



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1125271
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: _____



1125271

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	WILMA 1-26
Doc ID	1125271

Tops

Name	Top	Datum
Stone Corral	2311	+525
Bs/Stone Corral	2333	+503
Heebner	3856	-1020
Lansing	3899	-1063
Muncie Creek	4054	-1218
Stark	4138	-1302
Marmaton	4237	-1401
Excello	4387	-1551
Mississippian	4497	-1661
LTD	4600	

DIAMOND TESTING

General Information Report

General Information

Company Name GRAND MESA OPERATING CO.
Contact RONALD SINCLAIR
Well Name WILMA #1-26
Unique Well ID DST #1, LANSING "C", 3923-3944
Surface Location SEC 26-13S-31W, GOVE CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #1, LANSING "C", 3923-3944
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator GRAND MESA OPERATING CO.
Report Date 2012/12/12
Prepared By TIM VENTERS
Qualified By KENT MATSON

Start Test Date 2012/12/11
Final Test Date 2012/12/12

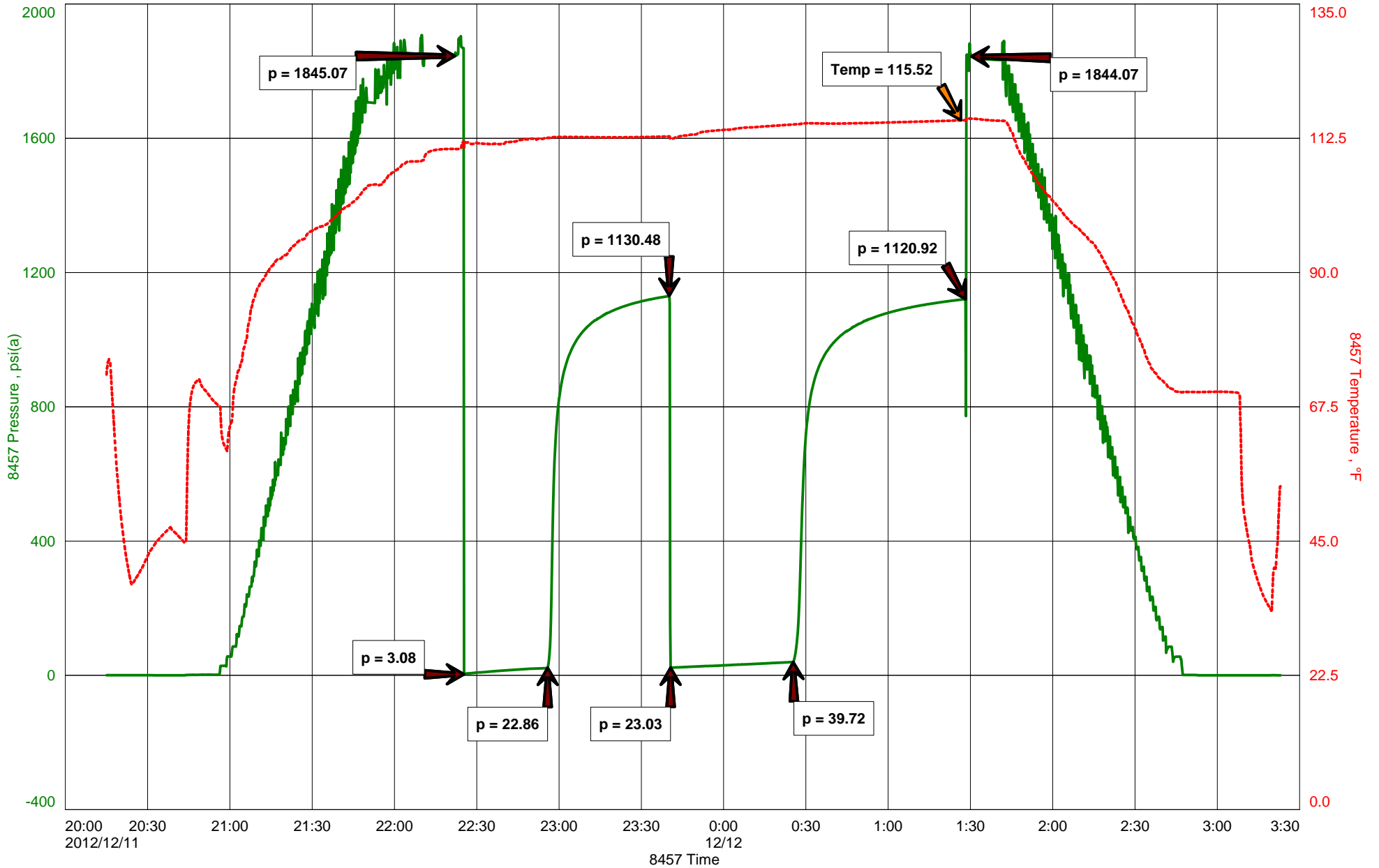
Start Test Time 20:15:00
Final Test Time 03:24:00

Test Recovery:

RECOVERED: 65' M WVSTR. O, VERY SLT. TR. OIL, 100% MUD

TOOL SAMPLE: TRACE OIL, 100% MUD

WILMA #1-26





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

TIME ON: _____
TIME OFF: _____

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

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

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

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

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

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

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

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

DIAMOND TESTING

General Information Report

General Information

Company Name GRAND MESA OPERATING CO.
Contact RONALD SINCLAIR
Well Name WILMA #1-26
Unique Well ID DST #2, LANSING "E", 3964-3980
Surface Location SEC 26-13S-31W, GOVE CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #2, LANSING "E", 3964-3980
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator GRAND MESA OPERATING CO.
Report Date 2012/12/12
Prepared By TIM VENTERS
Qualified By KENT MATSON

Start Test Date 2012/12/12
Final Test Date 2012/12/12

Start Test Time 11:42:00
Final Test Time 19:55:00

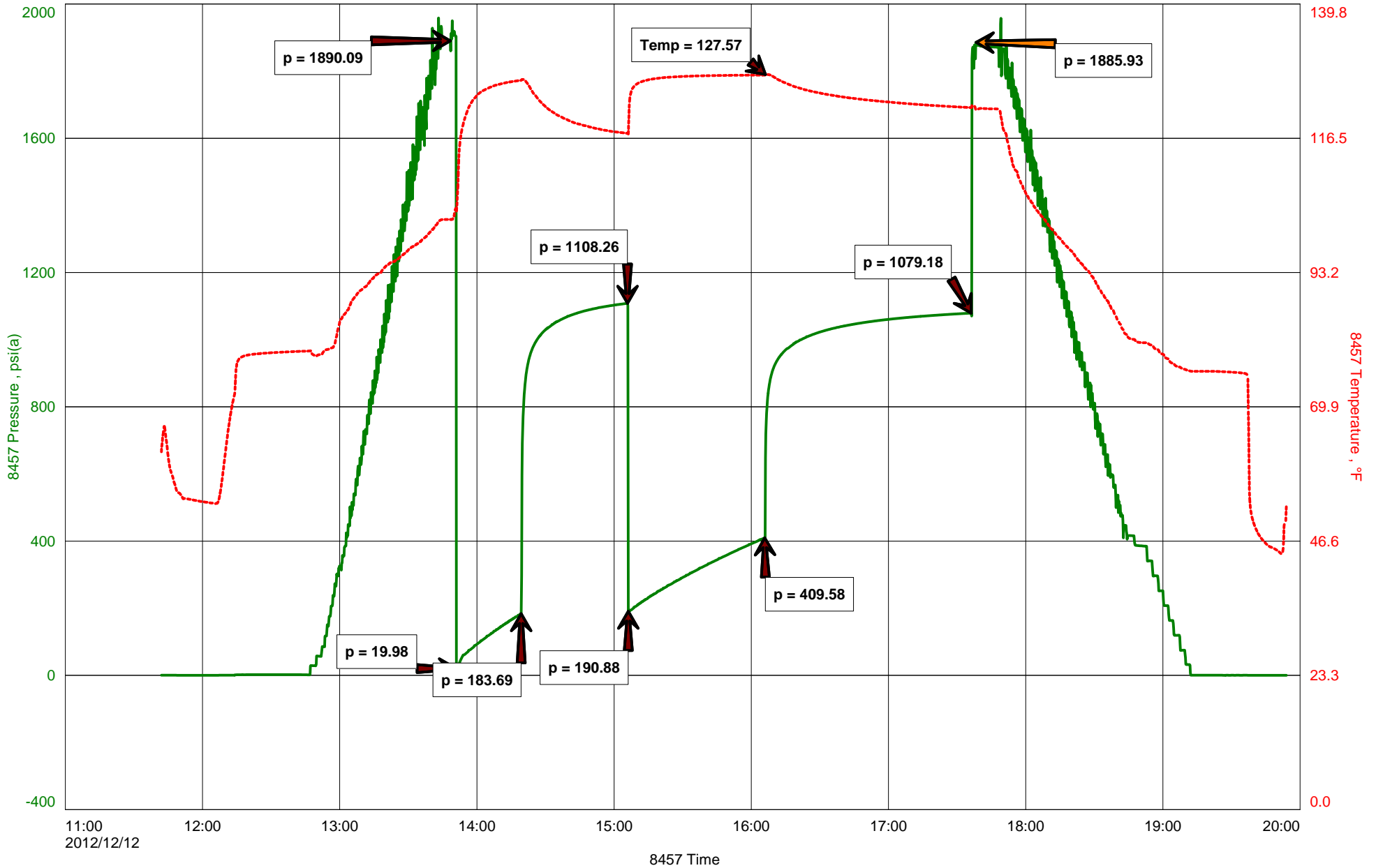
Test Recovery:

RECOVERED: 195' SMCW W/TR. O, TRACE OIL, 85% WATER, 15% MUD
615' WATER
60' HMCW W/TR. O, TRACE OIL, 60% WATER, 40% MUD
870' TOTAL FLUID

TOOL SAMPLE: TRACE OIL, 86% WATER, 14% MUD

CHLORIDES: 88,000 ppm
PH: 7.0
RW: .13 @ 76 deg.

