



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1117639
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1117639

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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: _____ _____
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Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	DBY 5-16
Doc ID	1117639

Tops

Name	Top	Datum
Stone Corral	2327	+647
Bs/Stone Corral	2347	+627
Heebner	3881	-907
Lansing	3924	-950
Muncie Creek	4098	-1124
Stark	4187	-1213
Hushpuckney	4231	-1257
Marmaton	4299	-1325
Little Osage	4435	-1461
Morrow	4593	-1619
Mississippian	4635	-1661
LTD	4740	

DIAMOND TESTING

General Information Report

General Information

Company Name GRAND MESA OPERATING, INC.
Contact RONALD N. SINCLAIR
Well Name DBY 5-16
Unique Well ID DST #1, PLEASANTON, 4267-4287
Surface Location SEC 16-16S-33W, SCOTT CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #1, PLEASANTON, 4267-4287
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator GRAND MESA OPERATING, INC.
Report Date 2012/01/18
Prepared By TIM VENTERS
Qualified By KENT MATSON

Start Test Date 2012/01/18
Final Test Date 2012/01/18

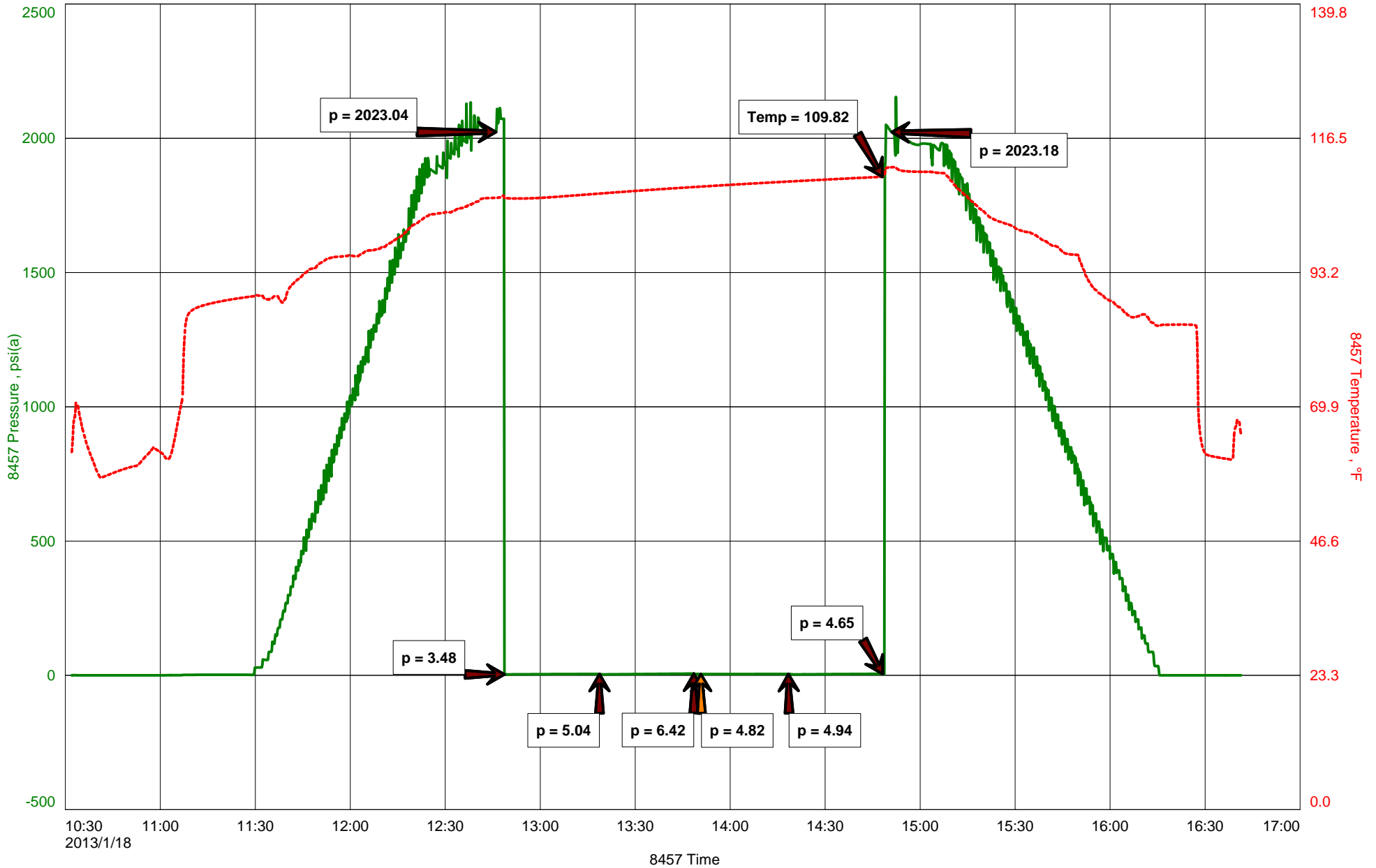
Start Test Time 10:32:00
Final Test Time 16:42:00

