



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1099310
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: _____



1099310

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	Campbell 1-33
Doc ID	1099310

Tops

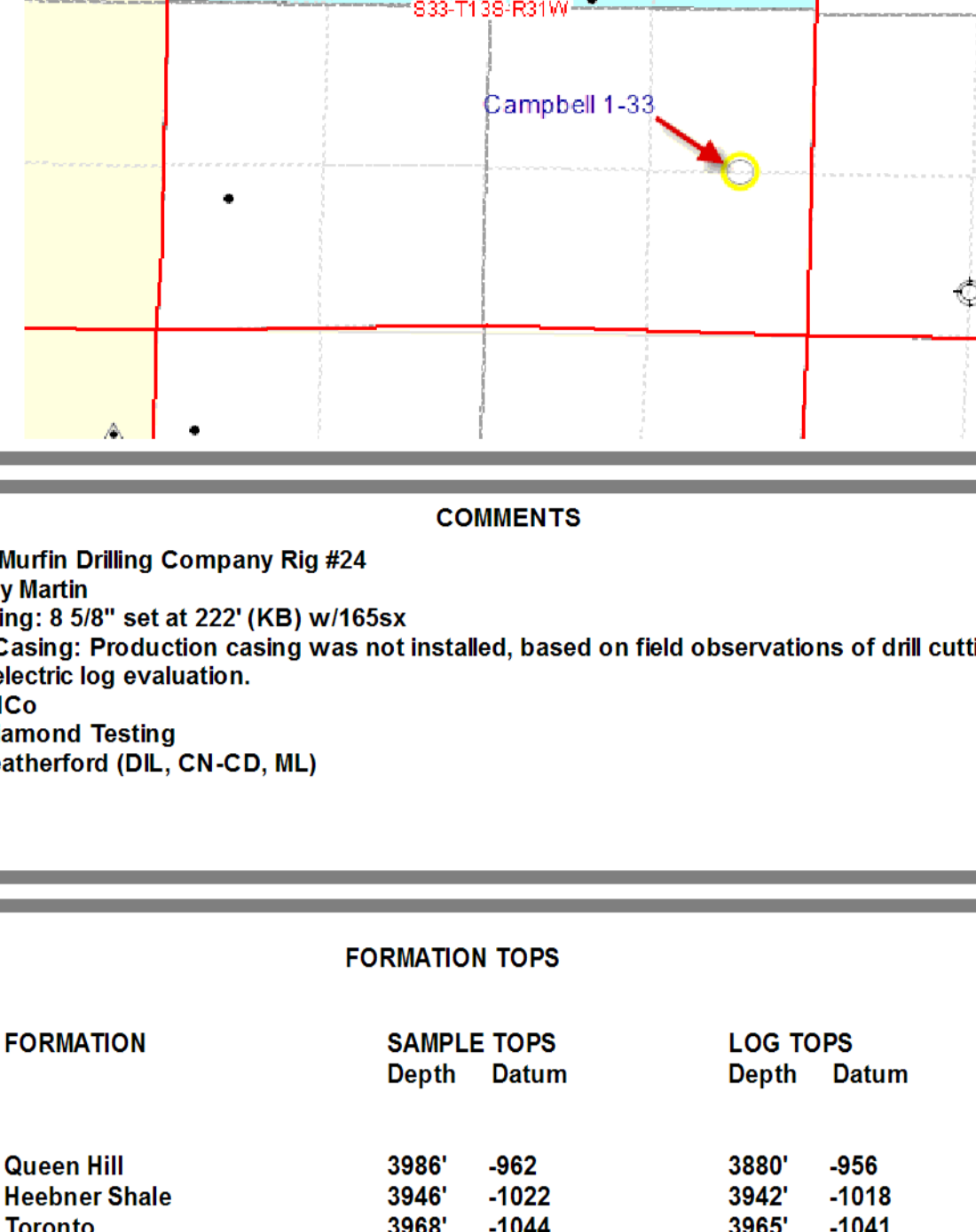
Name	Top	Datum
Stone Corral	2407	+517
Bs/Stone Corral	2428	+496
Heebner	3942	-1018
Lansing	3984	-1060
Muncie Creek	4139	-1215
Stark	4224	-1300
Marmaton	4328	-1404
Excello	4479	-1555
Mississippian	4609	-1686
LTD	4713	

