



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1110937
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: _____



1110937

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|

| | |
|-----------|------------------------------|
| Form | ACO1 - Well Completion |
| Operator | Grand Mesa Operating Company |
| Well Name | Phillip 4-26 |
| Doc ID | 1110937 |

All Electric Logs Run

| |
|-------------------------------|
| |
| CPDCN Micro Log |
| AI Shallow Focused Elect. Log |
| Microresistivity Log |
| Dual Receiver Cement Bond Log |

| | |
|-----------|------------------------------|
| Form | ACO1 - Well Completion |
| Operator | Grand Mesa Operating Company |
| Well Name | Phillip 4-26 |
| Doc ID | 1110937 |

Tops

| Name | Top | Datum |
|-----------------|------|-------|
| Stone Corral | 2351 | +525 |
| Bs/Stone Corral | 2380 | +496 |
| Heebner | 3892 | -1016 |
| Lansing | 3935 | -1059 |
| Muncie Creek | 4089 | -1213 |
| Stark | 4177 | -1301 |
| Marmaton | 4283 | -1407 |
| Excello | 4436 | -1560 |
| Mississippian | 4555 | -1679 |
| LTD | 4642 | |

DIAMOND TESTING

Pressure Survey Report

General Information

| | | | |
|------------------|------------------------------|----------------|------------------------------|
| Company Name | GRAND MESA OPERATING COMPANY | Job Number | M437 |
| Well Name | PHILLIP #4-26 | Representative | MIKE COCHRAN |
| Unique Well ID | DST#1 4174-4197 "K" | Well Operator | GRAND MESA OPERATING COMPANY |
| Surface Location | SEC.26-13S-31W GOVE CO.KS. | Report Date | 2012/12/02 |
| Field | WILDCAT | Prepared By | MIKE COCHRAN |
| Well Type | Vertical | Qualified By | JOHN GOLDSMITH |
| | | Test Unit | NO. 1 |

Test Information

| | | | |
|---------------------|---------------------|-----------------|----------|
| Test Type | CONVENTIONAL | | |
| Formation | DST#1 4174-4197 "K" | | |
| Test Purpose (AEUB) | Initial Test | | |
| Start Test Date | 2012/12/02 | Start Test Time | 00:00:00 |
| Final Test Date | 2012/12/02 | Final Test Time | 08:15:00 |
| | | Well Fluid Type | 01 Oil |
| Gauge Name | E1150 | | |
| Gauge Serial Number | | | |