Test Recovery:

RECOVERED: NOTHING

TOOL SAMPLE: 100% MUD

DBY 5-16





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

General Information Report

General Information

Company Name GRAND MESA OPERATING CO.
Contact RONALD N. SINCLAIR
Well Name DBY #5-16
Unique Well ID DST #2, ALTAMONT, 4346-4368
Surface Location SEC 16-16S-33W, SCOTT CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #2, ALTAMONT, 4346-4368
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator GRAND MESA OPERATING CO.
Report Date 2013/01/19
Prepared By TIM VENTERS
Qualified By KENT MATSON

Start Test Date 2013/01/19
Final Test Date 2013/01/19

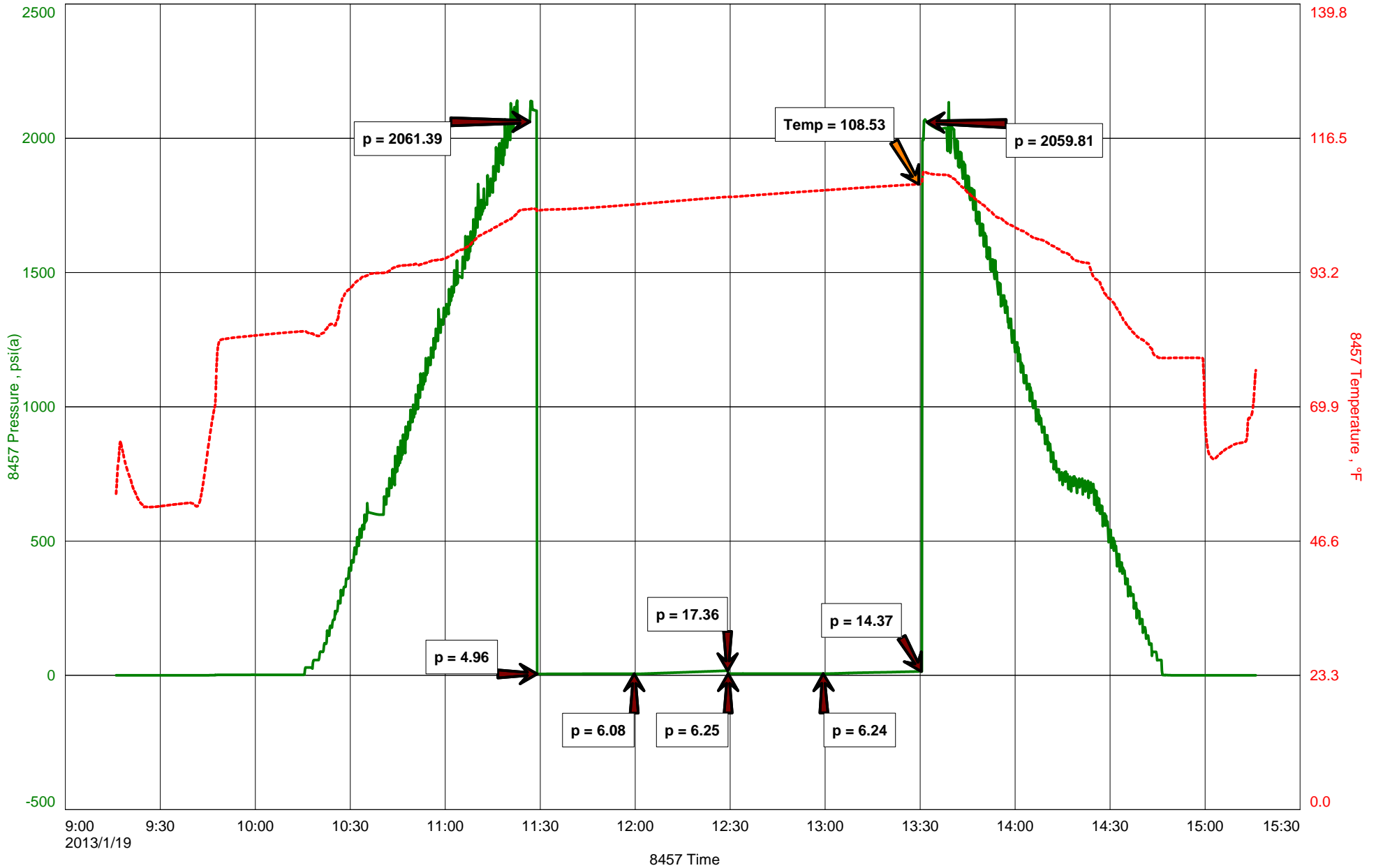
Start Test Time 09:16:00
Final Test Time 15:16:00

