



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1125286
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: _____



1125286

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: 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	DBY 4-16
Doc ID	1125286

All Electric Logs Run

CPDCN Micro Log
AI Shallow Focused Elect Log
Microresistivity Log
Dual Rec. Cement Bond Log

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	DBY 4-16
Doc ID	1125286

Tops

Name	Top	Datum
Stone Corral	2427	+649
Bs/Stone Corral	2446	+630
Heebner	3980	-904
Lansing	4024	-948
Muncie Creek	4196	-1120
Stark	4284	-1208
Hushpuckney	4327	-1251
Marmaton	4396	-1320
Little Osage	4526	-1450
Morrow	4684	-1608
Mississippian	4744	-1668
LTD	4756	

John Goldsmith Wellsite Service

Cell and Home Phone: 316-640-0236 427 Roosevelt St. Cheney, KS 67025

Well Name: #4-16 DBY
 Location: 1370' FSL, 1840' FWL, SECTION 16-16S-33W, SE SW NE SW
 License Number: API: 15-171-20922
 Spud Date: 12/27/2012
 Surface Coordinates: LAT 38.6598788 LONG -100.97438655
 Bottom Hole Coordinates: Vertical hole

Ground Elevation (ft): 3071' K.B. Elevation (ft): 3706'
 Logged Interval (ft): 3700' Total Depth (ft): 4756'
 Formation: Mississippian
 Type of Drilling Fluid: Chemical

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: Murfin Drilling Rig #24
 Pusher: Tony Martin
 Surface Casing: 5 joints of 8 5/8" set at 262'
 Production Casing: 5.5" production casing was installed.
 Mud by: MudCo
 DST's by: Diamond Testing
 Logs by: Weatherford Wireline Services (RTD=4756' LTD=4756')

DSTs

DST #1 "KC E/F Zone" 4110-4135' 01/02/13
 1st Open: Wk Surf Blw built to BOB in 28.5" (VWk Surf BB)
 2nd Open: VWk Surf Blw built to BOB in 41" (No BB)
 IFP = 21-117# ISIP = 1076# FFP = 118-216# FSP = 1058#
 HYP = 1900-1857#
 450' Total Fluid, 450' GMW w/ Oil Scum (2% GAS, 90% WTR)

DST #2 "KC I Zone" 4235-4255' 01/03/13
 1st Open: Wk Surf Blw built to 1/2" (No BB)
 2nd Open: VWk Surf Blw built to 1/4" (No BB)
 IFP = 15-29# ISIP = 958# FFP = 30-38# FSP = 901#
 HYP = 1970-1943#
 15' Total Fluid, 15' Mud (Slight odor w/ slicker oil)

DST #3 "Pleasanton" 4364-4386' 01/04/13
 1st Open: Strg Surf Blw built to BOB in 5.5" (6" BB)
 2nd Open: Strg Surf Blw built to BOB in 14" (5" BB)
 IFP = 21-117# ISIP = 209# FFP = 115-168# FSP = 210#
 HYP = 2090-2071#
 369' Total Fluid, 141' GO (75% Oil), 47' Lost Down Hole (GO?), 181' GHOCM (15% Gas, 30% Oil)

DST #4 "Lennaph/Altamont" 4400-4468' 01/05/13
 1st Open: Wk Surf Blw built to 3/4" then died at 15" (No BB)
 2nd Open: Fw bubbles, then No Blw in 14" (No BB)
 IFP = 31-43# ISIP = 921# FFP = 46-53# FSP = 755#
 HYP = 2076-2065#
 10' Total Fluid 50' GIP 10' GSOM (Scum of Oil w/ Gas Odor)

DST #5 "Johnson/Atoka" 4595-4688' 01/07/13
 1st Open: Strg Surf Blw built to BOB in 24.5" (1/2" BB)
 2nd Open: Strg Surf Blw built to BOB in 14" (No BB)
 IFP = 23-47# ISIP = 378# FFP = 46-66# FSP = 402#
 HYP = 2207-2156#
 145' Total Fluid 1040' GIP 145' SOSM (Oil %)

FORMATION TOPS

Formation	Depth	Datum
Queen Hill	3917'	-841
Heebner Shale	3980'	-904
Toronto	4002'	-926
Lansing	4024'	-948
Muncie Creek Shale	4197'	-1121
Stark Shale	4285'	-1210
Hushpuckney Shale	4329'	-1253
Marmaton	4387'	-1321
Upper Fort Scott	4397'	-1321
Little Osage Shale	4504'	-1426
Exello Shale	4524'	-1448
Johnson Zone	4542'	-1466
Morrow	4618'	-1542
Mississippian	4684'	-1608
RTD	4756'	-1672
LTD	4756'	-1680

SAMPLE TOPS

Depth	Datum
3917'	-842
3980'	-904
4002'	-926
4024'	-948
4196'	-1120
4284'	-1208
4327'	-1251
4397'	-1321
4504'	-1426
4527'	-1451
4542'	-1466
4618'	-1542
4684'	-1608
4749'	-1673
4756'	-1680