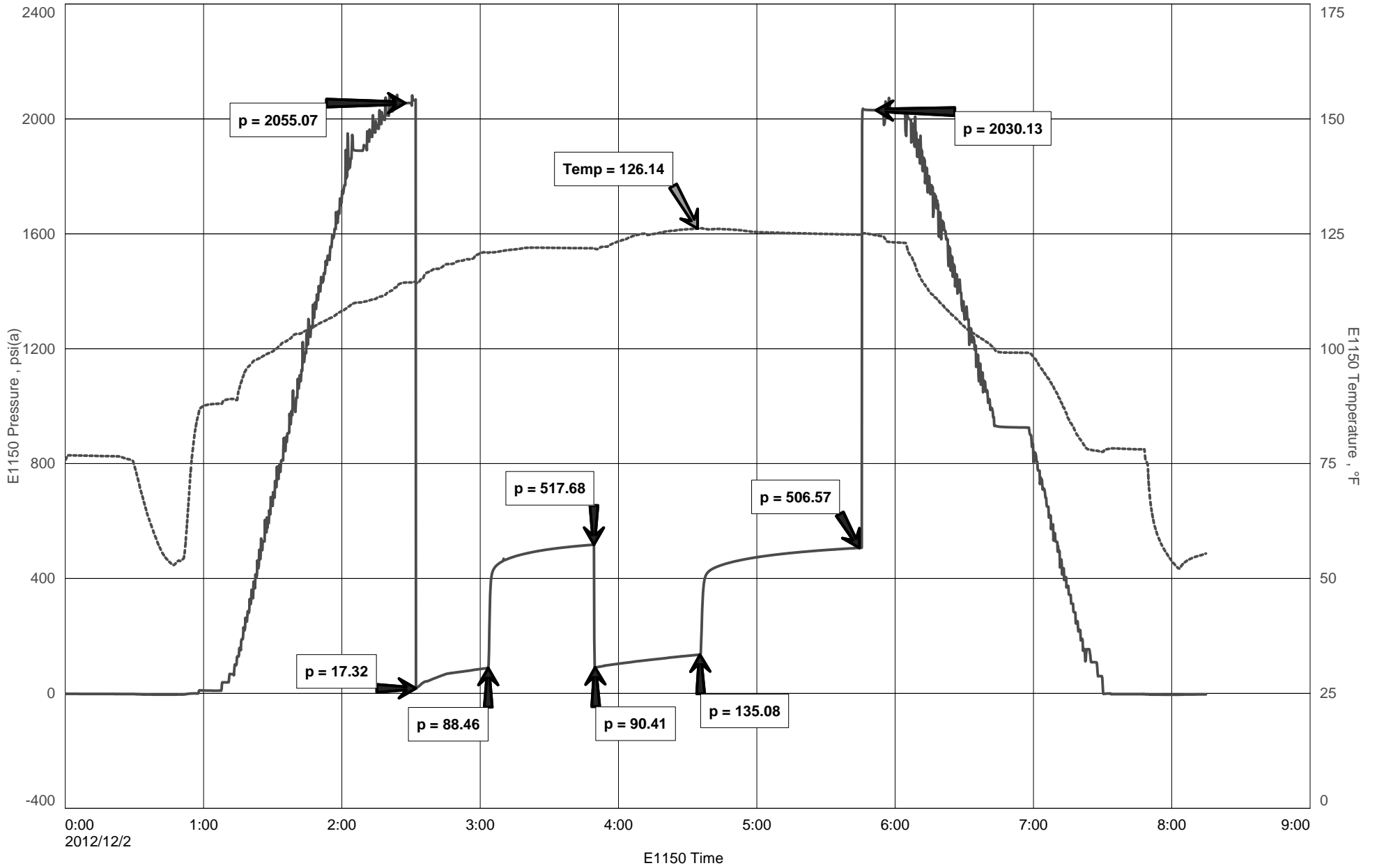
Test Results

Remarks **RECOVERED:**
339' MW 75% WTR, 25% MUD W/ A FEW SPECKS OF OIL ON TOP (220' DP, 119' DC)
339' TOTAL FLUID

CHLOR: 31,000 PPM
PH:7.0
RW: .32 @ 48 DEG

TOOL SAMPLE: 100% WTR W/ SOME SPECKS OF OIL

PHILLIP #4-26





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 | M438 |
| Well Name | PHILLIP #4-26 | Representative | MIKE COCHRAN |
| Unique Well ID | DST#2 4398-4432 FT.SCOTT | Well Operator | GRAND MESA OPERATING COMPANY |
| Surface Location | SEC.26-13S-31W GOVE CO.KS. | Report Date | 2012/12/03 |
| Field | WILDCAT | Prepared By | MIKE COCHRAN |
| Well Type | Vertical | Qualified By | JOHN GOLDSMITH |
| | | Test Unit | NO. 1 |

Test Information

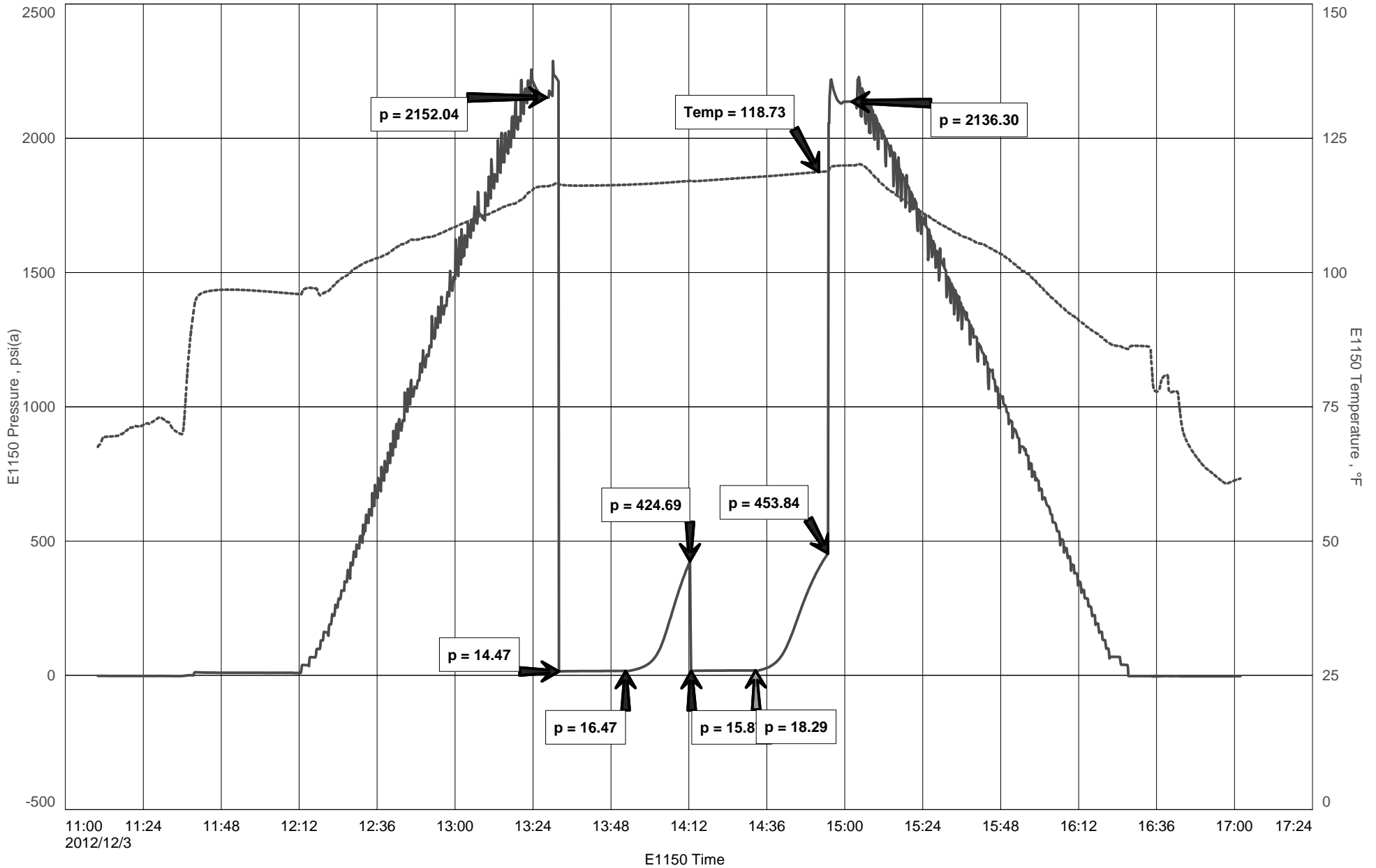
| | | | |
|---------------------|--------------------------|-----------------|----------|
| Test Type | CONVENTIONAL | | |
| Formation | DST#2 4398-4432 FT.SCOTT | | |
| Test Purpose (AEUB) | Initial Test | | |
| Start Test Date | 2012/12/03 | Start Test Time | 11:10:00 |
| Final Test Date | 2012/12/03 | Final Test Time | 17:00:00 |
| | | Well Fluid Type | 01 Oil |
| Gauge Name | E1150 | | |
| Gauge Serial Number | | | |