Test Recovery:

RECOVERED: 1' MUD

TOOL SAMPLE: TRACE OIL, 100% MUD

DBY #5-16





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

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

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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DIAMOND TESTING

General Information Report

General Information

Company Name GRAND MESA OPERATING CO.
Contact RONALD N. SINCLAIR
Well Name DBY #5-16
Unique Well ID DST #3, JOHNSON, 4477-4555
Surface Location SEC 16-16S-33W, SCOTT CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #3, JOHNSON, 4477-4555
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator GRAND MESA OPERATING CO.
Report Date 2013/01/20
Prepared By TIM VENTERS
Qualified By KENT MATSON

Start Test Date 2013/01/20
Final Test Date 2013/01/20

Start Test Time 14:04:00
Final Test Time 20:13:00

Test Recovery:

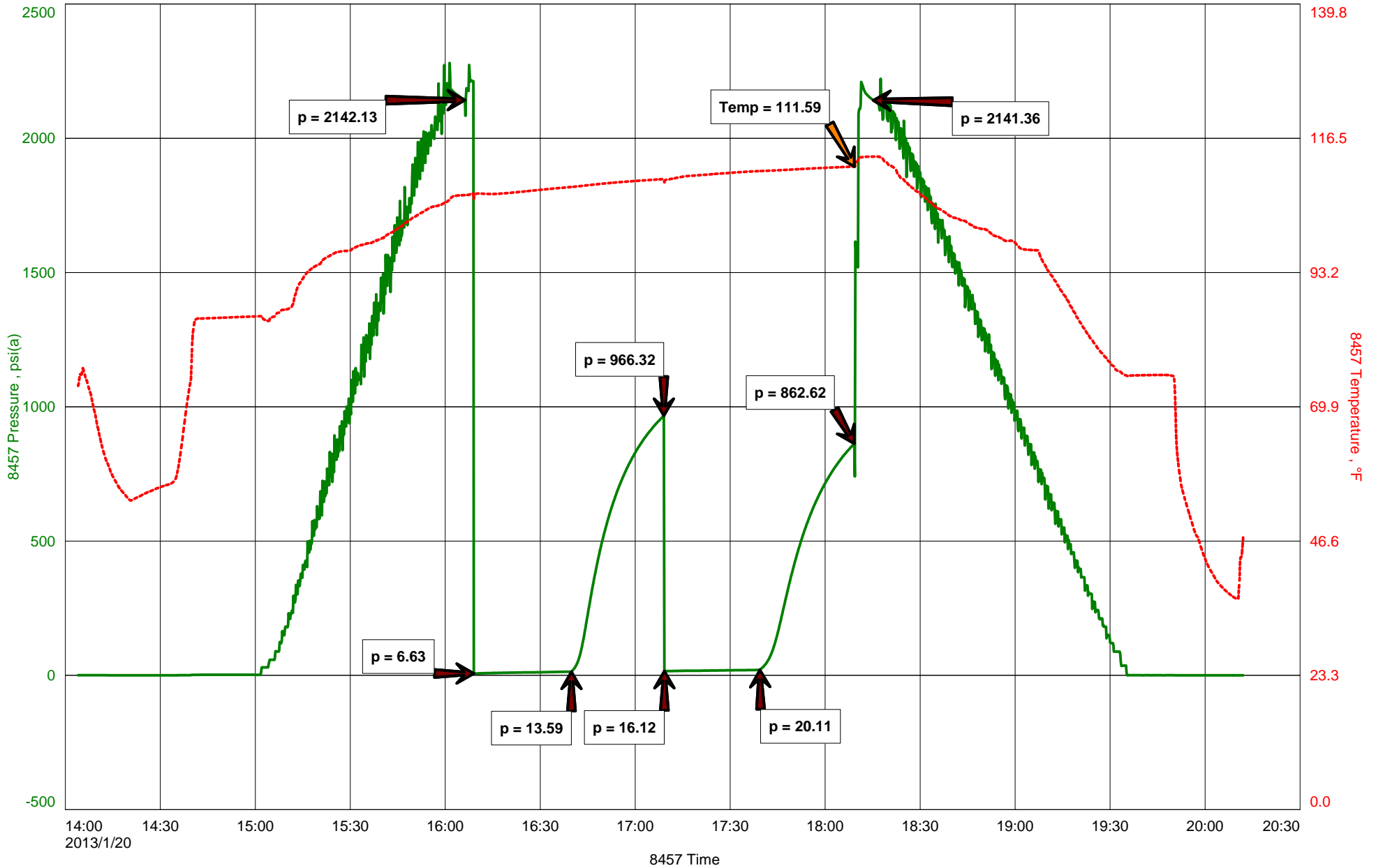
RECOVERED: 5' MUD

TOOL SAMPLE: SPOTTY OIL, 100% MUD

GRAND MESA OPERATING CO.
DST #3, JOHNSON, 4477-4555
Start Test Date: 2013/01/20
Final Test Date: 2013/01/20

DBY #5-16
Formation: DST #3, JOHNSON, 4477-4555
Pool: WILDCAT
Job Number: T155

DBY #5-16





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

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

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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DIAMOND TESTING

General Information Report

General Information

Company Name GRAND MESA OPERATING CO.
Contact RONALD N. SINCLAIR
Well Name DBY #5-16
Unique Well ID DST #4, LKC "K" (SWOPE), 4182-4204
Surface Location SEC 16-16S-33W, SCOTT CO. KS.
Field WILDCAT
Well Type Vertical
Test Type STRADDLE
Formation DST #4, LKC "K" (SWOPE) 4182-4204
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator GRAND MESA OPERATING CO.
Report Date 2013/01/22
Prepared By TIM VENTERS
Qualified By KENT MATSON