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

<p> Well Name: Campbell #1-33 Location: 1300' FSL, 558' FEEL, 33-13s-31w, Gove County, Kansas License Number: API: 15-063-22046 Spud Date: 10/07/2012 Surface Coordinates: Lat: 38.8771761 Long: -100.762611 Bottom Hole Coordinates: Vertical hole Ground Elevation (ft): 2919' Logged Interval (ft): 3800' To: RTD Formation: Mississippian at RTD Type of Drilling Fluid: Chemical </p>	<p> K.B. Elevation (ft): 2924' Total Depth (ft): 4716' Region: Gove County Drilling Completed: 10/16/2012 Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com </p>
--	---

GEOLOGIST

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

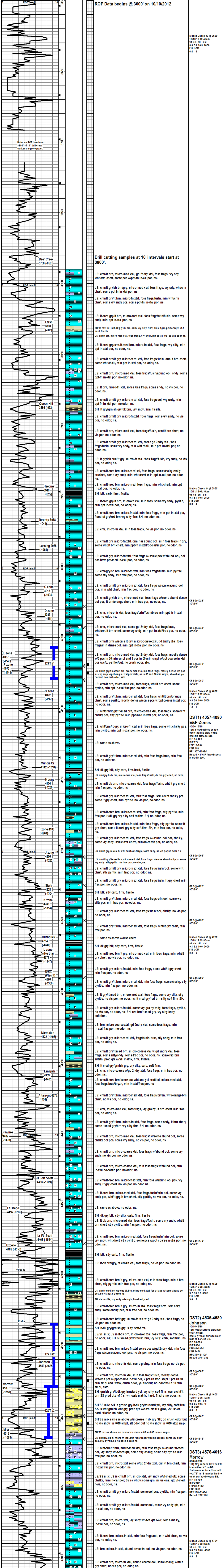


COMMENTS

Contractor: Muffin Drilling Company Rig #24
Pusher: Tony Martin
Surface Casing: 8 5/8" set at 222' (KB) w/165sx
Production Casing: Production casing was not installed, based on field observations of drill cuttings, DST results and electric log evaluation.
Mud by: MudCo
DST's by: Diamond Testing
Logs by: Weatherford (DL, CN-CD, ML)
RTD = 4716'
LTD = 4713'

FORMATION TOPS

FORMATION	SAMPLE TOPS		LOG TOPS	
	Depth	Datum	Depth	Datum
Queen Hill	3986'	-962	3880'	-956
Heebner Shale	3946'	-1022	3942'	-1018
Toronto	3968'	-1044	3965'	-1041
Lansing	3988'	-1064	3983'	-1059
Muncie Creek Shale	4142'	-1218	4140'	-1216
Stark Shale	4228'	-1304	4224'	-1300
Hushpuckney Shale	4264'	-1340	4260'	-1336
Marmaton	4332'	-1408	4328'	-1404
Upper Fort Scott	4432'	-1509	4429'	-1505
Little Osage Shale	4456'	-1532	4452'	-1528
Exello Shale	4482'	-1558	4479'	-1555
Johnson Zone	4459'	-1535	4454'	-1630
Morrow	4486'	-1656	4478'	-1654
Mississippian	4612'	-1888	4610'	-1886
RTD	4716'	-1792		
LTD			4713'	-1789



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	GRAND MESA OPERATING COMPANY	Job Number	M410
Well Name	CAMPBELL #1-33	Representative	MIKE COCHRAN
Unique Well ID	DST#1 4057-4080 E&F	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.33-13S-31W GOVE CO.KS.	Report Date	2012/10/12
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KENT MATSON
		Test Unit	NO. 1

