



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1093137
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
-----------------------------------	-----------------	---

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: _____

1093137

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	GRIFFITH 1-26
Doc ID	1093137

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	GRIFFITH 1-26
Doc ID	1093137

Tops

Name	Top	Datum
Stone Corral	2358	+660
Bs/Stone Corral	2377	+641
Heebner	3921	-903
Lansing	3966	-948
Muncie Creek	4134	-1116
Stark	4230	-1212
Marmaton	4352	-1334
Excello	4494	-1476
Mississippian	4665	-1647
LTD	4780	



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

TICKET NUMBER 37103
LOCATION Oakley KS
FOREMAN Miles Shaw

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-18-12	3372	Griffith # 1-26	26	N.S	33W	Scott
CUSTOMER <u>Grand Mesa Operating</u>			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

Powerd
3 West
1 south
part into

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 223' CASING SIZE & WEIGHT 8 5/8" 23#
 CASING DEPTH 222.45 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT In CASING 20'
 DISPLACEMENT 14 bbls DISPLACEMENT PSI 150 MIX PSI 150 RATE _____

REMARKS: Safety meeting and rig up on Martin Drilling # 24. Circulate casing mix 165 sks common class A cement with 30 calcium + 2 8 gal displaced 14 bbls water shut in cement did

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085.00	1085.00
5406	25	MILEAGE	5.00	125.00
5407	7.75	Ten mitease delivery	410.00	410.00
11045	165 sks	Common Class "A" Cement	17.65	2912.25
1102	405 #	Calcium Chloride	.89	413.85
1118B	310 #	Bentonite gel	.25	77.50
			Subtotal	5023.60
			less 108 discount	502.36
			Subtotal	4521.24
			SALES TAX	254.25
			ESTIMATED TOTAL	4775.49

AUTHORIZATION Anthony Martin TITLE Pusher Rig # 24 DATE 8-18-12

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

25 2210



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37120
LOCATION Oakley, KS
FOREMAN Kelly Gabel

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
8-29-12	3372	Griffith 1-26	26	16	33 ^W	SCOTT
CUSTOMER			KS			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			599	Damon M		
STATE			529	Cody R		
ZIP CODE						

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4790 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14² SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, rigged up on Murfin drilling rig #24, mixed cement plugs displaced,
50 SKS @ 2430
80 SKS @ 1630
50 SKS @ 800
50 SKS @ 260
20 SKS @ 60
30 RH
20 MH

Thank You Kelly Gabel

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1325 ⁰⁰	1325 ⁰⁰
5406	20	MILEAGE	5 ⁰⁰	100 ⁰⁰
1131	300 SKS	60/40 Poz	1510	4530 ⁰⁰
118B	1032 [#]	Bentonite	.25	258 ⁰⁰
1107	75 [#]	F10-seal	273	211 ⁵⁰
5407A	12.9	Tan Mileage delivery	167	431 ⁰⁰
				6855 ⁵⁰
		Leadline disc		685 ⁵⁵
				6169 ⁹⁵
		SALES TAX		373.45
		ESTIMATED TOTAL		6543.40

Revin 3737
 2:00 PM AUTHORIZATION Anthony Mart TITLE Pusher Rig #24 DATE 8-29-12

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.

252477

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

Well Name: Griffith #1-26
Location: 330'FNL, 1291'FWL, 26-16s-33w, Scott County, Kansas
License Number: API: 15-171-2090L Region: Wildcat
Spud Date: 8-18-12 Drilling Completed: 8-29-12
Surface Coordinates: Lat: 38.6405805 Long: -100.9394311
Bottom Hole Coordinates: Vertical hole

Ground Elevation (ft): 3013' K.B. Elevation (ft): 3018'
Logged Interval (ft): 3700' To: RTD Total Depth (ft): 4790
Formation: Mississippian at RTD
Type of Drilling Fluid: Chemical