WILMA #1-26





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

TIME ON: _____
TIME OFF: _____

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

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

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

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

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

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

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

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DIAMOND TESTING

General Information Report

General Information

Company Name GRAND MESA OPERATING CO.
Contact RONALD SINCLAIR
Well Name WILMA #1-26
Unique Well ID DST #3, LANSING "H&I", 4049-4112
Surface Location SEC 26-13S-31W, GOVE CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #3, LANSING "H&I", 4049-4112
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator GRAND MESA OPERATING CO.
Report Date 2012/12/13
Prepared By TIM VENTERS
Qualified By KENT MATSON

Start Test Date 2012/12/13
Final Test Date 2012/12/13

Start Test Time 14:01:00
Final Test Time 21:51:00

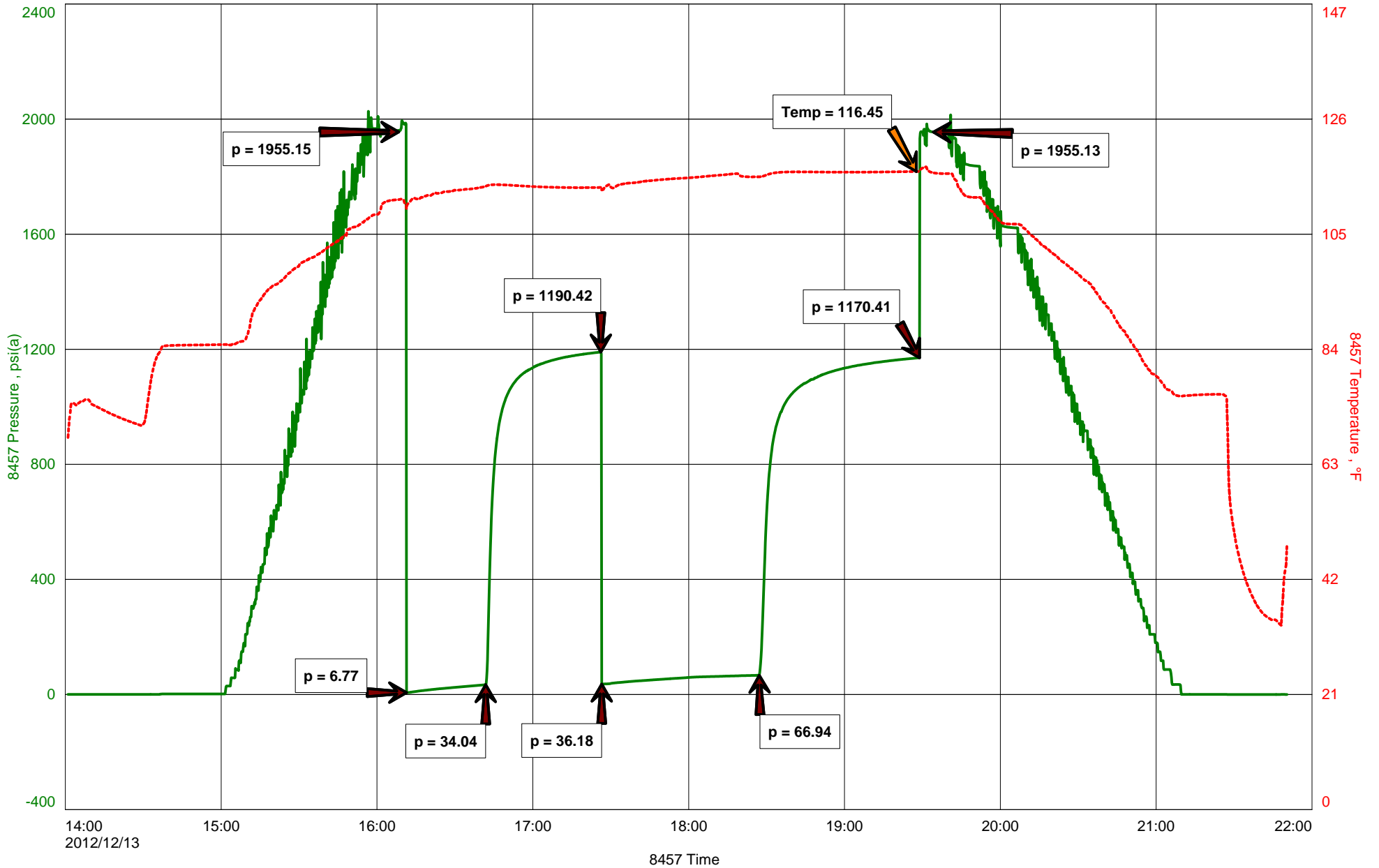
Test Recovery:

RECOVERED: 15' MUD
120' SWCM, 16% WATER, 84% MUD
135' TOTAL FLUID

TOOL SAMPLE: SPOTTY OIL, 4% WATER, 96% MUD

CHLORIDES: 27,000 ppm
PH: 10.0
RW: .32 @ 81 deg.

