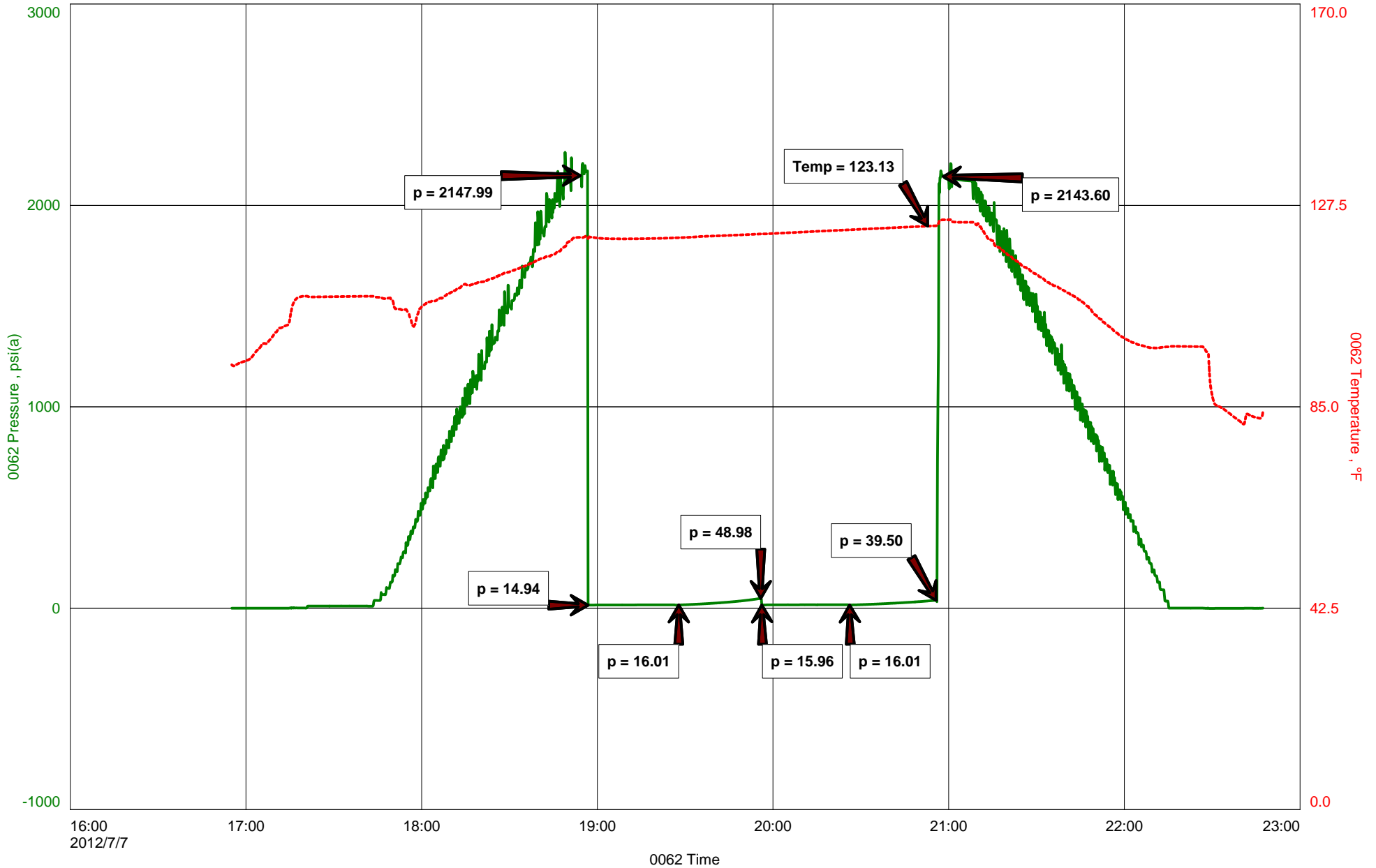
Test Type	CONVENTIONAL	Job Number	NO. 5
Formation	DST #3 LOWER FT. SCOTT 4,431' - 4,455'	Test Unit	
Test Purpose	Initial Test	Representative	ROGER D. FRIEDLY
Well Fluid Type	01 Oil	Well Operator	GRAND MESA OPERATING COMPANY
H2S		Report Date	2012/07/07
Start Test Date	2012/07/07	Prepared By	ROGER D. FRIEDLY
Final Test Date	2012/07/07	Qualified By	KENT MATSON
Start Test Time			16:55:00
Final Test Time			22:47:00

Remarks

RECOVERED: 2' DM 100% MUD

TOOL SAMPLE: 100% DM WITH FEW OIL SPECKS

BEAZLEY-CHAMBERS #1-13





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.