Test Results

Remarks RECOVERED:
~1' DM 100% MUD
~1' TOTAL FLUID

TOOL SAMPLE: 100% MUD W/ A FEW SPOTS OF OIL

PHILLIP #4-26





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 | M439 |
| Well Name | PHILLIP #4-26 | Representative | MIKE COCHRAN |
| Unique Well ID | DST#3 4490-4538 JOHNSON | Well Operator | GRAND MESA OPERATING COMPANY |
| Surface Location | SEC.26-13S-31W GOVE CO.KS. | Report Date | 2012/12/04 |
| Field | WILDCAT | Prepared By | MIKE COCHRAN |
| Well Type | Vertical | Qualified By | JOHN GOLDSMITH |
| | | Test Unit | NO. 1 |

Test Information

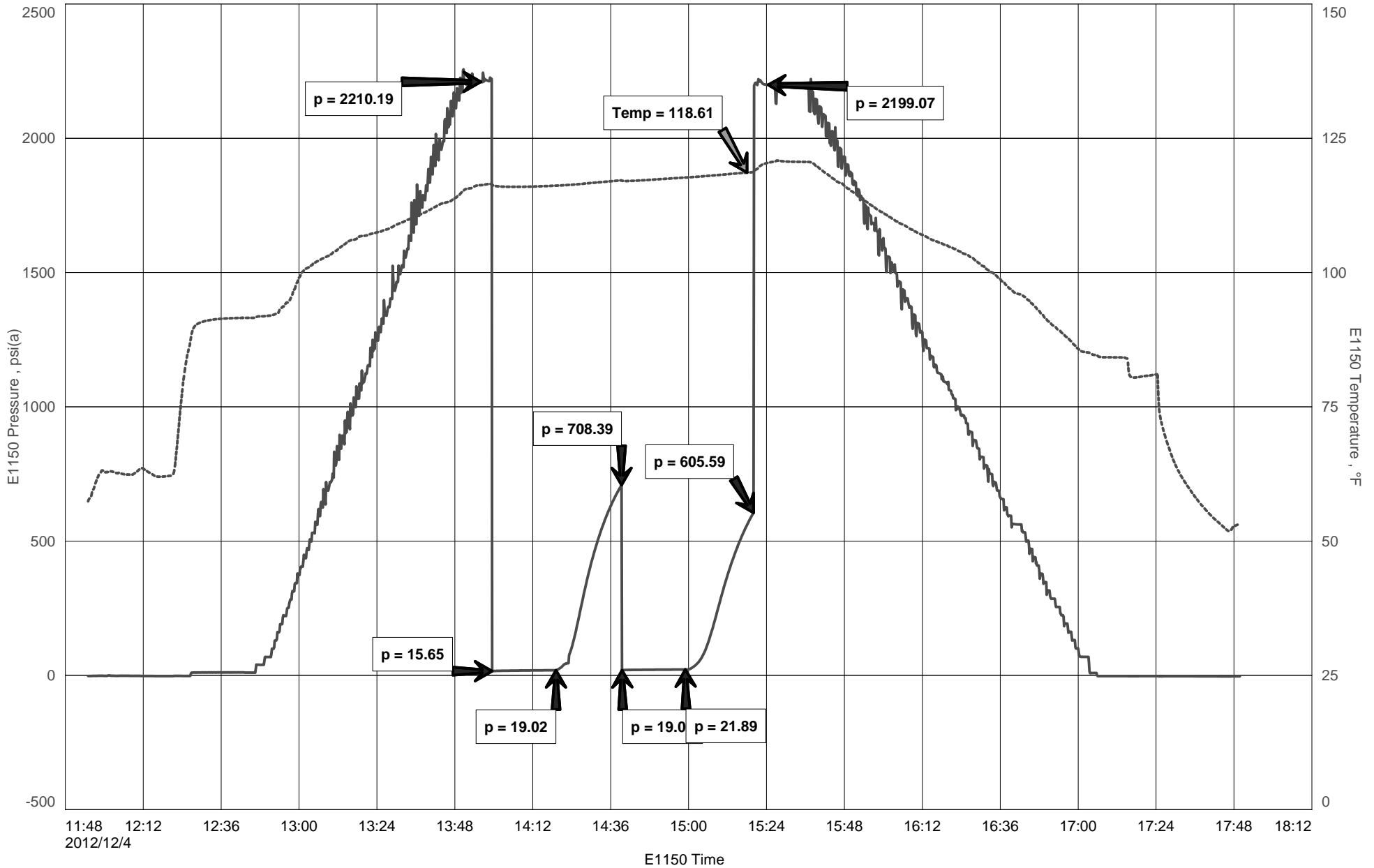
| | | | |
|---------------------|-------------------------|-----------------|----------|
| Test Type | CONVENTIONAL | | |
| Formation | DST#3 4490-4538 JOHNSON | | |
| Test Purpose (AEUB) | Initial Test | | |
| Start Test Date | 2012/12/04 | Start Test Time | 11:55:00 |
| Final Test Date | 2012/12/04 | Final Test Time | 17:50:00 |
| | | Well Fluid Type | 01 Oil |
| Gauge Name | E1150 | | |
| Gauge Serial Number | | | |

