



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1132464
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

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

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

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

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

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
-----------------------------------	-----------------	---

API No. 15 - _____

Spot Description: _____

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

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

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

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

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

County: _____ Permit #: _____

AFFIDAVIT

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

Submitted Electronically

KCC Office Use ONLY

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



1132464

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

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

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

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

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

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

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

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

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

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

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

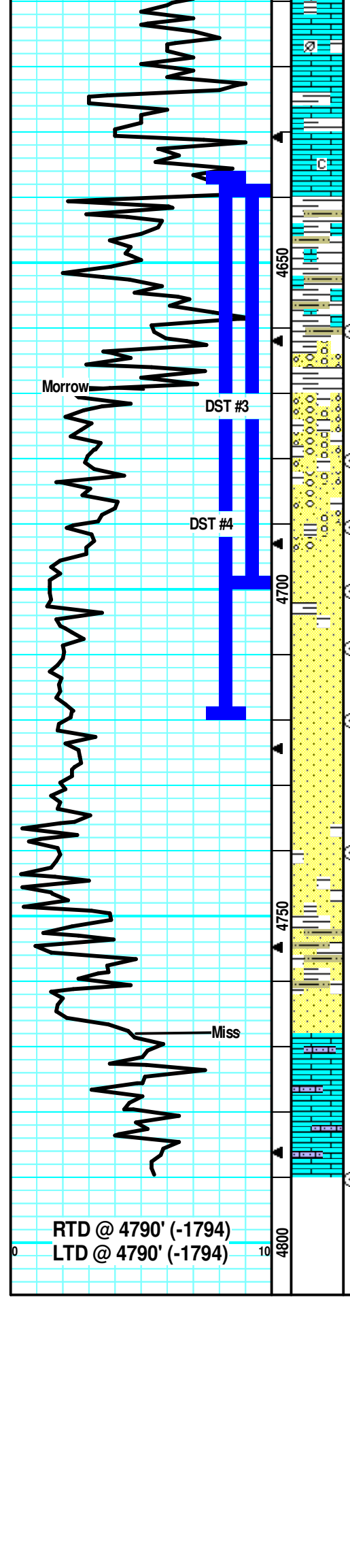
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
-----------------------------------	-----------	---------	-------------	---------------	---------

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	VULGAMORE 2-31
Doc ID	1132464

Tops

Name	Top	Datum
Stone Corral	2206	+790
Bs/Stone Corral	2220	+776
Heebner	3869	-872
Lansing	3917	-921
Muncie Creek	4113	-1117
Stark	4226	-1230
Marmaton	4384	-1388
Little Osage	4485	-1489
Mississippian	4769	-1773
LTD	4790	



LS: tan/lt gry, fn xln, v fw foss frags, mostly dense, fw brittle, fw chiky, tr-nvp, fw SH: gry/drkr gry, silty, no cup odr, ns.

LS: gry/lt tan, fn xln, mostly dense, mostly brittle, brittle, sm flakey/mealy, sm chiky, tr-nvp, fw SH: gry/brn, silty, no cup odr, ns.

LS: gry/lt tan, fn xln, mostly dense, mostly brittle, brittle, sm flakey/mealy, sm chiky, tr-nvp, fw SH: gry/brn, silty, no cup odr, ns.

LS: gry/lt tan, fw molt, fn xln, fw pcs gritty/sandy like, mostly dense, sm flakey/mealy, sm brittle, tr-nvp, fw SH: gry, silty, no cup odr, ns.

LS: tan/lt gry, fn xln, mostly dense, sm flakey/mealy, sm brittle, fw pcs w/ sandy grns, tr-nvp, fw SH: gry, silty, fw fissile, no cup odr, ns.

LS: tan/lt gry, fn xln, mostly dense, mostly brittle, fw sandy/gritty, fw flakey/mealy, tr-nvp, svrl SH: gry/drkr gry, silty, sm fissile, no cup odr, ns.

SH: gry/grn, silty, sm interbedded sand grns, svrl Cong LS: fn xln, lt tan, sm chiky, sandy/gritty, brittle, tr-nvp, fw SS: lt gry/grn, fn grn, sm glauc, sm arg t/ght, fw w/ drk gll specs, no cup odr, nslo.

SS: gry/lt gry, fn grn, sm arg, mostly brittle, fw pcs w/ pr-fr intgrn por, 3-4 pcs w/ drk stns, wk fluor, slw cut, no cup odr, nsfo, svrl SH: gry/sm sandy.