Test Information

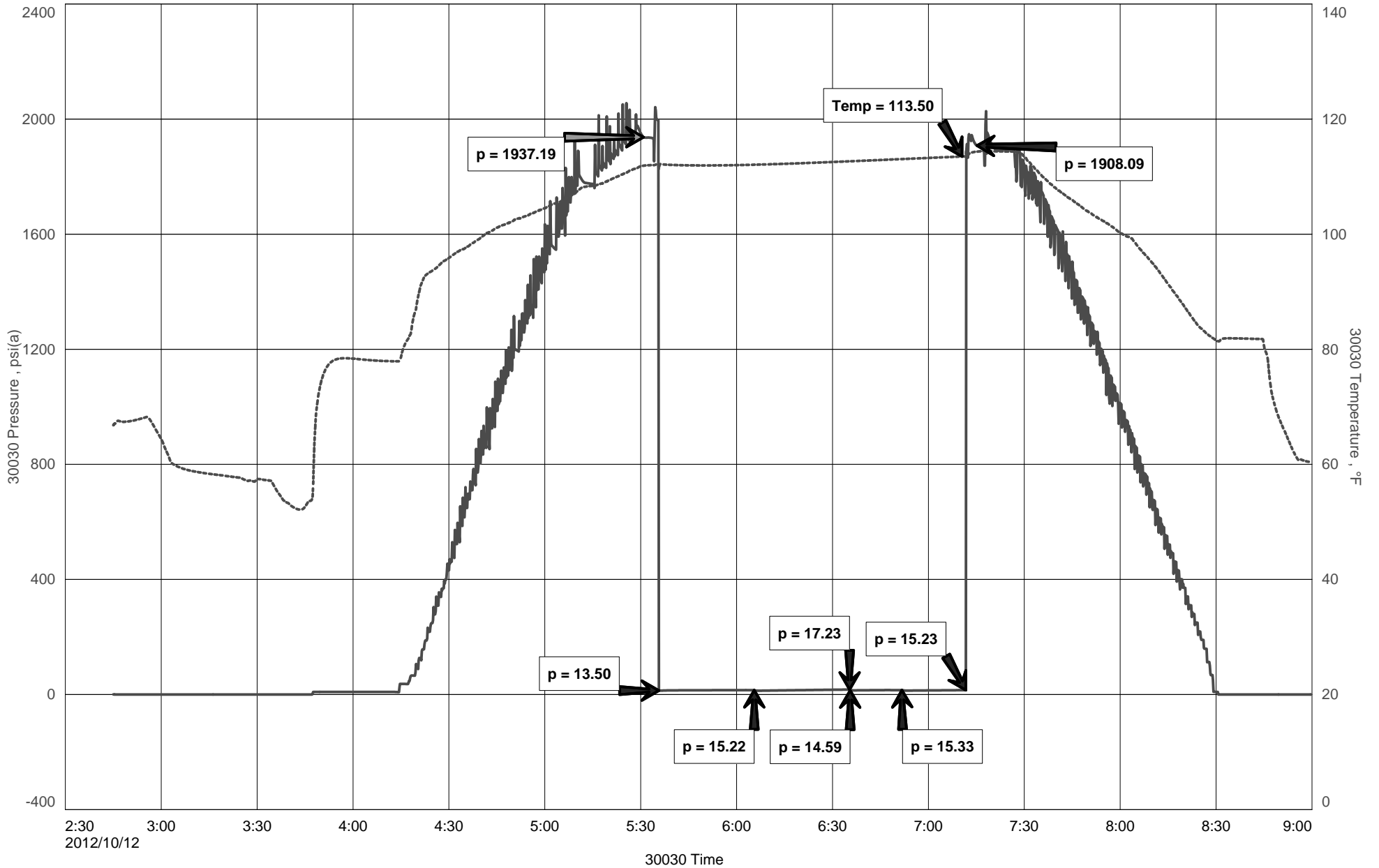
Test Type	CONVENTIONAL		
Formation	DST#1 4057-4080 E&F		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/10/12	Start Test Time	02:45:00
Final Test Date	2012/10/12	Final Test Time	09:00:00
		Well Fluid Type	01 Oil
Gauge Name	30030		
Gauge Serial Number			

Test Results

Remarks RECOVERED:
<1' GIP (SLIGHT ODOR)
<1' TOTAL RECOVERY

TOOL SAMPLE: 100% DRLG MUD W/ SOME GASSY BUBBLES AND VERY FEW SPOTS OF OIL (4)

CAMPBELL #1-33





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	M411
Well Name	CAMPBELL #1-33	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4535-4580 JOHNSON	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.33-13S-31W GOVE CO.KS.	Report Date	2012/10/15
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KENT MATSON
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 4535-4580 JOHNSON		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/10/14	Start Test Time	19:55:00
Final Test Date	2012/10/15	Final Test Time	03:55:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