Test Results

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

TOOL SAMPLE: DRLG MUD W/ A (1) SPOT OF OIL & SLIGHT GASSY ODOR

PHILLIP #4-26





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.

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

Well Name: #4-26 Phillip
 Location: 909' FNL, 793' FWL, SECTION 26-13S-31W
 License Number: API: 15-063-22062
 Spud Date: 11/26/2012
 Surface Coordinates: LAT 38.9002357 LONG -100.7390946
 Bottom Hole Coordinates: Vertical hole
 Ground Elevation (ft): 2871' K.B. Elevation (ft): 2876'
 Logged Interval (ft): 3500' To: RTD Total Depth (ft): 4643'
 Formation: Mississippian at RTD
 Type of Drilling Fluid: Chemical
 Region: Gove County
 Drilling Completed: 12/5/2012

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

OPERATOR

Company: Grand Mesa Operating Co.
 Address: 1700 N. Waterfront Parkway
 Bldg. 600
 Wichita, KS 67206-5514

GEOLOGIST

Name: John Goldsmith
 Company: John Goldsmith Wellsite Service
 Address: 427 Roosevelt St.
 Cheney, KS 67025
 316-640-0236

COMMENTS

Contractor: Mufin Rig #24
 Pusher: Tony Martin
 Surface Casing: 5 joints of 8 5/8" set at 220'
 Production Casing: 5.5" Production Casing was Installed.
 Mud by: MudCo
 DST's by: Diamond Testing
 Logs by: Superior Well Services (DIL, CN-CD, ML)
 RTD=4643'
 LTD=4642'

| FORMATION TOPS | SAMPLE TOPS | LOG TOPS |
|--------------------|-------------|-------------|
| FORMATION | Depth Datum | Depth Datum |
| Queen Hill | 3831' -955 | 3829' -953 |
| Heebner Shale | 3894' -1018 | 3892' -1016 |
| Toronto | 3917' -1041 | 3917' -1041 |
| Lansing | 3936' -1060 | 3936' -1060 |
| Muncie Creek Shale | 4088' -1212 | 4088' -1212 |
| Stark Shale | 4176' -1300 | 4175' -1299 |
| Hushpuckney Shale | 4215' -1339 | 4214' -1338 |
| Base of KC | 4247' -1371 | 4246' -1370 |
| Marmaton | 4284' -1408 | 4284' -1408 |
| Little Osage Shale | 4405' -1529 | 4406' -1530 |
| Excello Shale | 4436' -1560 | 4434' -1558 |
| Cherokee Shale | 4470' -1594 | 4468' -1592 |
| Johnson Zone | 4518' -1642 | 4516' -1640 |
| Morrow | 4534' -1658 | 4533' -1657 |
| Mississippian | 4565' -1689 | 4564' -1688 |
| RTD | 4643' -1769 | |
| LTD | | 4642' -1768 |

DSTs

DST #1 "K Zone" 12-02-2012 4174'-4197' 30-45-45-60
 1st Open = Surface Blow Built to 2" in 15 min, Then Slowed to 1.5" in (No Blow Back)
 2nd Open = Very Weak Surface Blow (No Blow Back)
 IFP = 17-8# ISIP = 518# FFP = 90-135# FSP = 507#
 HYDP = 2055-2030#
 339' Total Fluid 339' Water (25% Mud, few Oil specs)

DST #2 "Ft Scott" 12-03-2012 4398'-4432' 20-20-20-20
 1st Open = Few Bubbles on Tool Open, Then No Blow (No Blow Back)
 2nd Open = No Blow (No Blow Back)
 IFP = 14-16# ISIP = 425# FFP = 16-18# FSP = 454#
 HYDP = 2152-2136#
 1' Total Fluid 1' Mud (Few Oil specs on Tool)