SS: gry, fn grn, fw arg, mostly brittle, sm fr intgrn por, svrl pcs/try w/ drk stns, strn cut on select pcs, ssfo on break, wk-? cup odr, abund SH: gry/grn, silty.

SS: gry, fn grn, fw arg, mostly brittle, sm pr-fr intgrn por, 4-5 pcs/try w/ drk stns, fr cut when crushing, vssfo on break, no cup odr.

SS: gry/lt tan, fn grn, fw arg, sm brittle, sm pr-fr intgrn por, 4-5 pcs/try w/ gd oil sat, sil cem, svrl pcs drk stns, vssfo on break, no cup odr.

SS: gry/lt gry, fn grn, svrl arg, sm glauc, svrl brittle pcs, v fw pcs (3-4) w/ lght brn stns, nsfo on break, large influx of drk blk min stns, no cup odr, svrl SH: gry, silty, fissile.

SS: gry/drkr gry/grn, fn grn, svrl arg, sm glauc, sm brittle, fw pcs w/ pr intgrn por, 2-3 pcs w/ brn stns, no free oil on brk, sil cem, sm pcs w/ drk min stns, svrl SH: gry, silty, no cup odr.

SS: gry/lt gry, fn grn, sm arg, sil cem, sm glauc, svrl pcs w/ blk min stns, no cut/fluor, brittle, fr intgrn por in sm, svrl SH: gry/drkr gry, silty, no cup odr, ns.

SS: lt gry/wht, fn-med grn, sm arg, sil cem, fw glauc, sm fr int grn por, mostly brittle, abund SH: drk gry/grn/gry, silty, easy-med crush, no cup odr, ns.

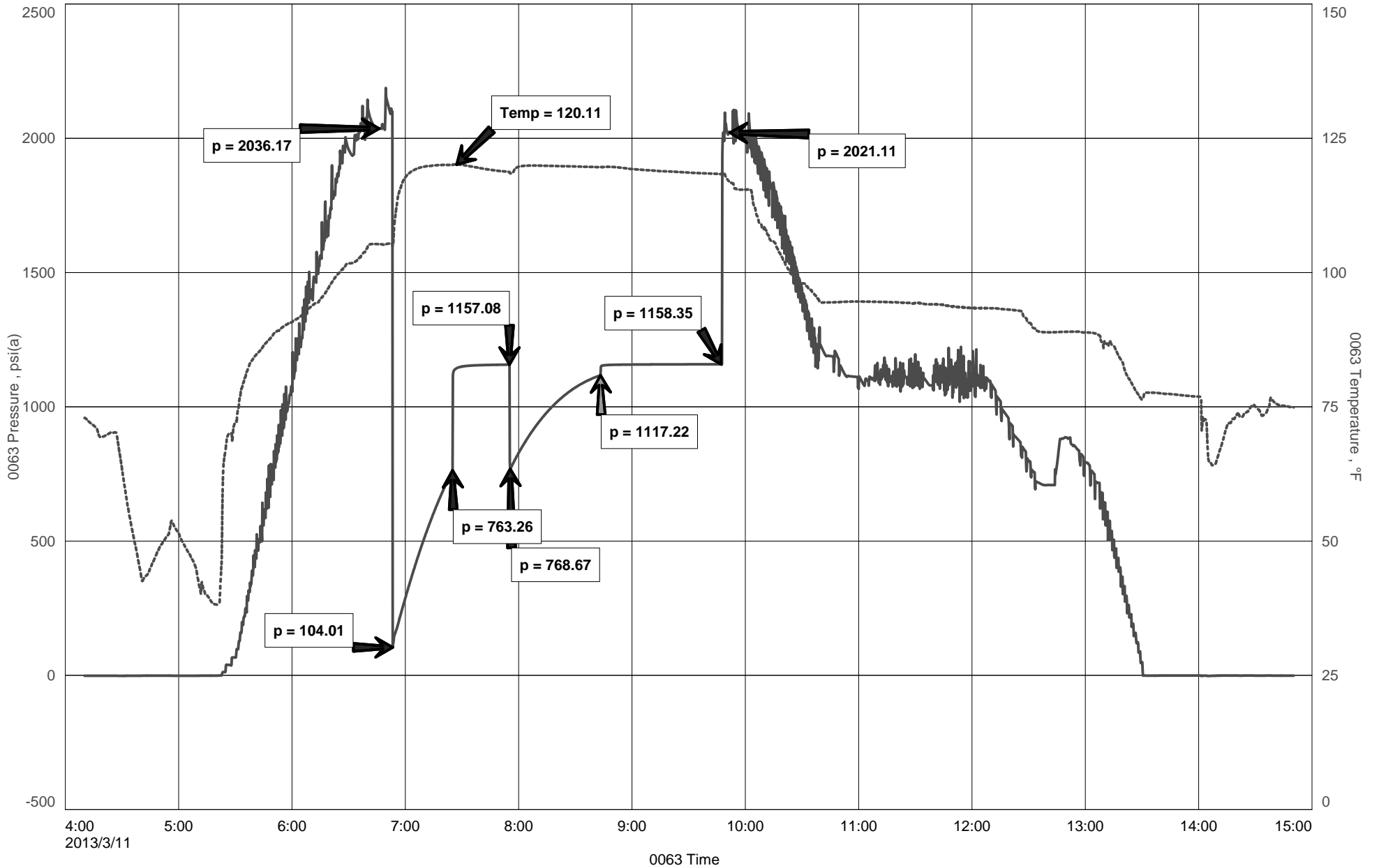
SS: gry, fn grn, arg, sil cem, sm glauc, sm muddy like, tr-? intgrn por, svrl SH: gry/brn, silty, soft, fw SH: brn gry, soft, muddy fw LS: lt tan, fn xln, svrl sandy/gritty, sm chiky, mostly brittle, tr-nvp, no cup odr, ns.