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

GEOLOGIST

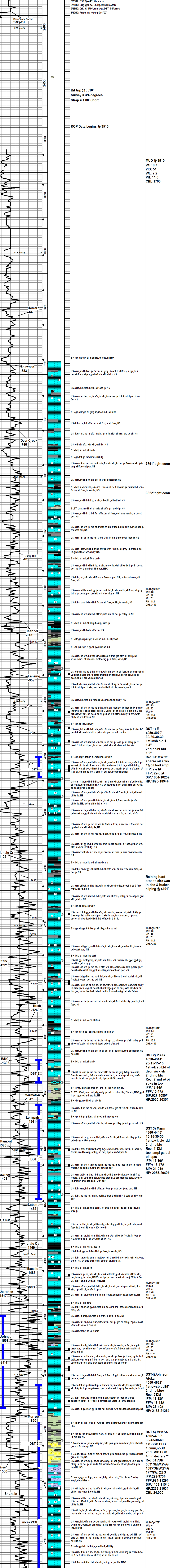
Name: Bob Schreiber
Company: Independent
Address: 268 NE 220 Rd
Hoisington, KS 67544

COMMENTS

Contractor: Murfin Drilling Company Rig #24
Pusher: Tony Martin
Surface Casing: 8 5/8" set at 223' w/165sx
Production Casing: none
Mud by: MudCo
DST's by: Diamond Testing
Logs by: Weatherford (DL, CN-CD, ML, Sonic)
RTD=4790'
LTD=4780'

FORMATION TOPS

FORMATION	DEPTH TOPS		LOG TOPS	
	Depth	Datum	Depth	Datum
Stone Corral	2364'	+654	2358'	+660
B/Stone Corral	2387'	+631	2377'	+641
Heebner Shale	3931'	-913	3921'	-903
Lansing	3977'	-959	3966'	-948
Muncie Creek Shale	4143'	-1125	4134'	-1116
Stark Shale	4238'	-1220	4230'	-1212
Hushpuckney Shale	4287'	-1269	4279'	-1261
Marmaton	4380'	-1342	4352'	-1334
Upper Fort Scott	4464'	-1446	4450'	-1442
Labette Shale	4450'	-1432	4440'	-1422
Excello Shale	4505'	-1487	4494'	-1476
Johnson Zone	4576'	-1568	4568'	-1550
Morrow	4638'	-1620	4628'	-1610
Mississippian	4678'	-1660	4665'	-1647
RTD	4790'	-1772		
LTD			4780'	-1762





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.