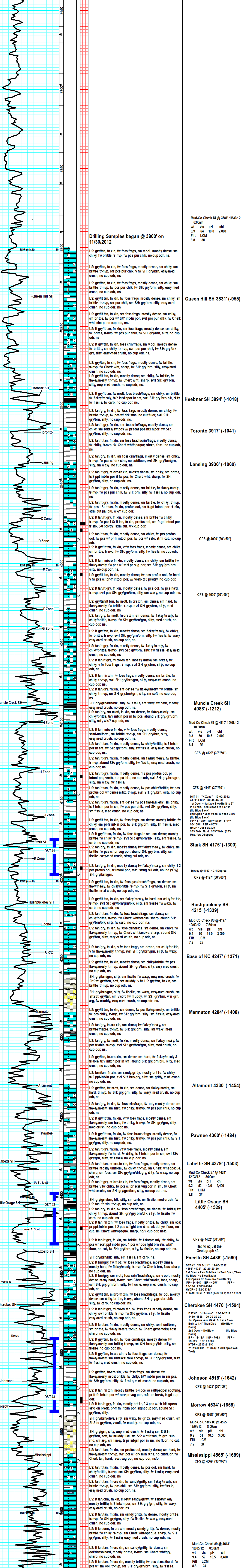
DST #3 "Johnson" 12-04-2012 4490'-4538' 20-20-20-20
 1st Open = Very Weak Surface Blow Built to 1/4" Then Died (No Blow Back)
 2nd Open = No Blow (No Blow Back)
 IFP = 16-19# ISIP = 708# FFP = 19-22# FSP = 606#
 HYDP = 2210-2199#
 2' Total Fluid 2' Mud (Few Oil specs on Tool)

ROCK TYPES

| | | | |
|-------|---------|----------|-------------|
| Anhy | Salt | Dol | Sitysh |
| Cht | Shale | Dtd | Sitysh dolo |
| Coal | Shcol | Gry sh | Sitysh dolo |
| Congl | Shgy | Sandymls | Sitysh dolo |
| Dol | Stst | Shale | Shaly ls |
| Gyp | Ss | Sltstn | |
| Lmst | Carb sh | Shlysts | |

ACCESSORIES

| | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Algae | <input type="checkbox"/> Plant | <input type="checkbox"/> Glay | <input type="checkbox"/> STRINGER |
| <input type="checkbox"/> Amph | <input type="checkbox"/> Strom | <input type="checkbox"/> Glau | <input type="checkbox"/> Anhy |
| <input type="checkbox"/> Belm | <input type="checkbox"/> Fuss | <input type="checkbox"/> Hvymn | <input type="checkbox"/> Arg |
| <input type="checkbox"/> Bioclst | <input type="checkbox"/> Omold | <input type="checkbox"/> Kaol | <input type="checkbox"/> Bent |
| <input type="checkbox"/> Brach | | <input type="checkbox"/> Marl | <input type="checkbox"/> Coal |
| <input type="checkbox"/> Bryozoa | <input type="checkbox"/> MINERAL | <input type="checkbox"/> Marl | <input type="checkbox"/> Dol |
| <input type="checkbox"/> Cephal | <input type="checkbox"/> Anhy | <input type="checkbox"/> Nodule | <input type="checkbox"/> Gyp |
| <input type="checkbox"/> Crin | <input type="checkbox"/> Arggrn | <input type="checkbox"/> Phos | <input type="checkbox"/> Ls |
| <input type="checkbox"/> Echin | <input type="checkbox"/> Arg | <input type="checkbox"/> Pyr | <input type="checkbox"/> Mrst |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Bent | <input type="checkbox"/> Salt | <input type="checkbox"/> Sststrg |
| <input type="checkbox"/> Foram | <input type="checkbox"/> Bit | <input type="checkbox"/> Sandy | <input type="checkbox"/> Ssstrg |
| <input type="checkbox"/> Fossil | <input type="checkbox"/> Brefrac | <input type="checkbox"/> Silty | <input type="checkbox"/> Carsh |
| <input type="checkbox"/> Gastro | <input type="checkbox"/> Calc | <input type="checkbox"/> Sil | <input type="checkbox"/> Cylstn |
| <input type="checkbox"/> Goolite | <input type="checkbox"/> Carb | <input type="checkbox"/> Sulphur | <input type="checkbox"/> Dol |
| <input type="checkbox"/> Ostra | <input type="checkbox"/> Chtdk | <input type="checkbox"/> Tuff | <input type="checkbox"/> Grysh |
| <input type="checkbox"/> Pelec | <input type="checkbox"/> Chltd | <input type="checkbox"/> Chlorite | <input type="checkbox"/> Gryslt |
| <input type="checkbox"/> Pellet | <input type="checkbox"/> Dol | <input type="checkbox"/> Dol | <input type="checkbox"/> Lms |
| <input type="checkbox"/> Pisolite | <input type="checkbox"/> Feldspar | <input type="checkbox"/> Sand | <input type="checkbox"/> Sandymls |
| | <input type="checkbox"/> Ferrpel | <input type="checkbox"/> Sily | <input type="checkbox"/> Sh |
| | | | <input type="checkbox"/> Sltstn |



RTD 4643', -1767
 LTD 4642', -1766



CONSOLIDATED
On Well Services, LLC

TICKET NUMBER 39174
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 | KS COUNTY |
|-----------------|------------|--------------------|---------------------|----------|-------|-----------|
| 11-26-72 | 3372 | Phillip 41-26 | 26 | 13 | 31 | Goode |
| CUSTOMER | | | Oakley | | | |
| MAILING ADDRESS | | | 11 1/2 E Ford St | | | |
| CITY | | | SOUTHCO RD P 1E 50E | | | |
| STATE | | | KS | | | |
| ZIP CODE | | | 66006 | | | |
| TRUCK # | | DRIVER | | TRUCK # | | DRIVER |
| 399 | | TIM W | | 460 | | SELEMY |

JOB TYPE surface HOLE SIZE 12 1/4 HOLE DEPTH 220 CASING SIZE & WEIGHT 8 5/8 24#
CASING DEPTH 220 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 148 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
DISPLACEMENT 12 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, rigged up on Murtin #24, hooked up to circulate, mixed 165 sks com 300cc 200 gal displaced with 12 1/2 bbl water. shut in.