LS: tan/lt gry, fn xln, sm dense, mostly sandy/gritty, sm chiky, sm brittle, tr-nvp, svrl SH: gry/drkr gry, silty, fw fissile, fw SH: gry/brn, soft, no cup odr, ns.

LS: tan/lt gry, fn xln, mostly dense, sm sandy/gritty, sm chiky, sm brittle, tr-nvp, svrl SH: gry/drkr gry, silty, fw fissile, easy-med crush, no cup odr, ns.

(No psi)	No Blw (No BB)		
2nd Open =			
IFP = 19-22#	ISP = 167#		
25-2#	F3# = 11#		
H10#	222# 22#		
5 Mud w/ sm Gas Bub's			
Mud-Co Check #9 @ 4660' 03/13/13			
wt	vis	pH	chl
9.2	54	9.0	6,000
Fill	LCM		
10.0	2#		
CFS @ 4660' (30°/60')			
Morrow @ 4670' (-1674)			
CFS @ 4680' (30°/60°/90')			
CFS @ 4690' (30°/60')			
CFS @ 4700' (30°/60')			
Survey @ 4700' = 34 Degree			
CFS @ 4710' (30°/60')			
DST #1 "Morrow" 03-14-2013			
4638-4707' 45-50-30-75			
1st Open = Bit to 1" in 18min, Died			
back to 14" (No BB)			
2nd Open = Fw Bub's on Tool			
Open (No BB)			
IFP = 21-28# ISP = 413# FFP =			
25-3# F3# = 227#			
HYDP = 2234-2198#			
5 Mud w/ sm intermittent Gas			
Bub's			
CFS @ 4740' (30°/60')			
Mud-Co Check #10 @ 4720' 03/14/13 11:40am			
wt	vis	pH	chl
9.6	48	9.5	5,500
Fill	LCM		
9.6	2#		
Mississippi @ 4768' (-1772)			
CFS @ 4790' (30°/60')			
Survey @ 4790' = 1 Degree			

VULGAMORE #2-31





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.