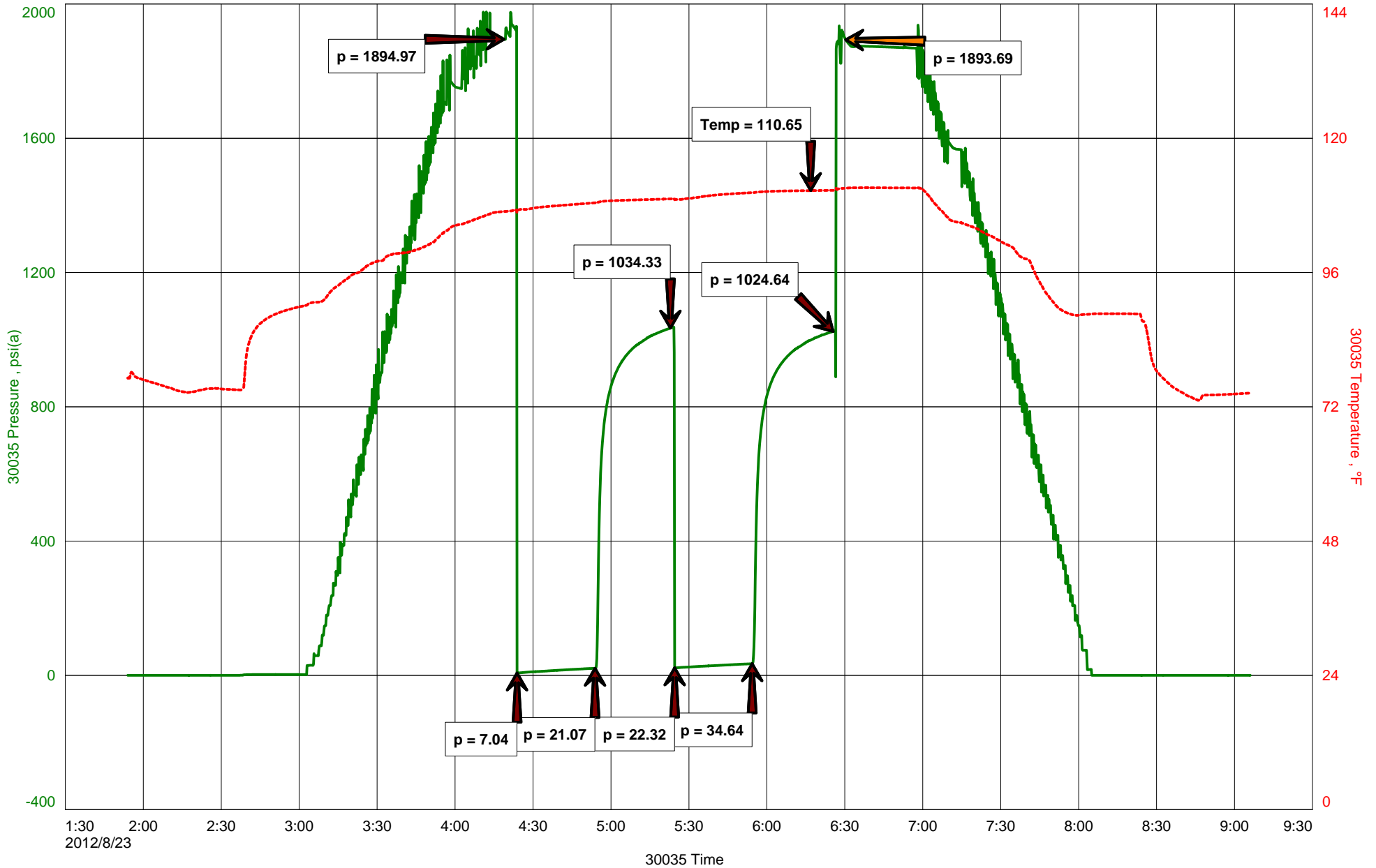
Blow: 1st Open: _____
2nd Open: _____

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.

Griffith #1-26



Diamond Testing

General information Report

General Information

Company Name Grand Mesa Operating Co.

Contact	Ron Sinclair	Job Number	S0202
Well Name	Griffith #1-26	Representative	Jacob McCallie
Unique Well ID	DST #1 Lansing "E" 4050-4070'	Well Operator	Grand Mesa Operating Co.
Surface Location	SEC 26-16S-33W Scott County	Report Date	2012/08/23
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #1 Lansing "E" 4050-4070'		
Well Fluid Type	01 Oil	Start Test Time	01:54:00
		Final Test Time	09:07:00
Start Test Date	2012/08/23		
Final Test Date	2012/08/23		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:
61' SOS Muddy WTR 65% WTR 35% MUD
61' TOTAL FLUID

PH: 10
RW: .35 @ 70 degrees F
Chlorides: 15,000 ppm

TOOL SAMPLE:
1% OIL 25% WTR 74% MUD

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	GRAND MESA OPERATING COMPANY	Job Number	M375
Well Name	GRIFFITH#1-26	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4320-4341 PLEASANTON	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.26-16S-33W SCOTT CO.KS.	Report Date	2012/08/25
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	BOB SCHREIBER
		Test Unit	NO. 1