Cement did circulate

APPROX 46 bbl top it

*Thank You
Kelly Gabel*

| 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 | 100.00 |
| 11045 | 165 sks | class A cement | 17.65 | 2912.25 |
| 1102 | 465 # | calcium chloride | 1.89 | 413.85 |
| 11183 | 282 # | Bentonite | 1.25 | 70.50 |
| 5407 | 7.8 ton | Ton mileage delivery (min) | 101 | 410.00 |
| 1111 | 100 # | salt | | NC |
| | | | | 4991.60 |
| | | | | 459.16 |
| | | | | 4492.44 |
| | | | SALES TAX | 246.09 |
| | | | ESTIMATED TOTAL | 4738.53 |

Revin 3737

10:30 PM
AUTHORIZATION Anthony Mark

TITLE Pusher Rig #24

DATE 11-26-72

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.

7511876

JOB LOG

SWIFT Services, Inc.

DATE 12-6-12 PAGE NO. 1

| CUSTOMER | | WELL NO. | | LEASE | | JOB TYPE | | TICKET NO. | |
|------------|------|------------|--------------------|----------|---|-------------------|--------|--|---|
| Grand Mesa | | 4-26 | | Phillips | | Levent Longstring | | 22947 | |
| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS | |
| | | | | T | C | TUBING | CASING | | |
| 12/5 | 2330 | | | | | | | | DN loc - Float Equip |
| 12/6 | 0045 | | | | | | | | Start 5 1/2" 15.15 #/ft csug - 4315' |
| | | | | | | | | | Insert float shoe w/ fill up |
| | | | | | | | | | L.D. Baffle - SJ-10' @ 4305' = 102 1/2' |
| | | | | | | | | | Cent - 2-4-6-8-10-12-16 |
| | | | | | | | | | Coat Baskets #3 & 47 |
| | | | | | | | | | Port Collar # 47 @ 23105' |
| | | | | | | | | | Drop fill up ball - 6 JTS out |
| | 0215 | | | | | | | | Fin run casing |
| | 0220 | | | | | | | | Start circ |
| | 0245 | | | | | | | | Fin circ |
| | | | 8 5 | | | | | | Plug RH 30SKS / WH-20SKS |
| | | 5 | 12 | | | 300 | | | Pump 500gal fluid flush |
| | | 6 | 20 | | | 300 | | | Pump 20 BBI full flush |
| | | 4 1/2 | | | | 300 | | | Start 200 SKS EAR-cut |
| | | 4 1/2 | 20 | | | 100 | | | Fin cut |
| | | 9 | | | | | | | Work out Pump & Leasin |
| | | 9 | 90 | | | 400 | | | Start Disp |
| | | 6 1/2 | 95 | | | 1500 | | | 1500 / 6000 at lift |
| | | | | | | 400 | | | Slow Rate |
| | 0330 | | | | | 8 1/2 | | | Plug Down - Hold - Release & Hold |
| | | | | | | | | | Tab Complete |
| | | | | | | | | | Work up & Packup |

Handwritten signature
Handwritten signature

JOB LOG

SWIFT Services, Inc.

DATE 12-12-12 PAGE NO. 7

CUSTOMER Grand Mesa Operating Co. WELL # 4-26 LEASE Phillip JOB TYPE Part Collar TICKET NO. 22989

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|------|------------|--------------------|-------|---|----------------|--------|---|
| | | | | T | C | TUBING | CASING | |
| | 0800 | | | | | | | 0.1 ac w/ P.C. Test |
| | | | | | | | | 2 3/4" x 5 1/2" |
| | | | | | | | | P.C. @ 2365' |
| | 0805 | | | | | | | TLH w/ P.C. Test |
| | 0840 | | | | | | | Local P.C. |
| | 0935 | | | | | | 1000 | Test casing to 1000 P.S.I. Open P.C. |
| | 0940 | 3.5 | 3 | | | | 200 | Takeing rates & check for flow |
| | 0945 | 4.5 | 0 | | | | 250 | start Cement 225 sks SMD |
| | 1020 | 4.5 | 110 | | | | 400 | circ cement/raise weight |
| | 1021 | 4.5 | 115/0 | | | | 400 | End Cement/start Displacement |
| | 1024 | | 13 | | | | | Cement displaced Class P.C. |
| | 1028 | | | | | | 1000 | Test Csg to 1000 P.S.I. |
| | | | | | | | | run 4jts |
| | 1035 | 3 | 0 | | | | 150 | Reverse cut |
| | 1045 | | 25 | | | | | Hole Clean |
| | | | | | | | | 22.5 sks SMD Cement Circ 25 sks to pit |
| | | | | | | | | Thank you |
| | | | | | | | | Nick, David E. & Doug |

Pro-Stim Chemicals LLC

Date 12/19/12

Acidizing Report

| | | |
|---|---------------------------------------|-------------------------|
| Customer <u>Grand Mesa</u> | Pro-Stim Chemical Yard <u>Dighton</u> | Pro-Stim Number |
| Well Name & Number <u>Phillip #4-26</u> | Field | Formation Spot |
| County <u>Gove</u> State <u>KS</u> | BHT | YD |
| | | Interval <u>4185-89</u> |