WILMA #1-26





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

TIME ON: _____
TIME OFF: _____

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

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

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

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

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

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

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

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DIAMOND TESTING

General Information Report

General Information

Company Name GRAND MESA OPERATING CO.
Contact RONALD SINCLAIR
Well Name WILMA #1-26
Unique Well ID DST #4, LANSING "K", 4134-4160
Surface Location SEC 26-13S-31W, GOVE CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #4, LANSING "K", 4134-4160
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator GRAND MESA OPERATING CO.
Report Date 2012/12/14
Prepared By TIM VENTERS
Qualified By STEVE STRIBLING

Start Test Date 2012/12/14
Final Test Date 2012/12/14

Start Test Time 09:56:00
Final Test Time 18:59:00

Test Recovery:

RECOVERED: 70' MCW W/TR. O, TRACE OIL, 77% WATER, 23% MUD
315' SMCW, 84% WATER, 16% MUD
60' WCM 37% WATER, 63% MUD
435' TOTAL FLUID

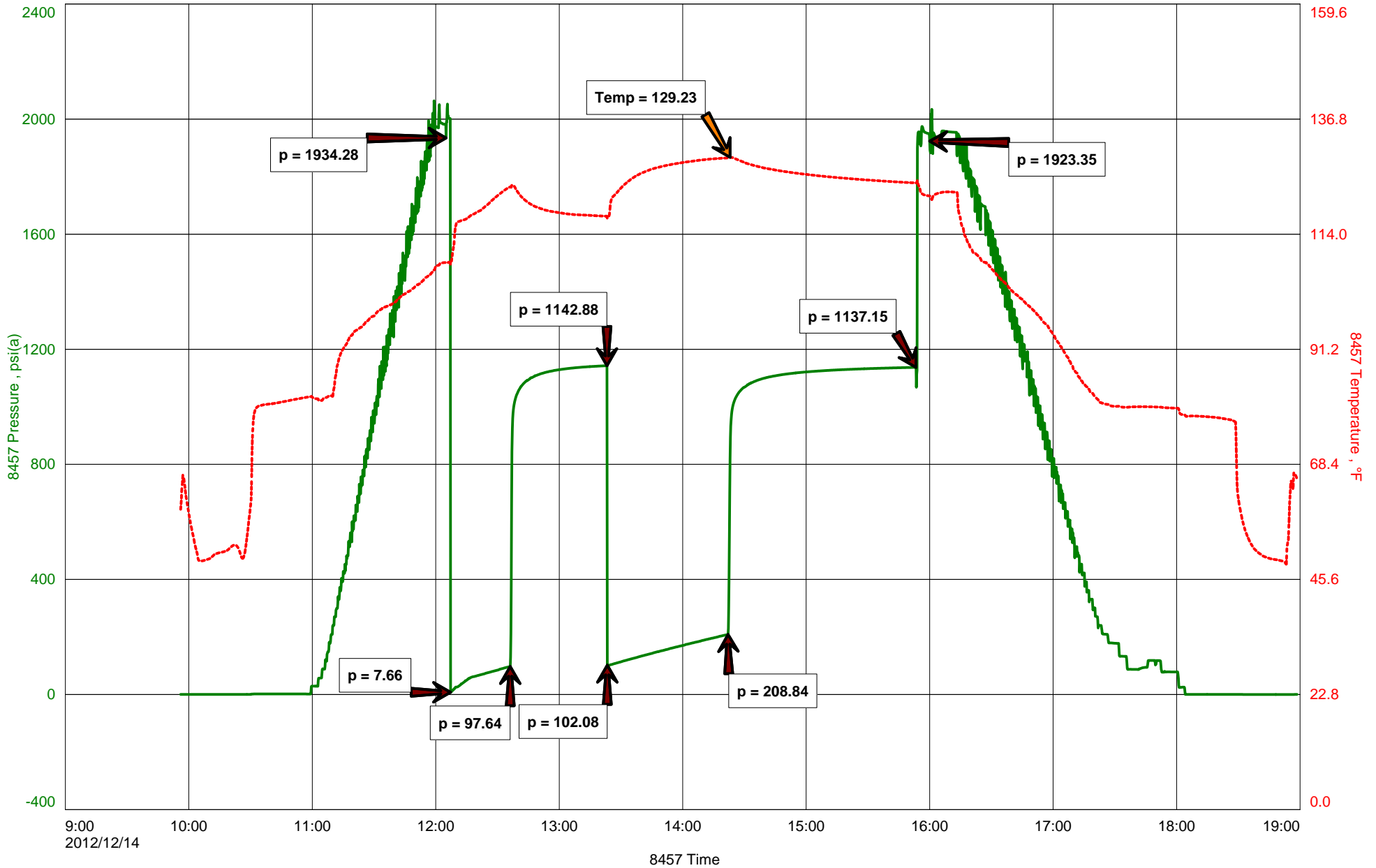
TOOL SAMPLE: TRACE OIL, 99% WATER, 1% MUD

CHLORIDES: 66,000 ppm
PH: 10.5
RW: .19 @ 70 deg.