Test Information

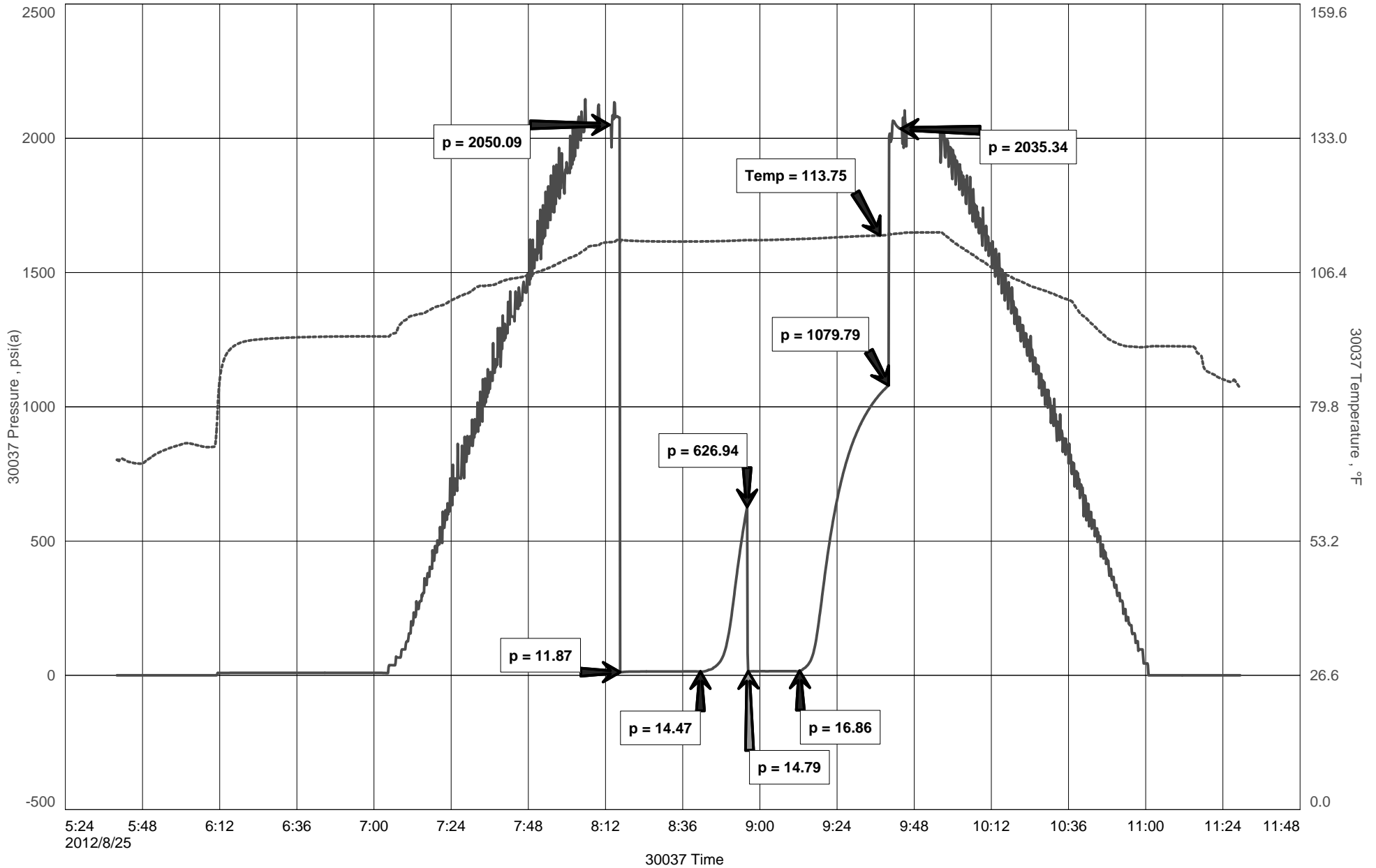
Test Type	CONVENTIONAL		
Formation	DST#2 4320-4341 PLEASANTON		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/08/25	Start Test Time	05:40:00
Final Test Date	2012/08/25	Final Test Time	11:30:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks RECOVERED:
2' DM 100% MUD
2' TOTAL FLUID

TOOL SAMPLE: DRLG MUD W/ A FEW SPOTS OF OIL

GRIFFITH#1-26





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.

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	GRAND MESA OPERATING COMPANY	Job Number	M376
Well Name	GRIFFITH#1-26	Representative	MIKE COCHRAN
Unique Well ID	DST#3 4366-4446 MARMATON	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.26-16S-33W SCOTT CO.KS.	Report Date	2012/08/26
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	BOB SCHREIBER
		Test Unit	NO. 1