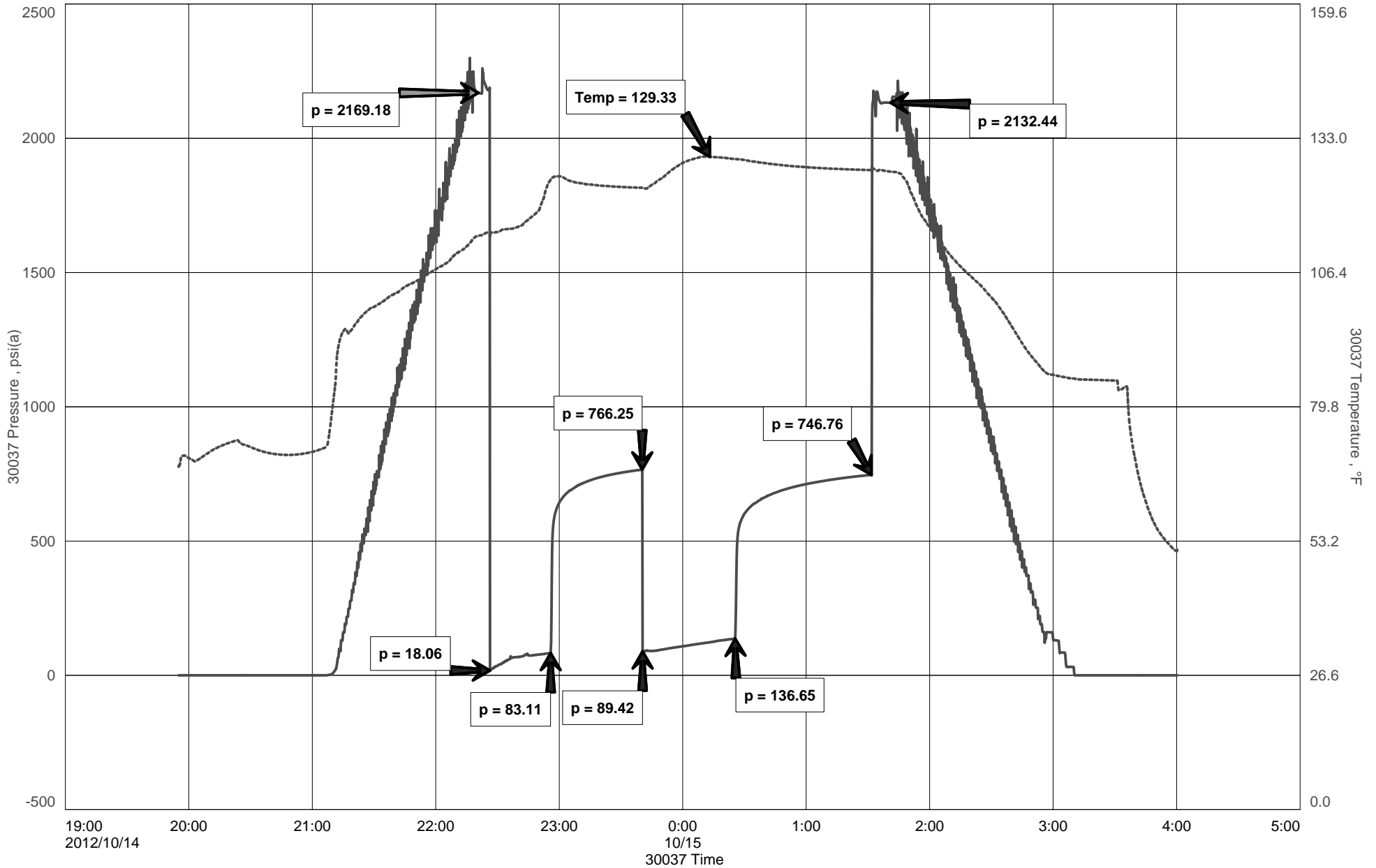
Test Results

Remarks **RECOVERED:**
270' MW 55% WTR, 45% MUD W/ A THIN SCUM OF OIL (181'DP,89'DC)
270' TOTAL FLUID

CHLOR: 27,000 PPM
PH:7.0
RW: .70 @ 50 DEG

TOOL SAMPLE: 50% WTR,50% MUD W/ SOME SPOTS OF OIL

CAMPBELL #1-33





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	M412
Well Name	CAMPBELL #1-33	Representative	MIKE COCHRAN
Unique Well ID	DST#3 4578-4616 MORROW	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.33-13S-31W GOVE CO.KS.	Report Date	2012/10/15