LOG TOPS

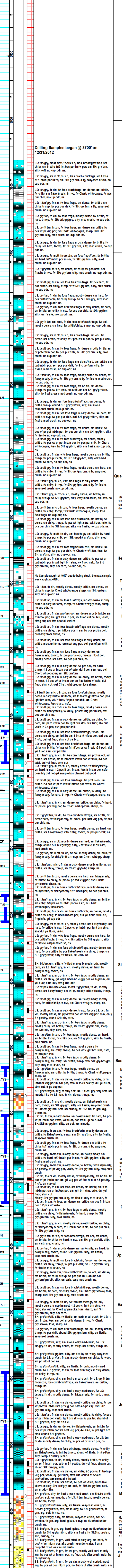
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Heebner Shale	3980'	-904
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Little Osage Shale	4504'	-1426
Exello Shale	4527'	-1451
Johnson Zone	4542'	-1466
Morrow	4618'	-1542
Mississippian	4684'	-1608
RTD	4749'	-1673
LTD	4756'	-1680

ROCK TYPES

Anhy	Salt	Dol	Siltysh
Cht	Shale	Dtd	Silty dolo
Coal	Shaly	Gry sh	Silty dolo
Congl	Shly	Sandyms	Shy dolo
Dol	Slst	Shale	Shaly ls
Gyp	Ss	Siltst	
Lmst	Carb sh	Siltst	

ACCESSORIES

FOSSIL	Plant	Glau	STRINGER
Algae	Strom	Gyp	Anhy
Amph	Fuss	Hvyrin	Arg
Belm	Oomold	Kaol	Bent
Brach		Marl	Coal
Bryozoa	ANHYDR	Mixtd	Dol
Cephal	Argny	Nodule	Gyp
Coral	Arg	Phos	Ls
Crin	Bent	Pyr	Mrst
Echin	Bit	Salt	Srstrg
Fish	Brcfrag	Sandy	Ssstrg
Foram	Calc	Silt	Carbsh
Gastro	Carb	Sil	Clystn
Gault	Chitk	Sulphur	Dol
Osira	Dol	Tuff	Grysh
Pelec	Feldspar	Chrtite	Gryslt
Pisolate	Ferrpel	Dol	Lms
	Ferr	Sand	Sandyms
		Sity	Siltstn



Survey @ 4756' = 114 Degrees

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	GRAND MESA OPERATING COMPANY	Job Number	M452
Well Name	DBY #4-16	Representative	MIKE COCHRAN
Unique Well ID	DST#1 4110-4135 "F"	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.16-16S-33W SCOTT CO.KS.	Report Date	2013/01/02
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 4110-4135 "F"		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/01/02	Start Test Time	08:55:00
Final Test Date	2013/01/02	Final Test Time	18:20:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