Test Information

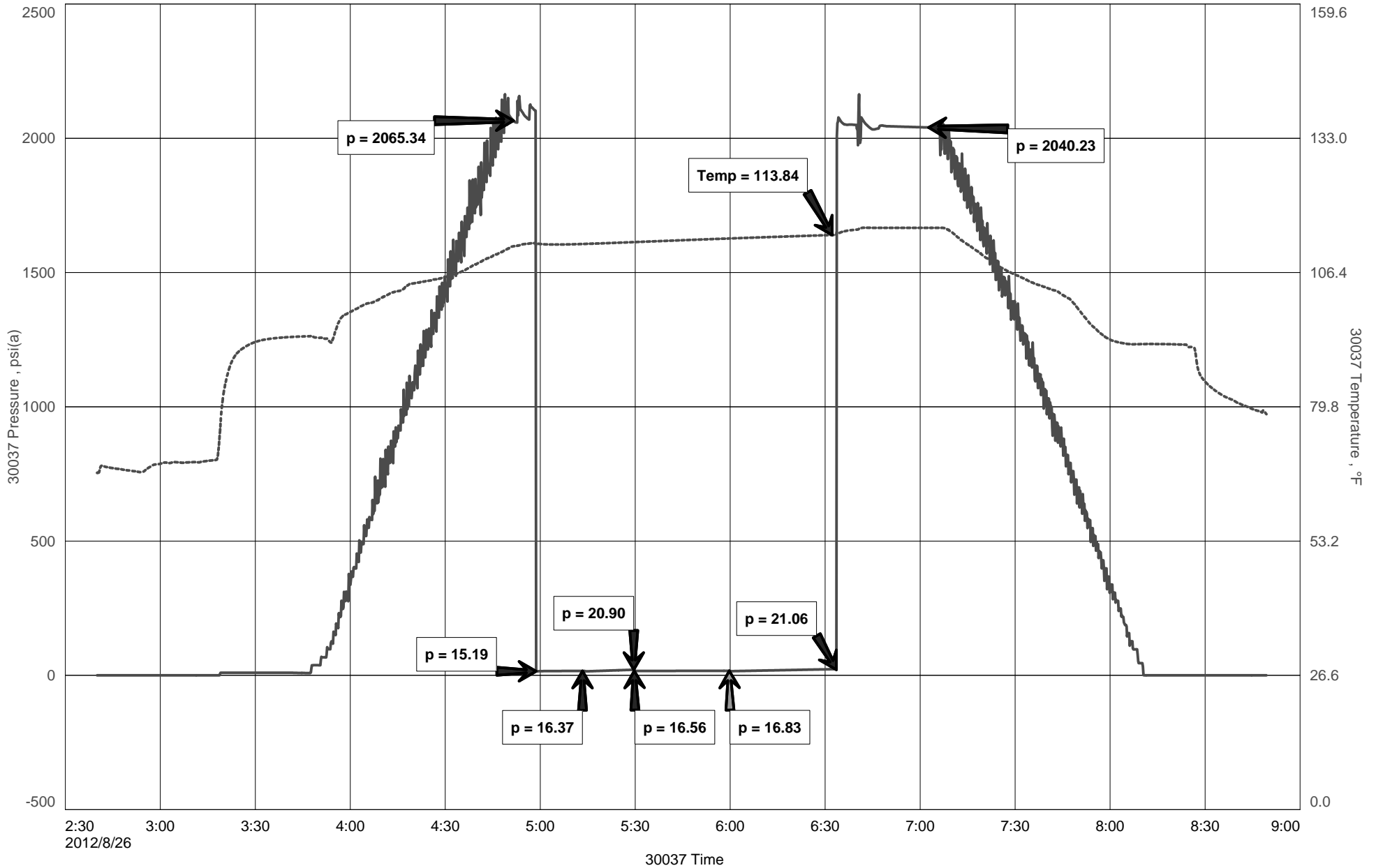
Test Type	CONVENTIONAL		
Formation	DST#3 4366-4446 MARMATON		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/08/26	Start Test Time	02:40:00
Final Test Date	2012/08/26	Final Test Time	08:50:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks RECOVERED:
1' DRLG MUD 100% MUD
1' TOTAL FLUID

TOOL SAMPLE: SLIGHTLY GASSY DRLG MUD W/ SOME OIL SPOTS

GRIFFITH#1-26





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

Pressure Survey Report

General Information

Company Name	GRAND MESA OPERATING COMPANY	Job Number	M377
Well Name	GRIFFITH#1-26	Representative	MIKE COCHRAN
Unique Well ID	DST#4 4550-4632 JOHNSON & ATOKA	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.26-16S-33W SCOTT CO.KS.	Report Date	2012/08/27
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	BOB SCHREIBER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#4 4550-4632 JOHNSON & ATOKA		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/08/27	Start Test Time	10:30:00
Final Test Date	2012/08/27	Final Test Time	16:30:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks RECOVERED:
2' DM 100% MUD
2' TOTAL FLUID

TOOL SAMPLE: DRLG MUD W/ SPOTS OF OIL



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.