Start Test Date 2013/01/22
Final Test Date 2013/01/22

Start Test Time 01:04:00
Final Test Time 10:36:00

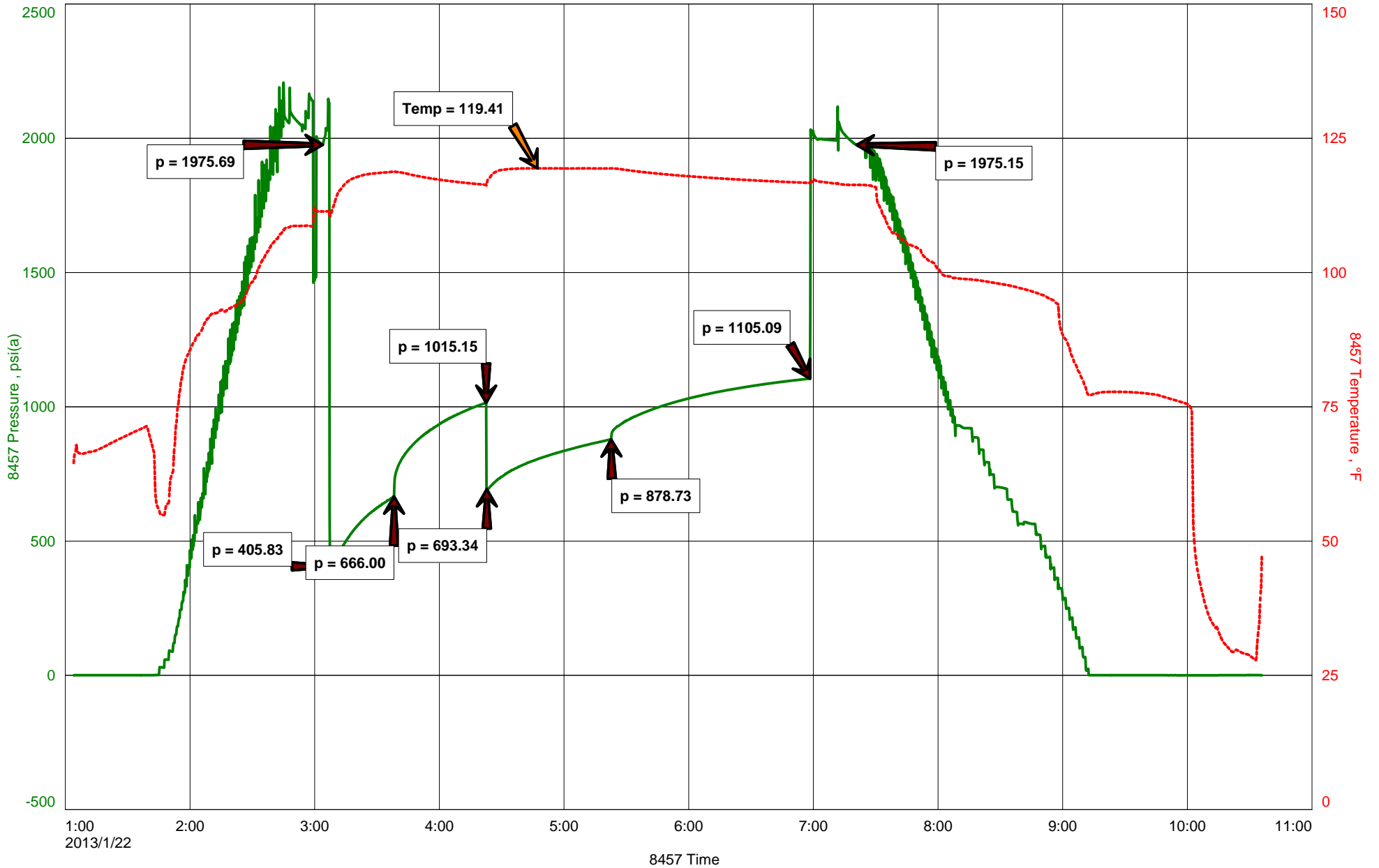
Test Recovery:

RECOVERED: 380' MUD
125' SMCW, 7% WATER, 93% MUD
610' MCW, 73% WATER, 27% MUD
680' VSMCW, 98% WATER, 2% MUD
60' HWCM, 42% WATER, 58% MUD
1855' TOTAL FLUID

TOOL SAMPLE: 98% WATER, 2% MUD

CHLORIDES: 55,000 ppm
PH: 6.5
RW: .25 @ 66 deg.