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KENT MATSON
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#3 4578-4616 MORROW		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/10/15	Start Test Time	15:05:00
Final Test Date	2012/10/15	Final Test Time	23:05:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks RECOVERED:
230' WM 20% WTR, 80% MUD (141'DP,89'DC)
230' TOTAL FLUID

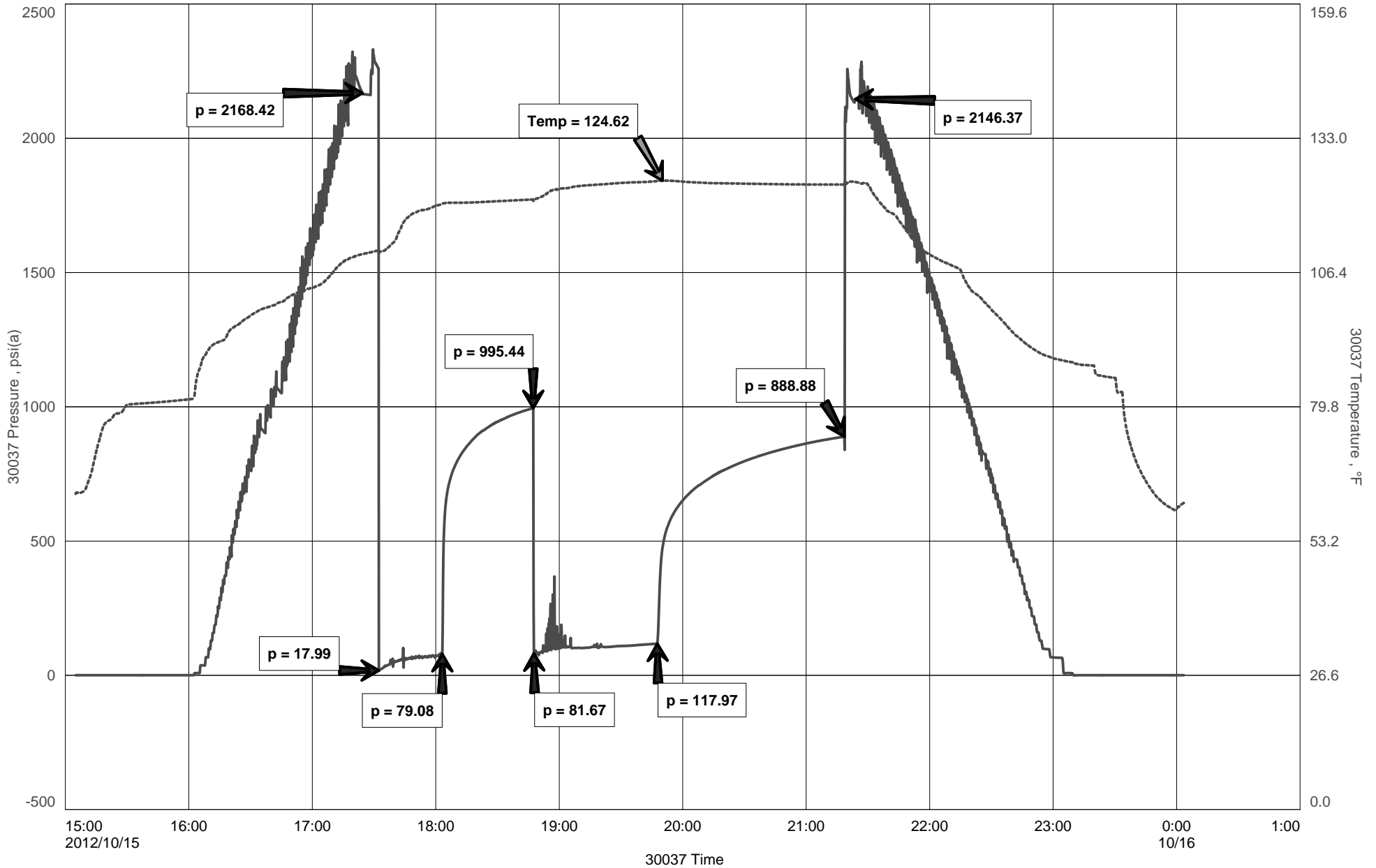
CHLOR: 11,000 PPM
PH:8.5
RW: .65 @ 60 DEG