GRAND MESA OPERATING CO.
DST #4, LANSING "K", 4134-4160
Start Test Date: 2012/12/14
Final Test Date: 2012/12/14

WILMA #1-26
Formation: DST #4, LANSING "K", 4134-4160
Pool: WILDCAT
Job Number: T139

WILMA #1-26





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

TIME ON: _____
TIME OFF: _____

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

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

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

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

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

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

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

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DIAMOND TESTING

General Information Report

General Information

Company Name GRAND MESA OPERATING CO.
Contact RONALD SINCLAIR
Well Name WILMA #1-26
Unique Well ID DST #5, LANSING "J", 4112-4132
Surface Location SEC 26-13S-31W, GOVE CO. KS.
Field WILDCAT
Well Type Vertical
Test Type STRADDLE
Formation SEC 26-13S-31W, GOVE CO. KS.
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator GRAND MESA OPERATING CO.
Report Date 2012/12/15
Prepared By TIM VENTERS
Qualified By STEVE CARL

Start Test Date 2012/12/14
Final Test Date 2012/12/15

Start Test Time 19:55:00
Final Test Time 03:05:00

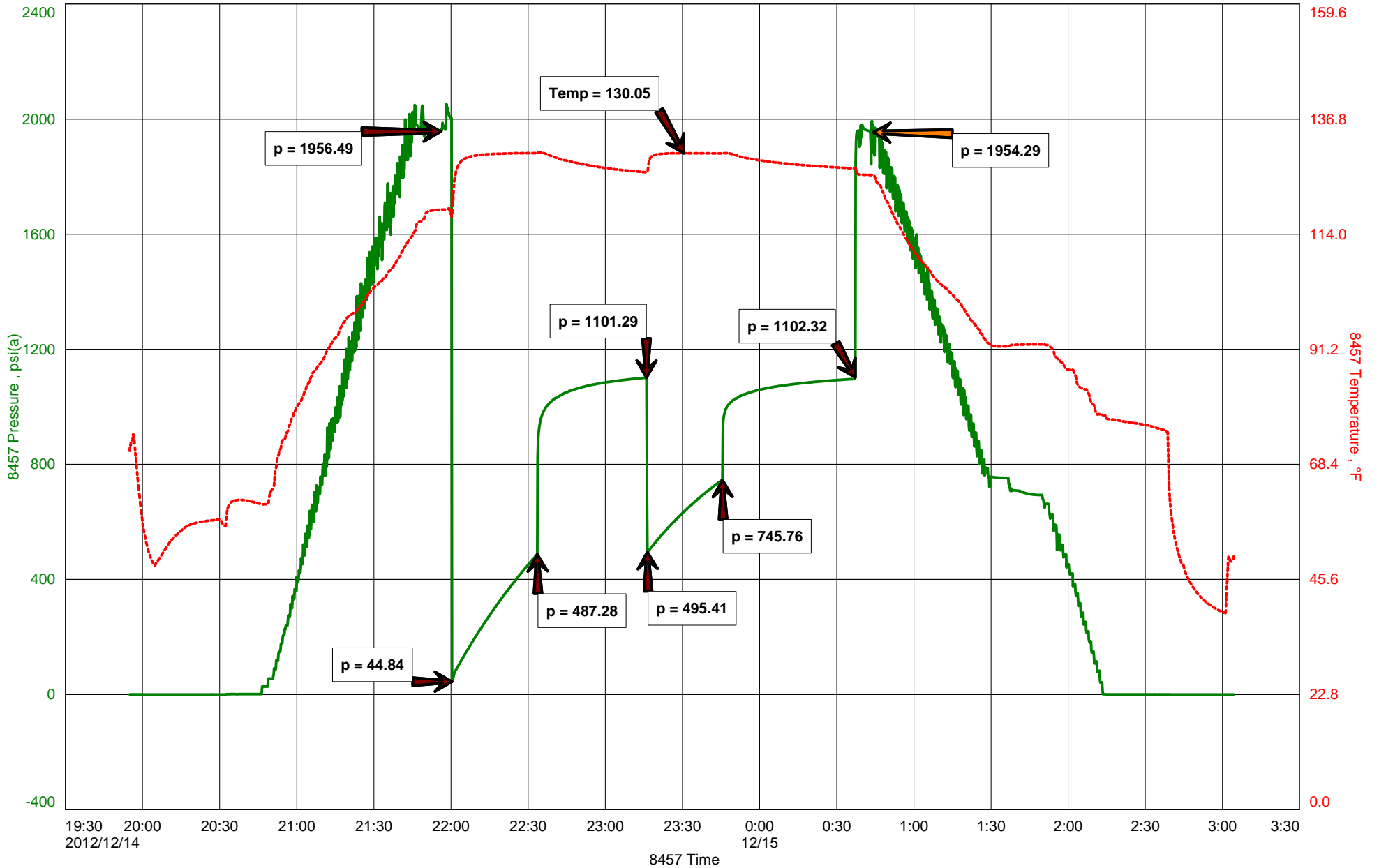
Test Recovery:

RECOVERED: 1540' SMCW, 89% WATER, 11% MUD
60' VHWCM, 49% WATER, 51% MUD
1600' TOTAL FLUID

TOOL SAMPLE: TRACE OIL, 83% WATER, 17% MUD

CHLORIDES: 77,000 PPM
PH: 8.0
RW: .14 @ 83 deg.