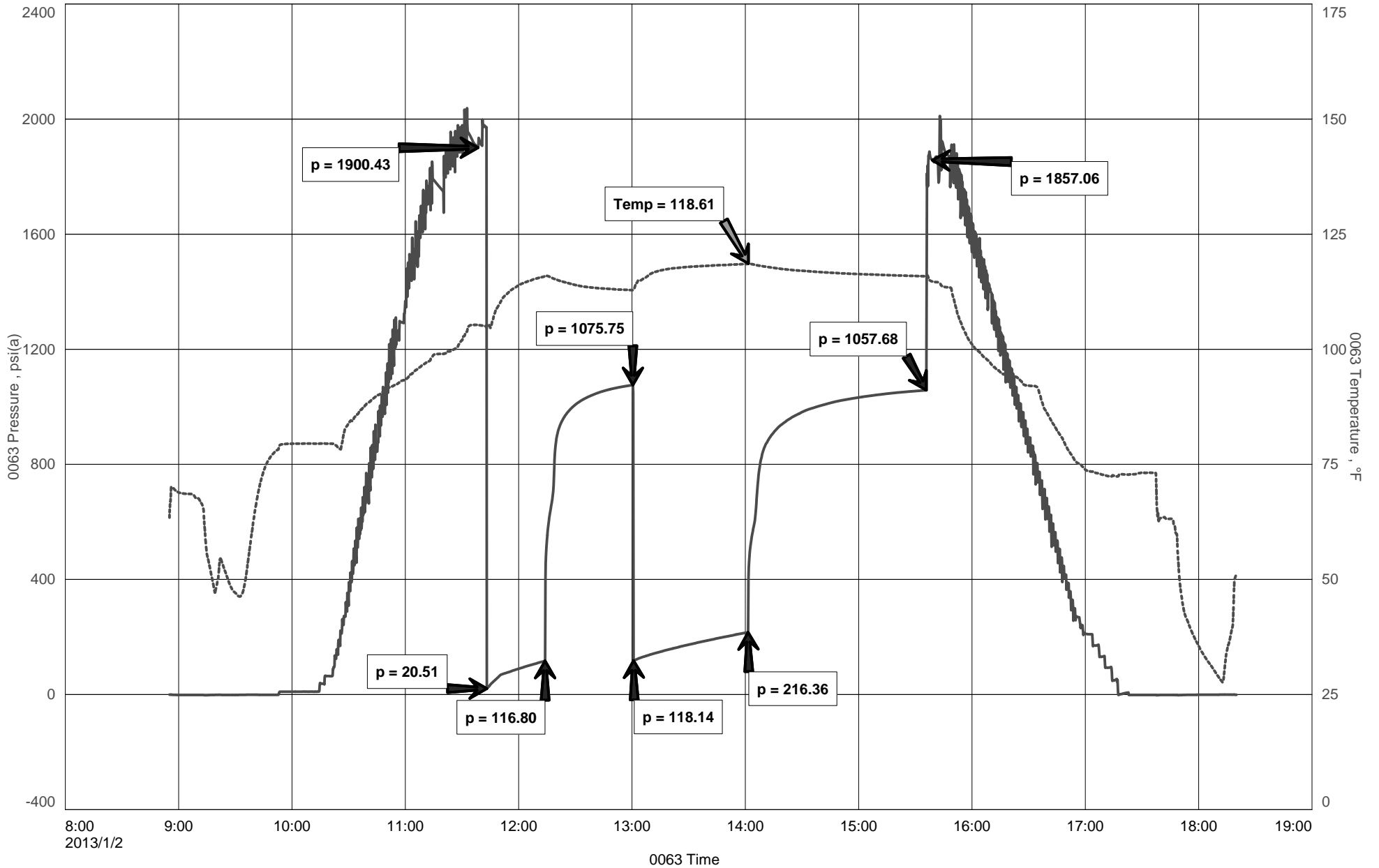
Test Results

Remarks **RECOVERED:**
450' GMW 2% GAS, 90% WTR, 8% MUD W/ A SCUM OF OIL (331' DP, 119'DC)
450' TOTAL FLUID

CHLOR: 22,000 PPM
PH:7.0
RW: .45 @ 45 DEG

TOOL SAMPLE: 2% GAS, 93% WTR, 5% MUD W/ A THIN SCUM OF OIL

DBY #4-16





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.

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	M454
Well Name	DBY #4-16	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4235-4255 "I"	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.16-16S-33W SCOTT CO.KS.	Report Date	2013/01/03
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 4235-4255 "I"		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/01/03	Start Test Time	11:55:00
Final Test Date	2013/01/03	Final Test Time	17:20:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