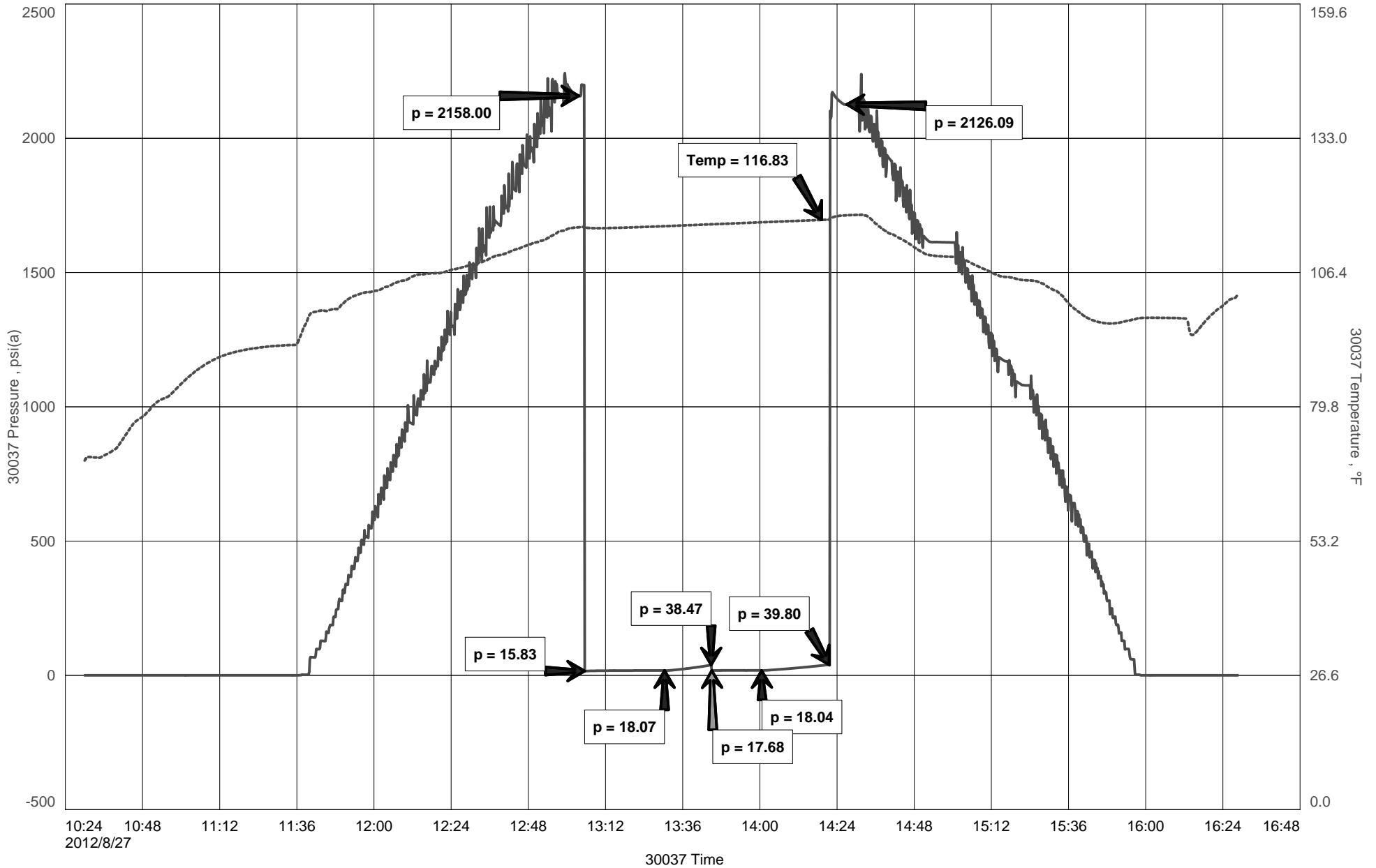
Blow: 1st Open: _____
2nd Open: _____

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.

GRIFFITH#1-26



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	GRAND MESA OPERATING COMPANY	Job Number	M376
Well Name	GRIFFITH#1-26	Representative	MIKE COCHRAN
Unique Well ID	DST#5 4602-4780 MORROW SAND	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.26-16S-33W SCOTT CO.KS.	Report Date	2012/08/29
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	BOB SCHREIBER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#5 4602-4780 MORROW SAND		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/08/28	Start Test Time	20:10:00
Final Test Date	2012/08/29	Final Test Time	04:25:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