WILMA #1-26





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

TIME ON: _____
TIME OFF: _____

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

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

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

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

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

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

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

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

DIAMOND TESTING

General Information Report

General Information

Company Name GRAND MESA OPERATING CO.
Contact RONALD SINCLAIR
Well Name WILMA #1-26
Unique Well ID DST #6, FT. SCOTT, 4358-4387
Surface Location SEC 26-13S-31W, GOVE CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #6, FT. SCOTT, 4358-4387
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator MURFIN DRILLING CO., INC. RIG #24
Report Date 2012/12/16
Prepared By TIM VENTERS
Qualified By STEVE CARL

Start Test Date 2012/12/16
Final Test Date 2012/12/16

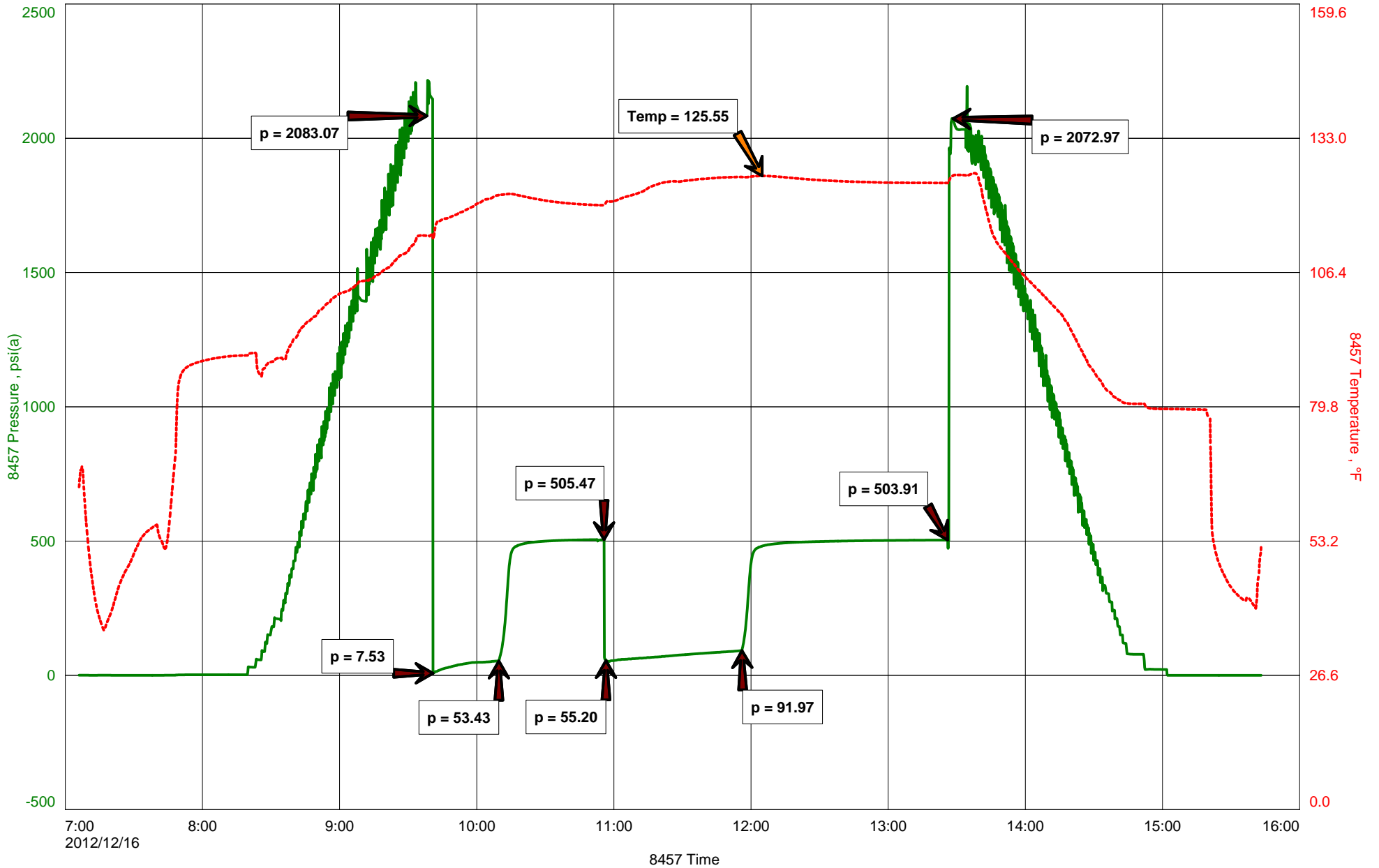
Start Test Time 07:06:00
Final Test Time 15:45:00

Test Recovery:

RECOVERED: 880' GAS IN PIPE
230' G,MCO, 3% GAS, 69% OIL, 28% MUD, GRAVITY: 35

TOOL SAMPLE: 100% OIL

WILMA #1-26





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

TIME ON: _____
TIME OFF: _____

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

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

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

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

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

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

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

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DIAMOND TESTING

General Information Report

General Information

Company Name GRAND MESA OPERATING CO.
Contact RONALD SINCLAIR
Well Name WILMA #1-26
Unique Well ID DST #7, JOHNSON, 4442-4484
Surface Location SEC 26-13S-31W, GOVE CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #7, JOHNSON, 4442-4484
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator GRAND MESA OPERATING CO.
Report Date 2012/12/17
Prepared By TIM VENTERS
Qualified By STEVE CARL