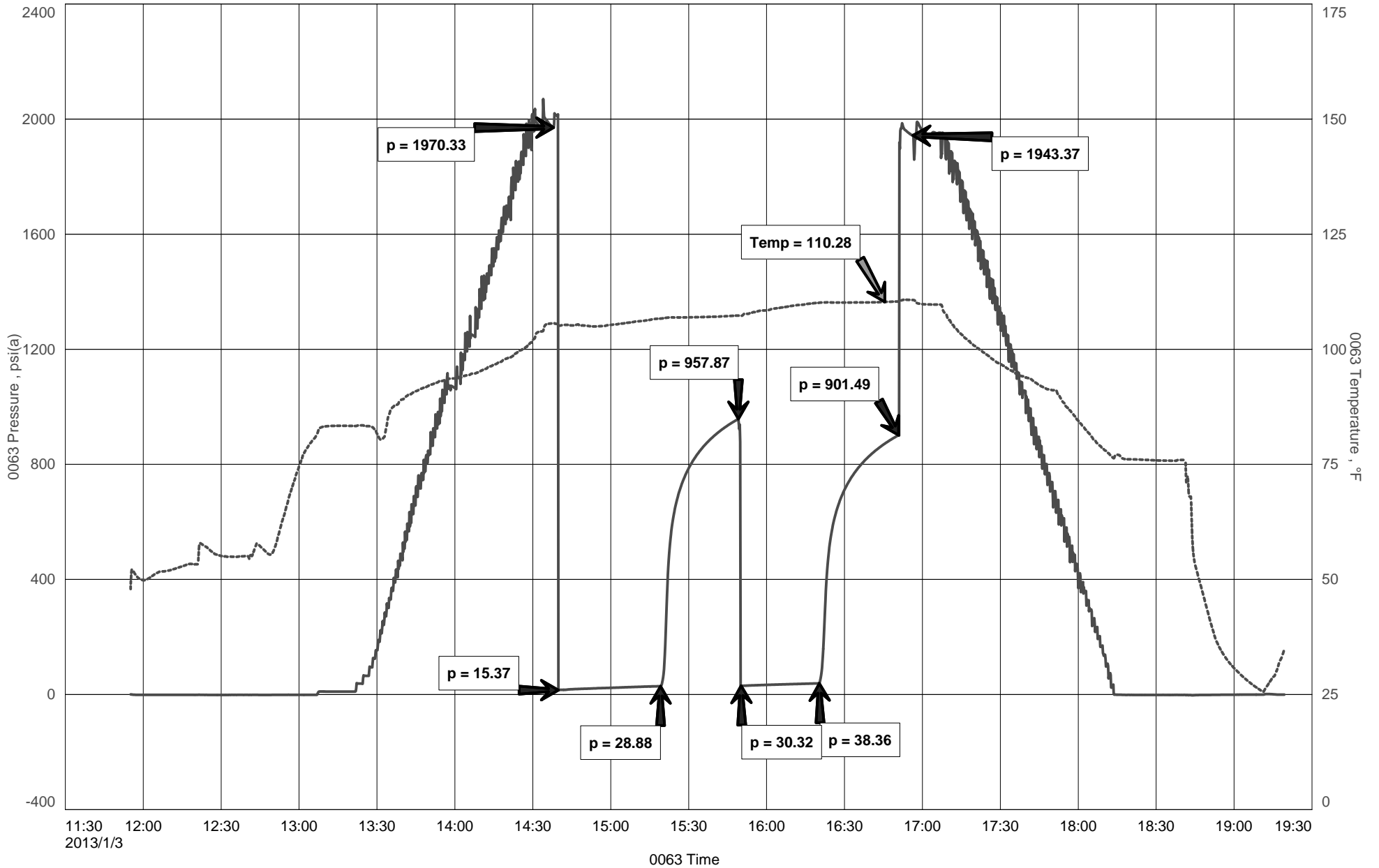
Test Results

Remarks **RECOVERED:**

15' DM 100% DRLG MUD W/ SLIGHT ODOR & SMALL SLICK OF TARRY OIL
15' TOTAL FLUID

TOOL SAMPLE: 100% DRLG MUD W/ A FEW GASSY BUBBLES & SOME SPOTS OF OIL

DBY #4-16





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

Pressure Survey Report

General Information

Company Name	GRAND MESA OPERATING COMPANY	Job Number	M454
Well Name	DBY #4-16	Representative	MIKE COCHRAN
Unique Well ID	DST#3 4364-4386 PLEASANTON	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.16-16S-33W SCOTT CO.KS.	Report Date	2013/01/05
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 4364-4386 PLEASANTON		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/01/04	Start Test Time	15:45:00
Final Test Date	2013/01/05	Final Test Time	01:20:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

Test Results

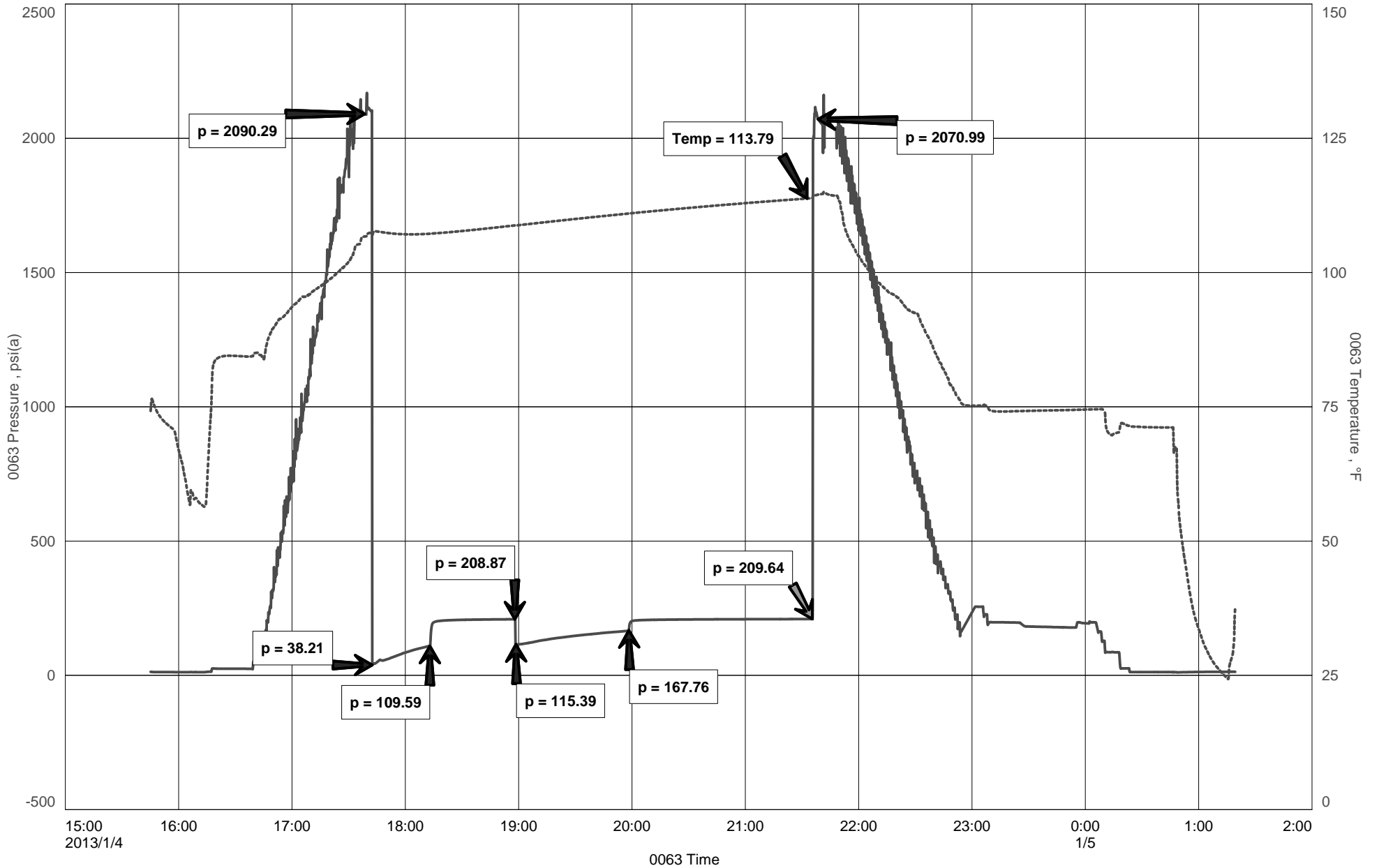
Remarks RECOVERED:

1331' GIP
141' GO 25% GAS, 75% OIL
47' LOST DOWN HOLE (EST TO BE CLEAN GASSY OIL)
181' GHOCM 15% GAS, 30% OIL, 55% MUD (62'D.P. 119'DC)
369' TOTAL FLUID

GRAVITY: 38.2 @ 60

TOOL SAMPLE: 5% GAS,60% OIL, 35% MUD

DBY #4-16





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

Pressure Survey Report

General Information

Company Name	GRAND MESA OPERATING COMPANY	Job Number	M455
Well Name	DBY #4-16	Representative	MIKE COCHRAN
Unique Well ID	DST#4 4400-4468 LENNAPAH/ALTAMONT	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.16-16S-33W SCOTT CO.KS.	Report Date	2012/01/05
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	JOHN GOLDSMITH
		Test Unit	NO. 1

Test Information

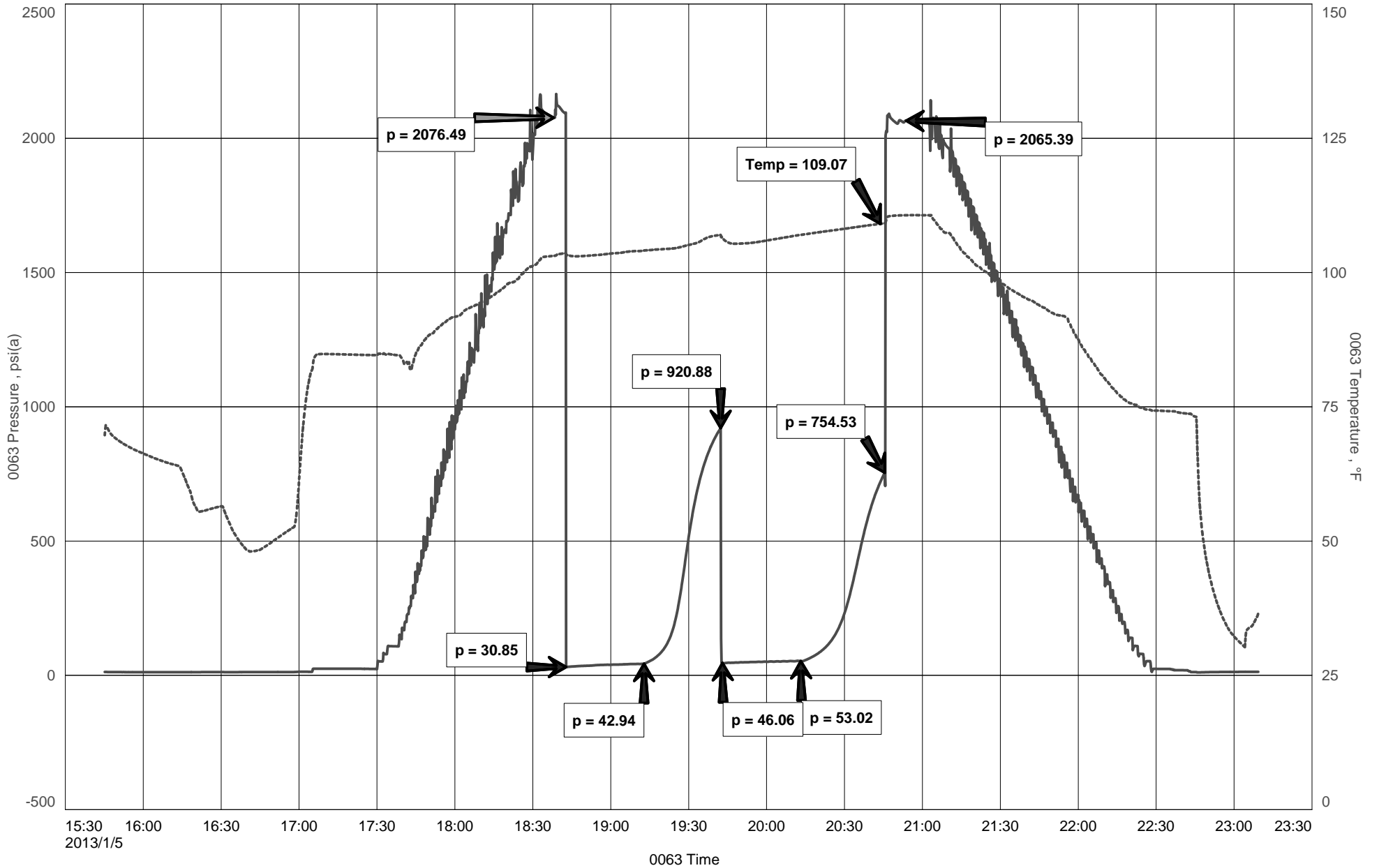
Test Type	CONVENTIONAL		
Formation	DST#4 4400-4468 LENNAPAH/ALTAMONT		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/01/05	Start Test Time	15:45:00
Final Test Date	2012/01/05	Final Test Time	23:10:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