DBY #5-16





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

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

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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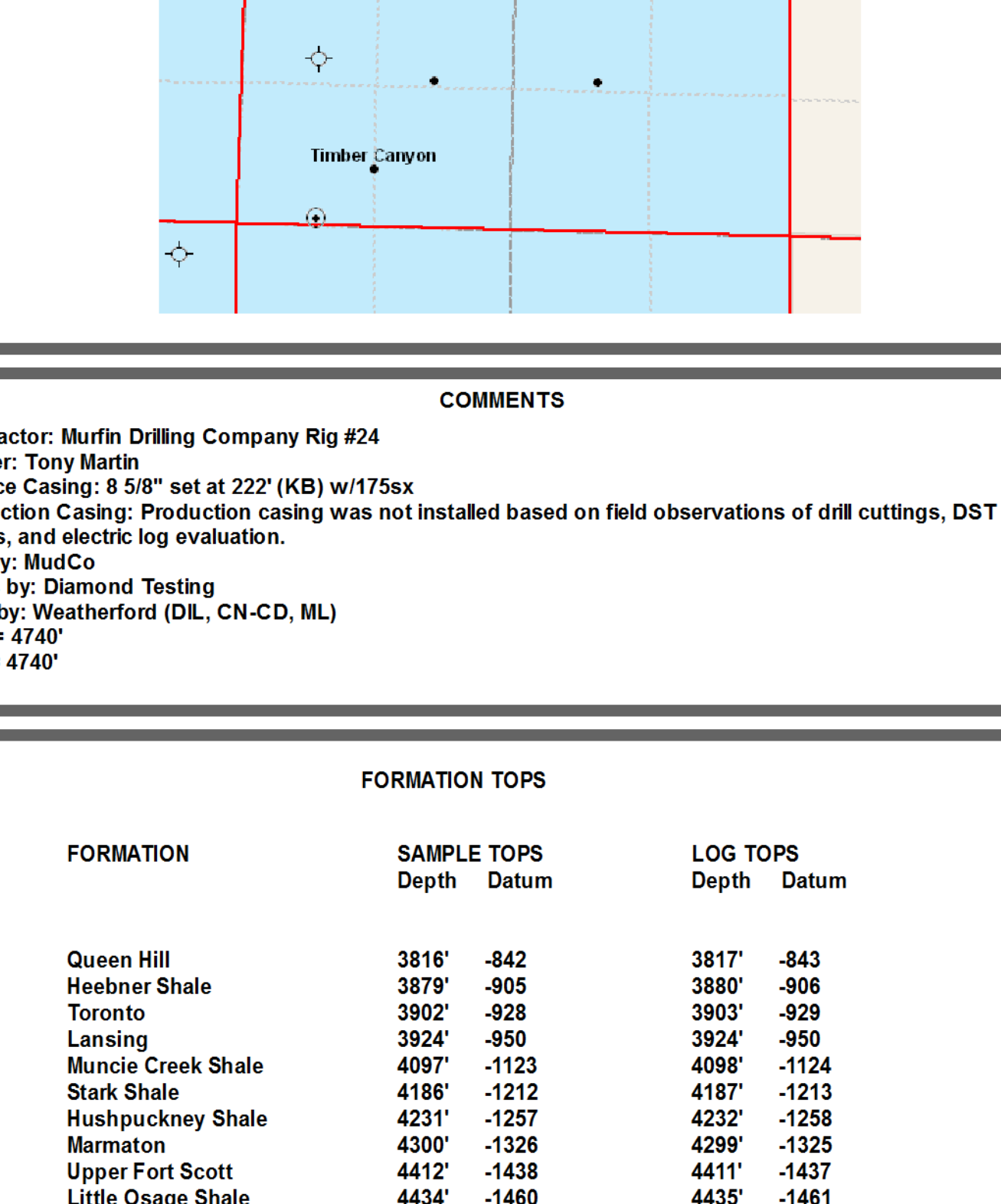
Scale 1:240 (5"=100') Imperial Measured Depth Log

Well Name: DBY #5-16 Location: 1556' FNL, 2119' FEL, 16-16S-33W, Scott County, Kansas License Number: API-15-171-20924 Region: Scott County Spud Date: 01/12/2013 Drilling Completed: 01/21/2013 Surface Coordinates: Lat: 38.6662355 Long: -100.9701646 Bottom Hole Vertical Hole

Coordinates: Ground Elevation (ft): 2969' K.B. Elevation (ft): 2974' Logged Interval (ft): 3600' To: RTD Total Depth (ft): 4740' Formation: Mississippian at RTD Type of Drilling Fluid: Chemical Printed by MUDLOG from WellSight Systems 1-800-447-1534 www.WellSight.com