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**DIAMOND TESTING
ROGER D. FRIEDLY - TESTER
CELL 620-793-2043**

Company Name GRAND MESA OPERATING COMPANY
Contact RONALD N. SINCLAIR
Well Name BEAZLEY-CHAMBERS #1-13
Unique Well ID DST #4 JOHNSON 4,518' - 4,560'
Surface Location SEC 13-13S-31W GOVE COUNTY, KS
Field WILDCAT

Job Number NO. 5
Test Unit ROGER D. FRIEDLY
Representative GRAND MESA OPERATING COMPANY
Well Operator 2012/07/09
Report Date ROGER D. FRIEDLY
Prepared By KENT MATSON
Qualified By

Test Information

Test Type CONVENTIONAL
Formation DST #4 JOHNSON 4,518' - 4,560'
Test Purpose Initial Test
Well Fluid Type 01 Oil
H2S

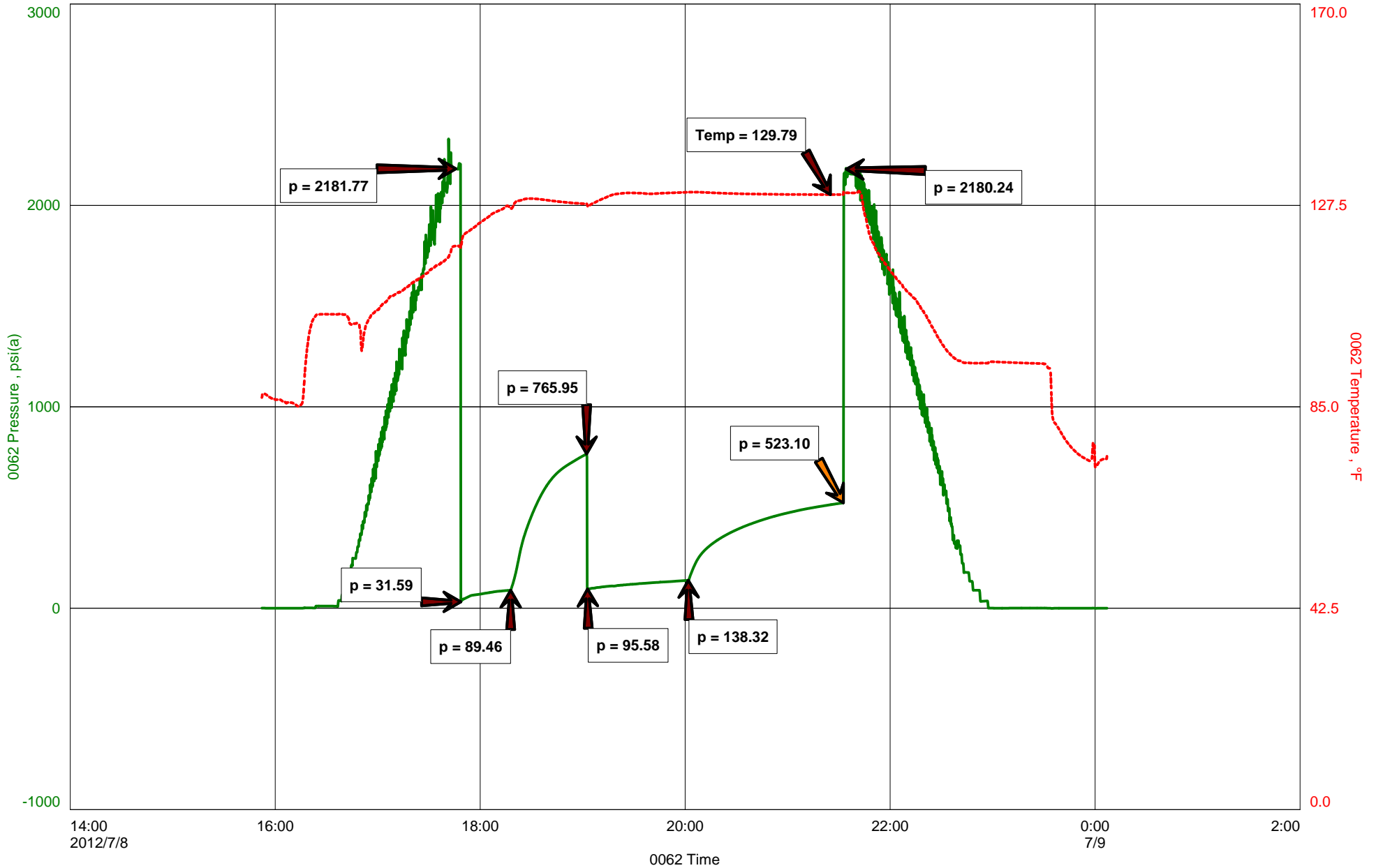
Start Test Date 2012/07/08 **Start Test Time** 15:52:00
Final Test Date 2012/07/09 **Final Test Time** 00:07:00

Remarks

RECOVERED: 1,025' GAS IN PIPE
218' HGCMO 11% GAS, 56% OIL, 33% MUD
119' HGCMO 23% GAS, 57% OIL, 20% MUD
337' TOTAL FLUID

TOOL SAMPLE: 4% GAS, 92% OIL, 4% MUD

BEAZLEY-CHAMBERS #1-13





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.