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

Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth NA Packer Depth 4150

Casing Size: 5 1/2 GRD WT Depth Tubing Size: 2 7/8 GRD WT Spot 4200

Casing Vol. Tbg Vol Ann Vol OH Vol Total Displacement 24

Maximum Pressure Tubing Casing Proposed Pump Time AOL 9:00 Leave Loc

Special Instructions: 250 Gal 15% RWR-1
30 BBLs 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 |
| 1 | Acid | | | | | | |
| 11 | Acid | 3 | | 6 | 0 | 0 | Acid Gone |
| 13 | Flush | 3 | | 19 | 0 | 0 | |
| 14 | Flush | 3 | | 21.4 | 0 | 0 | Well loaded |
| 15 | Flush | 0 | | 21.4 | 300 | 0 | |
| 19 | Flush | 0 | | 21.6 | 300 | 0 | |
| 30 | Flush | 0 | | 22.0 | 300 | 0 | |
| 40 | Flush | 0 | | 22.4 | 300 | 0 | |
| 50 | Flush | 0 | | 23.1 | 500 | 0 | |
| 53 | Flush | .30 | | 23.6 | 250 | 0 | |
| 59 | Flush | .30 | | 24.6 | 290 | 0 | |
| 63 | Flush | .30 | | 25.3 | 330 | 0 | |
| 69 | Flush | .30 | | 25.7 | 280 | 0 | |
| 72 | Flush | .30 | | 26.3 | 220 | 0 | |
| 75 | Flush | .30 | | 26.5 | 110 | 0 | |
| 76 | Flush | .30 | | 26.8 | 100 | 0 | |
| 80 | Flush | .30 | | 27.5 | 110 | 0 | |
| 85 | Flush | .30 | | 28.6 | 140 | 0 | |
| 93 | Flush | .30 | | 30.5 | 100 | 0 | |

Treatment Synopsis

| | | | | | |
|-------------------------|----------------------------|------------------|-----------------|---------------------|----------------------------------|
| Avg Inj Rate | Fluid BPM <u>.3</u> | Total Injected | H2O <u>24.1</u> | Acid <u>6</u> | Oil |
| Treating Prs | Max <u>500</u> | Final <u>100</u> | Avg. <u>140</u> | ISIP <u>80</u> | 5'SI <u>1 mm Val</u> 10'SI 15'SI |
| Customer Representative | <u>John A. [Signature]</u> | | | Pro-Stim Supervisor | |

Pro-Stim Chemicals LLC

Date 12-28-12

Acidizing Report

| | | |
|--|---------------------------------------|--------------------------------|
| Customer <u>Grand Mesa</u> | Pro-Stim Chemical Yard <u>Dighton</u> | Pro-Stim Number <u>146</u> |
| Well Name & Number <u>Phillip 4-26</u> | Field | Formation Spot <u>1 barrel</u> |
| County <u>Gove</u> State <u>KS</u> | BHT | YD |
| Interval <u>4161-65</u> | | |

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

Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth Packer Depth 4110

| | | | | | | | |
|---------------------------|-------------------|---------|--------------------|---------------------------|-----------|----|------------------|
| Casing Size: <u>5 1/2</u> | GRD | WT | Depth | Tubing Size: <u>2 7/8</u> | GRD | WT | Spot <u>4170</u> |
| Casing Vol. <u>1</u> | Tbg Vol <u>24</u> | Ann Vol | OH Vol | Total Displacement | | | |
| Maximum Pressure | Tubing | Casing | Proposed Pump Time | AOL | Leave Loc | | |

Special Instructions: 500 gals 15% RWR-1 w/ 1 gal AR-630

Treatment Record

| Time | Type Fluid | Rate BMP | Increment Vol Bbls | Cum Vol Bbls | Pressure | | Observations |
|--------------|-------------------------------------|------------|--------------------|--------------|-------------|--------|-----------------------|
| | | | | | Tubing | Casing | |
| | | | | | | | Safety Meeting |
| | | | | | | | Prs Test to _____ psi |
| <u>11:15</u> | <u>Acid</u> | <u>4.2</u> | | <u>12</u> | <u>60</u> | | <u>Acid gone</u> |
| <u>11:33</u> | <u>Acid</u> | <u>0</u> | | <u>24.2</u> | <u>100</u> | | <u>ended</u> |
| <u>11:36</u> | <u>Flush</u> | <u>0</u> | | <u>24.2</u> | <u>300</u> | | } |
| <u>11:36</u> | <u>Flush</u> | <u>0</u> | | <u>24.3</u> | <u>500</u> | | |
| <u>11:42</u> | <u>Flush</u> | <u>0</u> | | <u>24.3</u> | <u>700</u> | | } <u>staging</u> |
| <u>11:50</u> | <u>Flush</u> | <u>0</u> | | <u>24.4</u> | <u>800</u> | | |
| <u>12:02</u> | <u>Flush</u> | <u>0</u> | | <u>24.5</u> | <u>800</u> | | } |
| <u>1:00</u> | <u>Flush</u> | <u>0</u> | | <u>24.5</u> | <u>1000</u> | | |
| <u>1:10</u> | <u>Flush</u> | <u>0</u> | | <u>24.5</u> | <u>1000</u> | | <u>max</u> |
| <u>1:20</u> | <u>Flush</u> | <u>0</u> | | <u>24.6</u> | <u>1200</u> | | |
| <u>1:30</u> | <u>Bleed off, unhook, swab back</u> | | | | | | |

Treatment Synopsis

| | | | | | |
|-------------------------|-----------------|----------------|---------------------------------------|----------------|------------------|
| Avg Inj Rate | Fluid BPM | Total Injected | H2O <u>13</u> | Acid <u>12</u> | Oil |
| Treating Pts | Max <u>1200</u> | Final | Avg. | ISIP | 5'SI 10'SI 15'SI |
| Customer Representative | | | Pro-Stim Supervisor <u>Shannon M.</u> | | |

JOB LOG

SWIFT Services, Inc.