GEOLOGIST

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

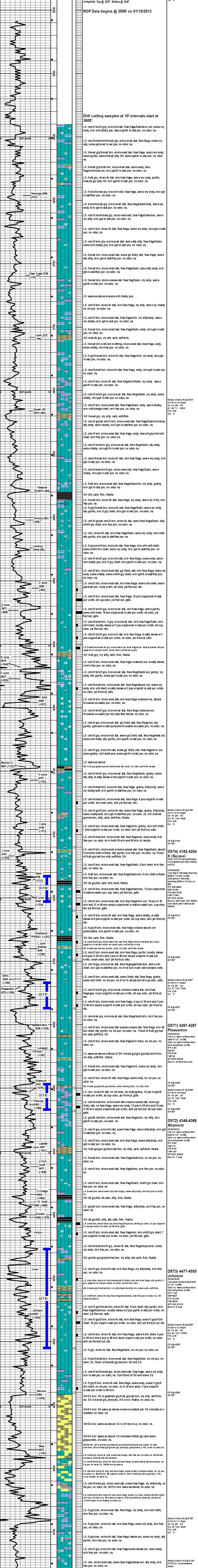


COMMENTS

Contractor: Murfin Drilling Company Rig #24 Pusher: Tony Martin Production Casing: 8 5/8" set at 222' (KB) w/175sx Surface 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 Little Osage shale Johnson Zone Morrow Mississippian RTD = 4740' LTD = 4740'

FORMATION TOPS

Table with 4 columns: FORMATION, SAMPLE Depth, Datum, LOG TOPS Depth, Datum. Lists various geological formations like Queen Hill, Heebner, Toronto, Lansing, etc., with their respective depths and datums.



RTD 4740', -1766 LTD 4740', -1766

Remarks section containing various well log notes, including 'Mudco Check #1 @ 0' 011013, pending instructions.', 'Mudco Check #2 @ 2422' 011415 10:30am', 'Mudco Check #3 @ 3429' 011615 10:30am', 'Mudco Check #4 @ 3815' 011613 10:30am', 'Mudco Check #5 @ 4167' 011613 10:30am', 'Mudco Check #6 @ 4287' 011811 11:45 am', 'Mudco Check #7 @ 4368' 011811 11:45 am', 'Mudco Check #8 @ 4438' 011811 11:45 am', 'Mudco Check #9 @ 4707' 012011 12:00pm', 'Mudco Check #10 @ 4747' 012112, no parameters taken.

CF 8 @ 4160' 30"/60' K(Swape) Note: DST #4 was performed via straddle test after drilling to RTD. 30456090 1515 8" blow slug reaching BOP in 2.5 min, no BB. 2nd 15" weak surface blow thru-out period, no BB. FFF 8-5# FFF 8-5# HP 2021-2022# Recv'd: no fluid recovery.

ALLIED OIL & GAS SERVICES, LLC 060099

Federal Tax I.D. # 20-8851476

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Oakley

DATE <u>1-12-13</u>	SEC. <u>16</u>	TWP. <u>16</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION	JOB START <u>11:00pm</u>	JOB FINISH <u>11:30pm</u>
LEASE <u>DBY</u>	WELL # <u>5-16</u>	LOCATION <u>Pence Blacktop 2nd</u>			COUNTY <u>Scott</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)		<u>1/2 N W 1/4</u>			<u>1.01</u>		<u>8.3</u>

CONTRACTOR Murfin 24
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 221'
 CASING SIZE 8 3/8 DEPTH 221'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSO. 15'
 PERFS.
 DISPLACEMENT 13.12 BBL

OWNER same
 CEMENT
 AMOUNT ORDERED 165 sks com 8%cc
2kgal

EQUIPMENT
 PUMP TRUCK CEMENTER Andrew Forsthand
 # 431 HELPER V. DANE Rebohoff
 BULK TRUCK
 # 347 DRIVER 3TY Schlock
 BULK TRUCK
 # DRIVER