TOOL SAMPLE: 30% WTR, 70% MUD

GRAND MESA OPERATING COMPANY
DST#3 4578-4616 MORROW
Start Test Date: 2012/10/15
Final Test Date: 2012/10/15

CAMPBELL #1-33
Formation: DST#3 4578-4616 MORROW
Pool: WILDCAT
Job Number: M412

CAMPBELL #1-33





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.

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

October 30, 2012

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

Re: ACO1
API 15-063-22046-00-00
Campbell 1-33
SE/4 Sec.33-13S-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



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 37223
LOCATION Atkey
FOREMAN Fuzzy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-7-12	3372	Campbell 1-33	33	13	31	Goose
CUSTOMER Grand Mesa			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			463	Jeremy Y		
CITY			693	Tim W		
STATE						
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 222' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 222' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 1.36 WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 12.8 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Mon #24 Rec up and circulate
Mix 165sks Class A' 30% cc 20% cc Displace 12 3/4 5/8 and shot in
Cement did circulate approx 4 BALS to pit

Thanks Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085 ⁰⁰	1085 ⁰⁰
5406	20	MILEAGE	5 ⁰⁰	200 ⁰⁰
5407	7.8 Ton	Tow mileage Delivery (min)	410 ⁰⁰	410 ⁰⁰
11045	165 sks	Class A' cement	17 ⁶⁵	2912 ²⁵
1102	465*	Calcium chloride	189	413 ⁸²
118B	310*	Bentonite	125	77 ⁵⁰
		subtotal		4998 ⁰⁰
		less 1090		499 ⁸⁰
		subtotal		4498 ²⁰
		SALES TAX		246.59
		ESTIMATED TOTAL		4745.33

AUTHORIZATION [Signature] TITLE Pusher Rig #24 DATE 10-7-12

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

252100



CONSOLIDATED
Oil Well Services, L.L.C.

TICKET NUMBER 37230

LOCATION Oakley

FOREMAN Fuzzy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

125

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
10-16-12	3372	Campbell 1-33	33	13	31	Gowd												
CUSTOMER Grand Mesa			<table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>463</td> <td>Jerry Y</td> <td></td> <td></td> </tr> <tr> <td>693</td> <td>Mike M</td> <td></td> <td></td> </tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	463	Jerry Y			693	Mike M		
TRUCK #	DRIVER	TRUCK #	DRIVER															
463	Jerry Y																	
693	Mike M																	
MAILING ADDRESS			<table border="1"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				CITY	STATE	ZIP CODE									
CITY	STATE	ZIP CODE																

JOB TYPE PTW HOLE SIZE 7 7/8 HOLE DEPTH 4750 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 14.1 SLURRY VOL 1.41 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting on morning #24 Rig up and plug as ordered
25 SKS @ 2420'
100 SKS @ 1500' 220 SKS 60/40 40' total 114# closed
40 SKS @ 270'
10 SKS @ 40' w plug
30 SKS RH
15 SKS MH

Thanks Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405.0	1	PUMP CHARGE	1325.00	1325.00
5406	20	MILEAGE	5.00	100.00
5407	9.5 down	Tow mileage Delivery (min)	410.00	410.00
1131	220 SKS	60/40 pos	15.10	3322.00
1118B	757 #	Bentonite	.25	189.25
1107	55 #	Flt-seal	2.82	155.10
4432	1	8 5/8 wood cup plug	96.00	96.00
		sub total		5597.32
		less 10%		559.74
		sub total		5037.61
		SALES TAX		272.58
		ESTIMATED TOTAL		5310.19

AVR 3737 AUTHORIZATION [Signature] TITLE Pusher Rig #24 DATE _____

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

102827