Test Results

Remarks RECOVERED:
50' GIP
10' SOSDM ~100%DM W/ A THIN SCUM OF OIL & GASSY ODOR
10' TOTAL FLUID

TOOL SAMPLE: ~100%DM W/ A THICK SCUM OF OIL & GASSY ODOR

DBY #4-16





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

Pressure Survey Report

General Information

Company Name	GRAND MESA OPERATING COMPANY	Job Number	M456
Well Name	DBY #4-16	Representative	MIKE COCHRAN
Unique Well ID	DST#5 4535-4688 JOHNSON/ATOKA	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.16-16S-33W SCOTT CO.KS.	Report Date	2013/01/07
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	JOHN GOLDSMITH
		Test Unit	NO. 1

Test Information

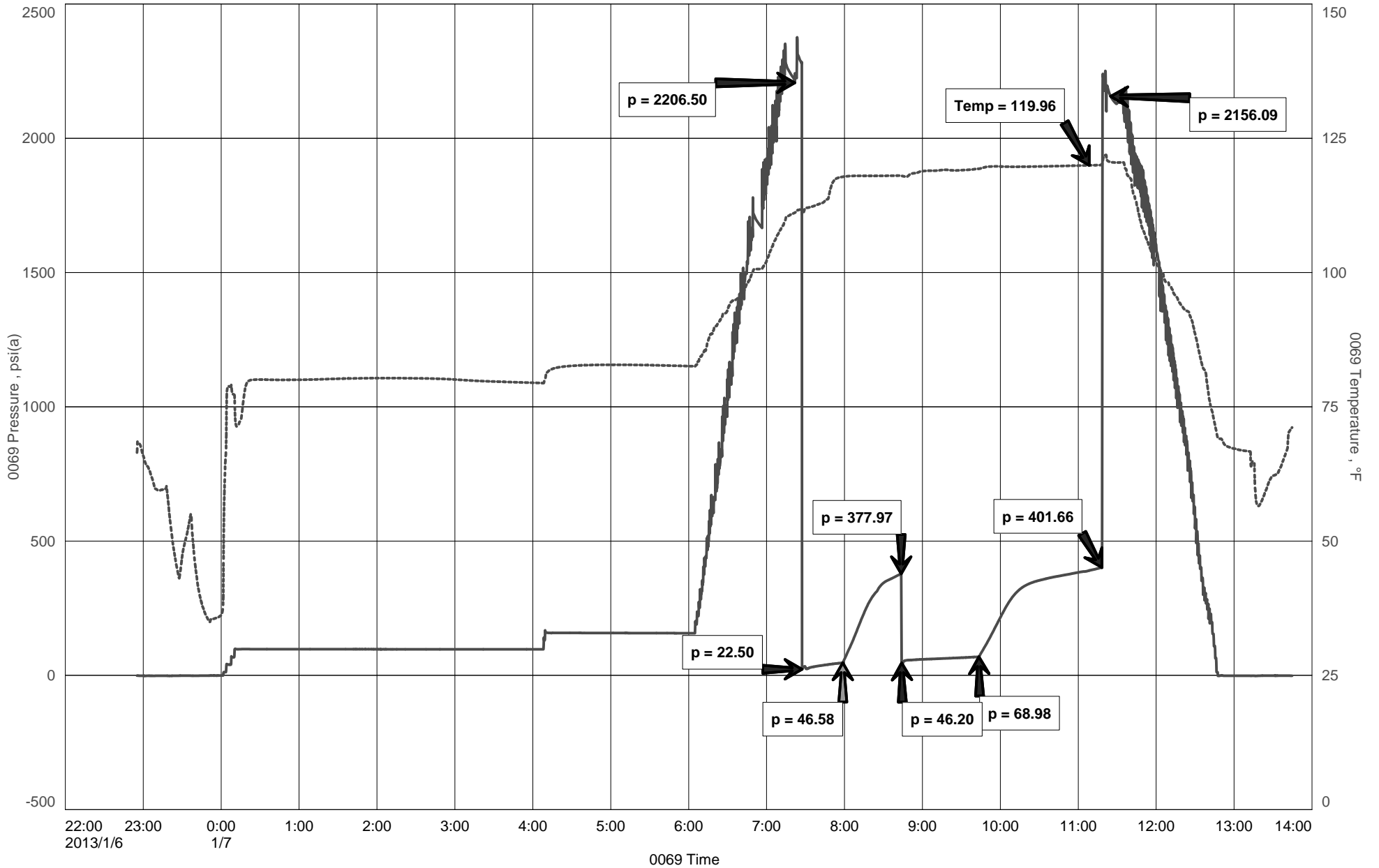
Test Type	CONVENTIONAL		
Formation	DST#5 4535-4688 JOHNSON/ATOKA		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/01/06	Start Test Time	22:55:00
Final Test Date	2013/01/07	Final Test Time	13:45:00
		Well Fluid Type	01 Oil
Gauge Name	0069		
Gauge Serial Number			