Start Test Date 2012/12/17
Final Test Date 2012/12/17

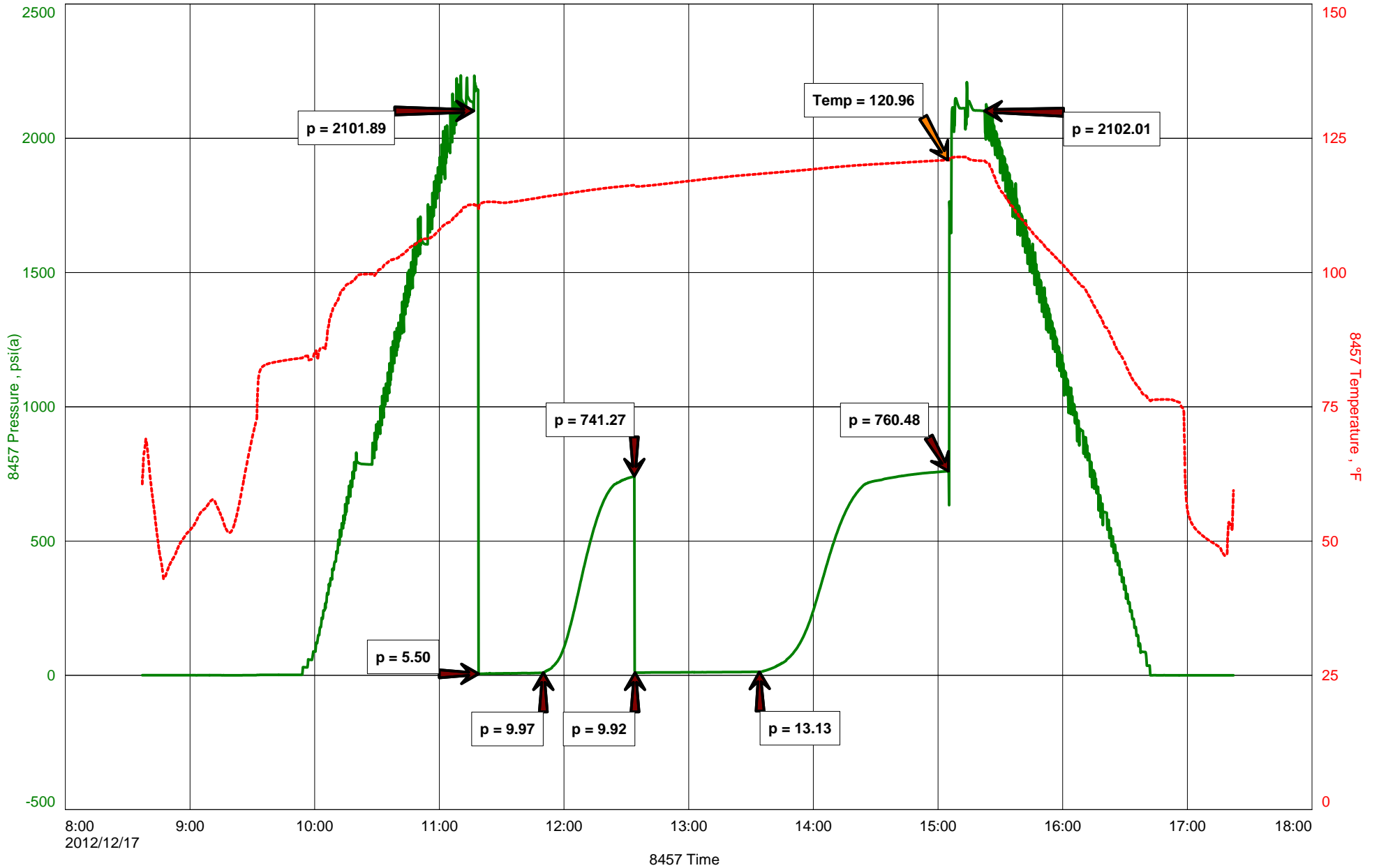
Start Test Time 08:37:00
Final Test Time 17:22:00

Test Recovery:

20' SOCM, 5% OIL, 95% MUD

TOOL SAMPLE: 5% OIL, 95% MUD

WILMA #1-26





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

TIME ON: _____
TIME OFF: _____

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

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

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

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

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

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

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

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

JOB LOG

SWIFT Services, Inc.

DATE 18 DEC 12 PAGE NO.

CUSTOMER GRAND MESA

WELL NO.

LEASE

WILMA 1-26

JOB TYPE

5 1/2 LONG STRING

TICKET NO.

23779

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1830							ON LOCATION
	1940							START PIPE 5 1/2 - 15.5" RTD @ 4600 SET @ 4592 SHOEST. 11.35' CENTRALIZERS 1,3,5,7,9,11,13,54 BASKETS 2,55 DV TOOL ON #55 @ 2323'
	2140							DROP BALL CIRCULATE
	2155	6 1/2	12		✓		400	Pump 500 GAL MUD FLUSH
		6 1/2	20		✓		400	Pump 20 BBL KCL FLUSH
	2201	4 1/2	42		✓			MIX 175 SX EA2
	2212							WASH OUT Pump & LINES.
	2215	6 1/2			✓			START DISPLACING PLUG.
	2234	Ø	109		✓		1500	PLUG DOWN PSI UP LATCH PLUG IN.
	2236				✓			RELEASE PSI - DRY
	2237							WASH TRUCK
	2239							DROP DV OPENING TOOL
	2250				✓		1000	OPEN DV.
	2251							CIRCULATE
	0000	6 1/2	20		✓			Pump 20 BBL KCL FLUSH
	0006		7.5					PLUG RH - MH (30 SX - 20 SX)
	0009	6 1/2	138		✓		200	MIX 250 SX SMD
	0035							WASH OUT Pump & LINES.
	0038	6 1/2			✓			START DISPLACING DV CLOSING TOOL / PLUG
	0047	Ø	55		✓		1500	PLUG DOWN CLOSE DV TOOL
	0049							RELEASE PSI - DRY
	0051							WASH TRUCK
	0125							JOB COMPLETE
								THANKS #115
								JASON JEFF FLINT JEREMY