DATE 1-9-13 PAGE NO.

CUSTOMER *Grand Mesa* WELL NO. *# 4-26* LEASE *Phillip* JOB TYPE *Squeeze Perfs* TICKET NO. *23033*

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|------|------------|--------------------|-------|---|----------------|--------|---|
| | | | | T | C | TUBING | CASING | |
| | 0900 | | | | | | | on loc set up Trks |
| | | | | | | | | 2 7/8" x 5 1/2" |
| | | | | | | | | Perfs 4161'-65' 4185'-87' |
| | | | | | | | | Pkt 4110' |
| | 0925 | 3.5 | 0 | | | | 0 | Lead Csg |
| | 0935 | | 34 | | | | 300 | Pressure to 300 psi |
| | 0940 | 3.5 | 0 | | | 0 | | Taking inj rate |
| | 0945 | 1.5 | 15 | | | 300 | | Final rate 1.5 bpm @ 300 psi |
| | 0945 | 1.5 | 0 | | | 300 | | start Cement 100cks Standard |
| | 0955 | 2.5 | 21/0 | | | 100 | | End Cut / start Disp. Haled in 1st 30ck |
| | 0958 | 1.5 | 4 | | | 100 | | Cmt @ Perfs |
| | 1000 | .5 | 7 | | | 300 | | Pressure building slow rate |
| | 1030 | 1.5 | 24 | | | 750 | | cut Cleared Pkt Shutdown |
| | | | | | | | | wash up Trk |
| | | | | | | 500 | | check pressure |
| | 1040 | 1.5 | 24 | | | 1000 | | Bump |
| | 1045 | | | | | | | Release pressure / coming back slowly |
| | 1048 | | | | | 1000 | | Repressure |
| | 1110 | | 24.1 | | | 1000 | | Bump |
| | 1125 | | | | | | | Release pressure / Dry |
| | 1130 | 2.5 | 0 | | | | 100 | Reverse cut |
| | 1142 | | 32 | | | | | Hole Clean |

Thank you

Nick, David E. & Jeremy

Pro-Stim Chemicals LLC

Acidizing Report

Date 1-16-13

| | | |
|--|---------------------------------------|--|
| Customer <u>Grand Mesa</u> | Pro-Stim Chemical Yard <u>Dighton</u> | Pro-Stim Number <u>AL</u> |
| Well Name & Number <u>Phillip 4-26</u> | Field | Formation Spot <u>1 barrel</u> |
| County <u>Gove</u> State <u>KS</u> | BHT | YD |
| | | Interval 4185-4210 <u>4185-89</u> |

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

Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth

| | | | | | | | |
|---------------------------|-------------------|------------------|--------------------|---------------------------|-----------|----|------------------|
| Casing Size: <u>5 1/2</u> | GRD | WT | Depth | Tubing Size: <u>2 7/8</u> | GRD | WT | Spot <u>4210</u> |
| Casing Vol. | Tbg Vol <u>24</u> | Ann Vol <u>1</u> | OH Vol | Total Displacement | | | |
| Maximum Pressure | Tubing | Casing | Proposed Pump Time | AOL | Leave Loc | | |

Special Instructions: 250 gals 15% RWR-1

Treatment Record

| Time | Type Fluid | Rate BMP | Increment Vol Bbls | Cum Vol Bbls | Pressure | | Observations |
|------|------------|----------|--------------------|--------------|----------|--------|---|
| | | | | | Tubing | Casing | |
| 904 | Acid | Spot | 1 | | | | Safety Meeting Prs Test to _____ psi |
| | | | let set 30 min | | | | |
| 934 | Acid | 2.4 | | 6 | 20 | | Acid gone |
| 943 | Flush | 0 | | 23.5 | 80 | | loaded |
| 948 | Flush | 0 | | 23.6 | 50 | | |
| 1007 | Flush | 0 | | 24.6 | 50 | | |
| 1017 | Flush | 1.15 | | 27 | 200 | | max |
| 1034 | Flush | 1.15 | | 29.5 | 200 | | |
| 1039 | Flush | 1.15 | | 31 | 200 | | Total load |

Treatment Synopsis

| | | | | | | |
|-------------------------|----------------|------------------|------|---------------------|-------------------|-------------|
| Avg Inj Rate | Fluid BPM | Total Injected | | H2O <u>25</u> | Acid <u>6</u> | Oil |
| Treating Prs | Max <u>200</u> | Final <u>200</u> | Avg. | ISIP <u>120</u> | ISI <u>VAC</u> | 10'SI 15'SI |
| Customer Representative | | | | Pro-Stim Supervisor | <u>Shannon M.</u> | |

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

February 05, 2013

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

Re: ACO1
API 15-063-22062-00-00
Phillip 4-26
NW/4 Sec.26-13S-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