Test Results

Remarks RECOVERED:
1040' GIP
145' SOSM 1% OIL, 99% MUD
145' TOTAL FLUID

TOOL SAMPLE: 10% GAS, 26% OIL, 18% EMULSIFIED OIL, 1% WTR, 45% MUD

DBY #4-16





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.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 39230
LOCATION Oalley KS
FOREMAN Miles Shaw

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-27-11	3372	DRY #4-16	16	16S	33W	Scott
CUSTOMER <u>Grand Mesa Operating</u>			TRUCK #		DRIVER	
MAILING ADDRESS			463		Cory	
CITY			693		Soren	
STATE						
ZIP CODE						

JOB TYPE Starters HOLE SIZE 10 1/4" HOLE DEPTH 242 CASING SIZE & WEIGHT 8 5/8" 23 #
 CASING DEPTH 26197 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 15746/15 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and rig up on Martin Drilling #24 Circulate casing
Mix 175545 Common Class A cement with 32 Calcium 28 gel discharge 15746/15
Water Shut in Cement did Circulate 546/15 to pit

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085.00	1085.00
5406	30	MILEAGE	5.00	150.00
5407A	8.22 TONS	Ton Mitose delivery	1.167	411.90
11045	175545	Common Class A cement	17.65	3088.75
1102	493 #	Calcium chloride	.89	438.27
1198	329 #	Bentonite gel	.25	82.25
			Subtotal	5256.67
			less 10% discount	525.67
			Subtotal	4731.00
			SALES TAX	269.16
			ESTIMATED TOTAL	5000.66

Completed

Ravin 3737

AUTHORIZATION Anthony Mart TITLE Pusher Rig #24 DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

7221 10

JOB LOG

SWIFT Services, Inc.

DATE 1-8-13 PAGE NO.

CUSTOMER Grand Mesa WELL NO. 4-16 LEASE DBY JOB TYPE Cement 5 1/2" Lengthing "2 stage" TICKET NO. 23738

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS 5 1/2 15.5"
				T	C	TUBING	CASING	
								TD - 4756 TP - 4750
								ST - 10' Set @ 4747
								D.V. Top of J1*55 2464
								Centralizer - *2*4*6*8*10*12*14* 54
								Basket - *3* 55
								175 sks EA-2 w/1/4 Flo 300 sks SMD w/1/4 Flo
	2000							on Location
	2140							Start 5 1/2" 15.5" Casing in well
	2340							Drop ball Circulate - Rotate -
1-9-13	0005	6 3/4	12		✓		300	Pump 500gal Mud Flush
		6 3/4	20		✓		300	Pump 20 bbl KCL Flush
	0010	4 1/2	42		✓		300	Mix 175 sks EA-2 @ 15.6 ppg
								Wash-out Pump + Line
								Release Latch Down Plug
	0025	6 3/4	∅		✓		∅	Start Displacement
		6 3/4	93		✓		300	Lift PSD
		6 3/4	112.7		✓		700	Max Lift PSD
	0048	6 3/4	112.8		✓		1500	Land Latch Down Plug
								Release PSD Hold
	0110							Drop Bomb Open D.V. Tool
	0115							Circulate
	0230	6 3/4	20		✓		300	Pump 20 bbl KCL Flush
			16-11					RH - mH (30 - 20)
	0245	5 1/2	138		✓		200	mix 250 sks SMD @ 11.2 ppg
								Wash-out Pump + Line
								Release Top Plug
	0321	6 3/4	∅		✓		∅	Start Displacement 30 sks to pit
		6 3/4	30		✓		350	Lift PSD
		6 3/4	58.5		✓		600	Max Lift PSD
	0330	6 3/4	58.6		✓		1500	Land Top Plug Close D.V. Tool
								Wash up Truck
	0430							Job Complete Thank You Dave Blaine PJ Flint + Doug