Pro-Stim Chemicals LLC

Date 1-23-13

Acidizing Report

Customer <u>Grand Mesa</u>	Pro-Stim Chemical Yard <u>Dighton</u>	Pro-Stim Number <u>AL</u>
Well Name & Number <u>Wilma 1-26</u>	Field	Formation Spot <u>2 barrel</u>
County <u>Cove</u> State <u>KS</u>	BHT	YO
		Interval <u>4468-72</u>

Well Type: <input checked="" type="checkbox"/> Completion <input type="checkbox"/> Recompletion <input type="checkbox"/> Workover <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Disposal <input type="checkbox"/> Perf <input type="checkbox"/> OH <input type="checkbox"/>	Job Pumped Via: <input checked="" type="checkbox"/> Tubing <input type="checkbox"/> Casing <input type="checkbox"/> Annulus <input type="checkbox"/> CTU <input type="checkbox"/> Combination <input type="checkbox"/>	Plug Depth	Packer Depth <u>4430</u>
Casing Size: <u>5 1/2</u>	GRD	WT	Depth
Casing Vol.	Tbg Vol <u>25.5</u>	Ann Vol <u>1</u>	Tubing Size: <u>2 7/8</u>
Maximum Pressure	Tubing	Casing	Proposed Pump Time
Special Instructions:	AOL		
	Leave Loc		

750 gals. 15% RWR-1 w/additives

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbbs	Cum Vol Bbbs	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
							Prs Test to _____ psi
<u>1053</u>	<u>Acid</u>						<u>Spot 2</u>
<u>1106</u>	<u>Acid</u>	<u>3.4</u>		<u>3.4</u>	<u>50</u>		
<u>1111</u>	<u>Acid</u>	<u>3.3</u>		<u>18</u>	<u>50</u>		<u>Acid gone</u>
<u>1114</u>	<u>Flush</u>	<u>3.2</u>		<u>09</u>	<u>40</u>		
<u>1118</u>	<u>Flush</u>	<u>1.8</u>		<u>39</u>	<u>50</u>		
<u>1120</u>	<u>Flush</u>	<u>1.0</u>		<u>42</u>	<u>60</u>		<u>max</u>
<u>1123</u>	<u>Flush</u>	<u>.8</u>		<u>44.5</u>	<u>60</u>		<u>Total load</u>

Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected	H2O <u>26.5</u>	Acid <u>18</u>	Oil
Treating Prs	Max <u>60</u>	Final <u>60</u>	Avg.	ISIP <u>VAC</u>	5'SI 10'SI 15'SI
Customer Representative			Pro-Stim Supervisor	<u>Shannon M.</u>	

Pro-Stim Chemicals LLC

Date 1-25-13

Acidizing Report

Customer <u>Grand Mesa</u>	Pro-Stim Chemical Yard <u>Nighton</u>	Pro-Stim Number <u>A6</u>
Well Name & Number <u>Wilma 1-26</u>	Field	Formation Spot <u>NO</u>
County <u>Gove</u> State <u>KS</u>	BHT	Interval <u>4374-78</u>

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

Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth 4335 Packer Depth

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

Casing Vol. Tbg Vol 25.1 Ann Vol 1 OH Vol Total Displacement

Maximum Pressure Tubing Casing Proposed Pump Time AOL Leave Loc

Special Instructions: 500 gals 15% HC-1 Acid
12 gals S-3000, 8 gals Renab
w/additives

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
							Prs Test to _____ psi
9 03	Acid	3.6		2.7	50		start to load hole
9 06	Acid	3.5		12	50		Acid gone
9 10	Flush	0		25.3	80		loaded
9 11	Flush	0		25.3	200		
9 26	Flush	0		25.3	300		
9 34	Flush	0		25.3	500		
9 42	Flush	0		25.4	700		max
9 55	Flush	.2		26	VAC		
10 01	Flush	.4		27	500		
10 03	Flush	.7		27.5	340		
10 05	Flush	.7		29	300		
10 11	Flush	.7		33	280		
10 16	Flush	.7		37	250		Total load

Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected	H2O <u>25</u>	Acid <u>12</u>	Oil <u>0</u>
Treating Prs	Max <u>700</u>	Final <u>250</u>	Avg.	ISIP <u>200</u>	10"SI
Customer Representative				Pro-Stim Supervisor <u>Shannon M</u>	15"SI

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

March 19, 2013

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

Re: ACO1
API 15-063-22068-00-00
WILMA 1-26
SW/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