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CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 37000

LOCATION Oakley, KS

FOREMAN Mikes Shaw

Joe Blanchard

FIELD TICKET & TREATMENT REPORT

CEMENT

US

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
<u>7-1-12</u>	<u>3372</u>	<u>Beecher - Chambers #1-13</u>	<u>13</u>	<u>135</u>	<u>21W</u>	<u>Gove</u>
CUSTOMER <u>Grand Mesa Operations</u>			COLUMBIA S. GARDNER SE 1/4 35 R/P 1 3/4 Eas North into			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			<u>463</u>	<u>Cody D</u>		
STATE			<u>400</u>	<u>Cody R</u>		
ZIP CODE						

JOB TYPE <u>Surf</u>	HOLE SIZE <u>12 1/4"</u>	HOLE DEPTH <u>208</u>	CASING SIZE & WEIGHT <u>8 5/8 24#</u>
CASING DEPTH <u>208</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>14.7</u>	SLURRY VOL <u>1.36</u>	WATER gal/sk <u>6.5</u>	CEMENT LEFT in CASING <u>2015'</u>
DISPLACEMENT <u>12 1/4 H/S</u>	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety meeting + Rig up on Martin #24 Circulate casing
Mix 165 S/S common Class "A" 38 Calcium 28 gel displaced 12 1/4 H/S
Water and shut in Cement did circulate Approx 26 H/S to pit

Thanks Mikes & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>54015</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>1085.00</u>	<u>1085.00</u>
<u>5406</u>	<u>20</u>	<u>MILEAGE</u>	<u>5.00</u>	<u>100.00</u>
<u>5407</u>	<u>7.8 ton</u>	<u>Ton Mileage Delivery "min"</u>	<u>410.00</u>	<u>410.00</u>
<u>11045</u>	<u>165 S/S</u>	<u>Common class A Cement</u>	<u>17.65</u>	<u>2912.25</u>
<u>1102</u>	<u>465 #</u>	<u>Calcium chloride</u>	<u>1.89</u>	<u>413.85</u>
<u>1118B</u>	<u>310 #</u>	<u>Bentonite gel</u>	<u>.25</u>	<u>77.50</u>
			<u>Subtotal</u>	<u>4498.60</u>
			<u>less 10% discount</u>	<u>4048.74</u>
			<u>Subtotal</u>	<u>4498.74</u>
			<u>SALES TAX</u>	<u>246.59</u>
			<u>ESTIMATED TOTAL</u>	<u>4745.33</u>

Revin 3737

AUTHORIZATION [Signature]

TITLE Pu. ser. Rig #24

DATE 7-1-12

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.

251048



CONSOLIDATED
On Well Services, LLC

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

TICKET NUMBER 36989

LOCATION Oakley, KS

FOREMAN Walt Dinkel

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-10-12	3372	Beazley-Chambers #3	13	13S	31W	Goose
CUSTOMER <u>Grand Mesa Operating</u>			Oakley S to base Rel			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			463	Damon Miller		
STATE			528-T127	Wes Flinn		
ZIP CODE						

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 466.3 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 x 4 TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, rig up on Murtin #24, Plug as ordered

25 SKs @ 2375'
 100 SKs @ 1475' 220 SKs 69/40 per, 6% cel, 1/4# Flo-Soc
 40 SKs @ 260'
 10 SKs @ 40'
 15 SKs in R.H.
 30 SKs in m.H.

Thank You
Walt + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1,325 ⁰⁰	1,325 ⁰⁰
5406	20	MILEAGE	5 ⁰⁰	100 ⁰⁰
1131	220 SKs	69/40 per	15 ¹⁰	3322 ⁰⁰
1118B	7.56 #	cel	125	189 ⁰⁰
1107	55 #	Flo-Soc	282	15510
5407	9.46	Tow Release Delivery	16 ⁰⁰	410 ⁰⁰
4432	1	8 3/8 wooden Plug	96 ⁰⁰	96 ⁰⁰
				5,597 ¹⁰
Less 10% Disc				- 559 ⁷¹
				5,037 ³⁹
SALES TAX				272.57
ESTIMATED TOTAL				5309.96

Ravin 3737

AUTHORIZATION Donald Stredur TITLE Driver-Toolpusher RATE 7-10-12

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

251171

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
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 17, 2012

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

Re: ACO1
API 15-063-22004-00-00
BEAZLEY-CHAMBERS 1-13
NW/4 Sec.13-13S-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