Release PSD Hold

Acidizing Report

PRO-STIM CHEMICALS

Date **2-6-13**

Customer Grand Marq	Pro-Stim Chemical Yard Dighton	Pro-Stim Number A-4
Well Name & Number D By 4-16	Field	Formation Spot 1B61
County SCOTT State KS	BHT	YD
		Interval 4654-58

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

Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth _____ Packer Depth **4617**

Casing Size: 5 1/2	GRD	WT	Depth	Tubing Size: 2 7/8	GRD	WT	Spot 1B61
Casing Vol.	Tbg Vol 26.7	Ann Vol	OH Vol	Total Displacement 27.511			
Maximum Pressure	Tubing	Casing	Proposed Pump Time	AOL	Leave Loc		

Special Instructions: **Staged All the way to 1500 Pound Water took more than .7 of a bbl so we stopped 600 gal 15% RWB-1 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
9:14	Acid	2.5		1.0	0	0	SPOT
9:27	Acid	2.5		14.0	0	0	Acid gone
9:27	Flush	2.5		14.1	0	0	
9:37	Flush	2.5		26.2	0	0	Loaded
9:37	Flush	0		26.2	300	0	
9:40	" "	0		26.2	300	0	
10:00	" "	0		26.3	400	0	
10:10	" "	0		26.3	500	0	
10:23	" "	0		26.6	600	0	
10:46	" "	0		26.6	700	0	
11:06	" "	0		26.6	800	0	
11:18	" "	0		26.6	900	0	
12:00	" "	0		26.8	1000	0	
12:23	" "	0		27.0	1100	0	
12:39	" "	0		27.0	1200	0	
12:53	" "	0		27.0	1300	0	
1:11	" "	0		27.0	1400	0	
1:24	" "	0		27.0	1500	0	Bled off + Qwt

Treatment Synopsis

Avg Inf Rate	Fluid BPM	Total Injected	H2O 13	Acid 14	Oil
Treating Pr.	Max	Final	Avg.	ISIP	5'SI
Customer Representative				Pro-Stim Supervisor	Cathy Z...

Pro-Stim Chemicals LLC

Date 2-7-13

Acidizing Report

Customer <u>Grand Mesa</u>		Pro-Stim Chemical Yard <u>Dighton</u>		Pro-Stim Number <u>A6</u>	
Well Name & Number <u>DBY 4-16</u>		Field		Formation Spot <u>1 barrel</u>	
County <u>Scott</u>	State <u>KS</u>	BHT	YD	Interval <u>4653-59</u>	

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

Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth _____ Packer Depth 4600

Casing Size: <u>5 1/2</u>	GRD	WT	Depth	Tubing Size: <u>2 7/8</u>	GRD	WT	Spot
Casing Vol. <u>1.4</u>	Tbg Vol	<u>26.6</u>	Ann Vol	OH Vol	Total Displacement		
Maximum Pressure	Tubing	Casing	Proposed Pump Time	AOL	Leave Loc		

Special Instructions: 600 gals 15% RWB-1 w/additives

Treatment Record

Time	Type Fluid	Rate BPM	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
							Prs Test to _____ psi
<u>1</u>	<u>Acid</u>						
<u>18</u>	<u>Acid</u>	<u>3.3</u>		<u>14</u>	<u>30</u>		<u>Acid gone</u>
<u>20</u>	<u>Flush</u>	<u>0</u>		<u>26.4</u>	<u>60</u>		<u>loaded</u>
<u>22</u>	<u>Flush</u>	<u>0</u>		<u>26.5</u>	<u>500</u>		
<u>26</u>	<u>Flush</u>	<u>.1</u>		<u>26.9</u>	<u>700</u>		
<u>31</u>	<u>Flush</u>	<u>.5</u>		<u>27.6</u>	<u>900</u>		
<u>34</u>	<u>Flush</u>	<u>1.0</u>		<u>29.3</u>	<u>880</u>		
<u>37</u>	<u>Flush</u>	<u>1.5</u>		<u>33</u>	<u>1000</u>		<u>max</u>
<u>39</u>	<u>Flush</u>	<u>1.2</u>		<u>36</u>	<u>900</u>		
<u>44</u>	<u>Flush</u>	<u>1.2</u>		<u>42</u>	<u>900</u>		<u>Total load</u>

Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected		H2O <u>28</u>	Acid <u>14</u>	Oil
Treating Prs	Max <u>1000</u>	Final <u>900</u>	Avg.	ISIP <u>800</u>	<u>14</u> SI VAL	10'SI
Customer Representative				Pro-Stim Supervisor	<u>Shannon Mc</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

March 19, 2013

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

Re: ACO1
API 15-171-20922-00-00
DBY 4-16
SW/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