COMMON	<u>165 sks</u>	@	<u>12.90</u>	<u>2133.150</u>
POZMIX		@		
GEL	<u>3 sks</u>	@	<u>23.40</u>	<u>70.20</u>
CHLORIDE	<u>6 sks</u>	@	<u>64.00</u>	<u>384.00</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>178 cu/ft</u>	@	<u>2.48</u>	<u>441.44</u>
MILBAG	<u>210 to 2 mile 8.14 ton</u>	@		<u>740.74</u>
				<u>284.90</u>
TOTAL				<u>4589.88</u>

REMARKS:

Cement did circulate
Thank you
 CHARGE TO: Grand mesa
 STREET
 CITY STATE ZIP

SERVICE
 DEPTH OF JOB 221'
 PUMP TRUCK CHARGE 1517.25
 EXTRA FOOTAGE @
 MILBAG 35 miles @ 2.20 269.50
 MANIFOLD head @ 225.00
Light vehicle @ 4.40 154.00
 TOTAL 2210.75

PLUG & FLOAT EQUIPMENT

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

	@		
	@		
	@		
	@		
	@		
TOTAL			

PRINTED NAME Anthony Martin
 SIGNATURE Anthony Martin

SALES TAX (If Any) 282.83
 TOTAL CHARGES 6,900.63
 DISCOUNT 2040.18 IF PAID IN 30 DAYS
4760.45
3070

ALLIED OIL & GAS SERVICES, LLC 060104

Federal Tax I.D. # 20-8661476

EMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

oakley

DATE <u>1-22-13</u>	SEC. <u>16</u>	TWP. <u>16</u>	RANGE <u>23</u>	CALLED OUT	ON LOCATION	JOB START <u>6:30 PM</u>	JOB FINISH <u>7:30 PM</u>
LEASE <u>DBY</u>	WELL # <u>5-11a</u>	LOCATION <u>Perce Blacktop 2 1/2 W</u>		COUNTY <u>Scott</u>	STATE <u>Tx</u>		
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>Van Winto</u>		<u>1-03</u>	<u>8.3</u>	

CONTRACTOR myrfln 24 OWNER Same

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 4240

CASING SIZE DEPTH

TUBING SIZE DEPTH

DRILL PIPE 4 1/2 DEPTH 2350'

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSO.

PERFS.

DISPLACEMENT

CEMENT AMOUNT ORDERED 280 SKS 4 1/2 480gal

1/4" Flo-seal

COMMON <u>168 SKS</u>	@ <u>12.90</u>	<u>2177.20</u>
POZMIX <u>112 SKS</u>	@ <u>9.35</u>	<u>1047.20</u>
GEL <u>10 SKS</u>	@ <u>23.40</u>	<u>234.00</u>
CHLORIDE	@	
ASC	@	

EQUIPMENT

PUMP TRUCK CEMENTER Andrey Fedorov

431 HELPER Paul Brewer

BULK TRUCK DRIVER Ty Schrock

540

BULK TRUCK DRIVER

<u>Flo-seal 20%</u>	@ <u>2.92</u>	<u>207.90</u>
HANDLING <u>300.71</u>	<u>0.47</u>	<u>245.76</u>
MILEAGE <u>210 ton/mile</u>	<u>12.55</u>	<u>1142.05</u>
		TOTAL <u>6384.11</u>

REMARKS:

50 SKS @ 2350'

80 SKS @ 1600'

50 SKS @ 800'

50 SKS @ 250'

20 SKS @ 60'

30 SKS Rot hole

Thank you

CHARGE TO: Grand mesa

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 2350'

PUMP TRUCK CHARGE 2483.59

EXTRA FOOTAGE @

MILEAGE 35 miles @ 2.20 269.50

MANIFOLD @

Light vehicle @ 4.40 154.00

TOTAL 2907.09

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

TOTAL ~~_____~~

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Anthony Martin

SIGNATURE Anthony Martin

SALES TAX (if Any) 771.16

TOTAL CHARGES 9,291.21

DISCOUNT 2601.53 IF PAID IN 30 DAYS

6689.67

2010

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 22, 2013

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

Re: ACO1
API 15-171-20924-00-00
DBY 5-16
NE/4 Sec.16-16S-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