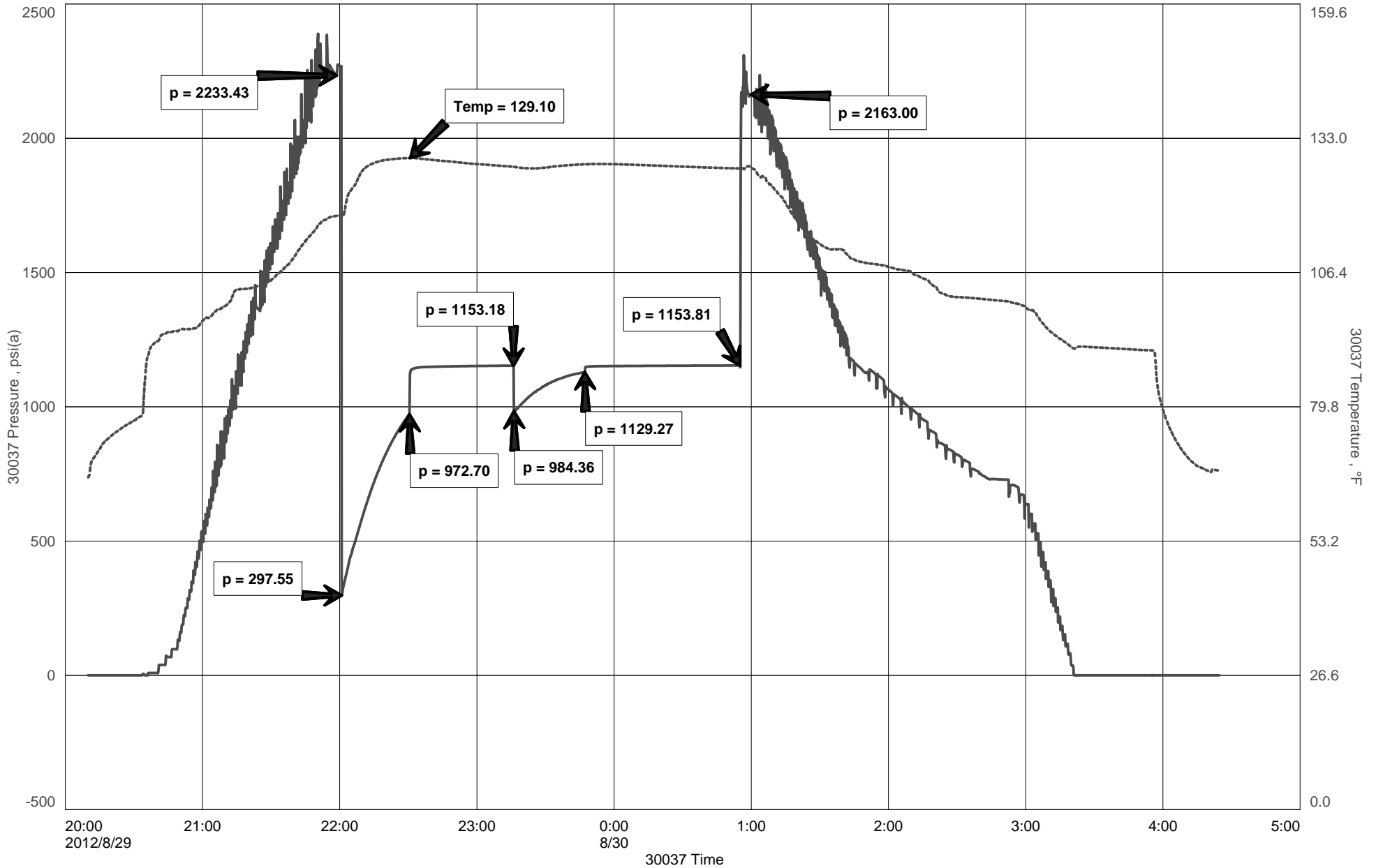
Remarks RECOVERED:

315' DRLG MUD 100% MUD W/ A TR OF WTR
503' GMW 2% GAS, 58% WTR, 40% MUD
1385' GMW 2% GAS, 95% WTR, 3% MUD
177' GW 2% GAS, 98% WTR
2380' TOTAL FLUID

CHLOR: 24,000 PPM
PH:8.0
RW: .28 @ 66 DEG

TOOL SAMPLE: 100% GASSY WATER

GRIFFITH#1-26





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.

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
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 28, 2012

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

Re: ACO1
API 15-171-20900-00-00
GRIFFITH 1-26
NW/4 Sec.26-16S-33W
Scott 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