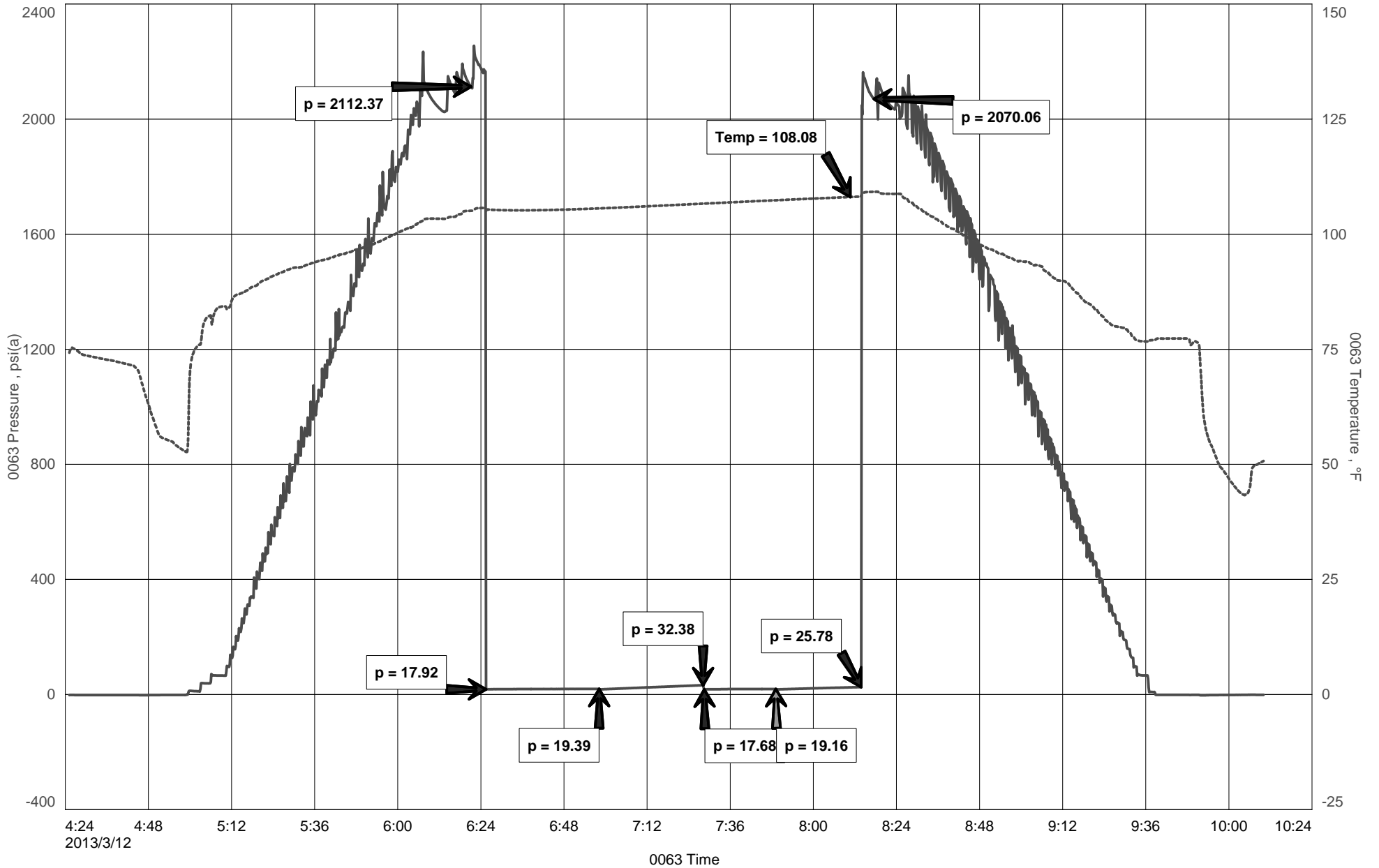
Blow: 1st Open: _____
2nd Open: _____

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.

VULGAMORE #2-31



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	GRAND MESA OPERATING COMPANY	Job Number	M476
Well Name	VULGAMORE #2-31	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4432-4463 UPPER FORT SCOTT	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.31-19S-33W SCOTT CO.KS.	Report Date	2013/03/12
Field		Prepared By	MIKE COCHRAN
Well Type		Qualified By	JOHN GOLDSMITH
		Test Unit	

Test Information

Test Type
Formation
Test Purpose (AEUB)

DST#2 4432-4463 UPPER FORT SCOTT

Start Test Date	2013/03/12	Start Test Time	04:25:00
Final Test Date	2013/03/12	Final Test Time	10:30:00
		Well Fluid Type	

Gauge Name
Gauge Serial Number

0063

Test Results

Remarks **RECOVERED:**
<1' DM 100% DRLG MUD W/ SOME SPECKS OF OIL
<1' TOTAL FLUID

TOOL SAMPLE: 100% MUD W/ A GASSY ODOR



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	M477
Well Name	VULGAMORE #2-31	Representative	MIKE COCHRAN
Unique Well ID	DST#3 4638-4700 MORROW	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.31-19S-33W SCOTT CO.KS.	Report Date	2013/03/13
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	JOHN GOLDSMITH
		Test Unit	NO. 1

Test Information

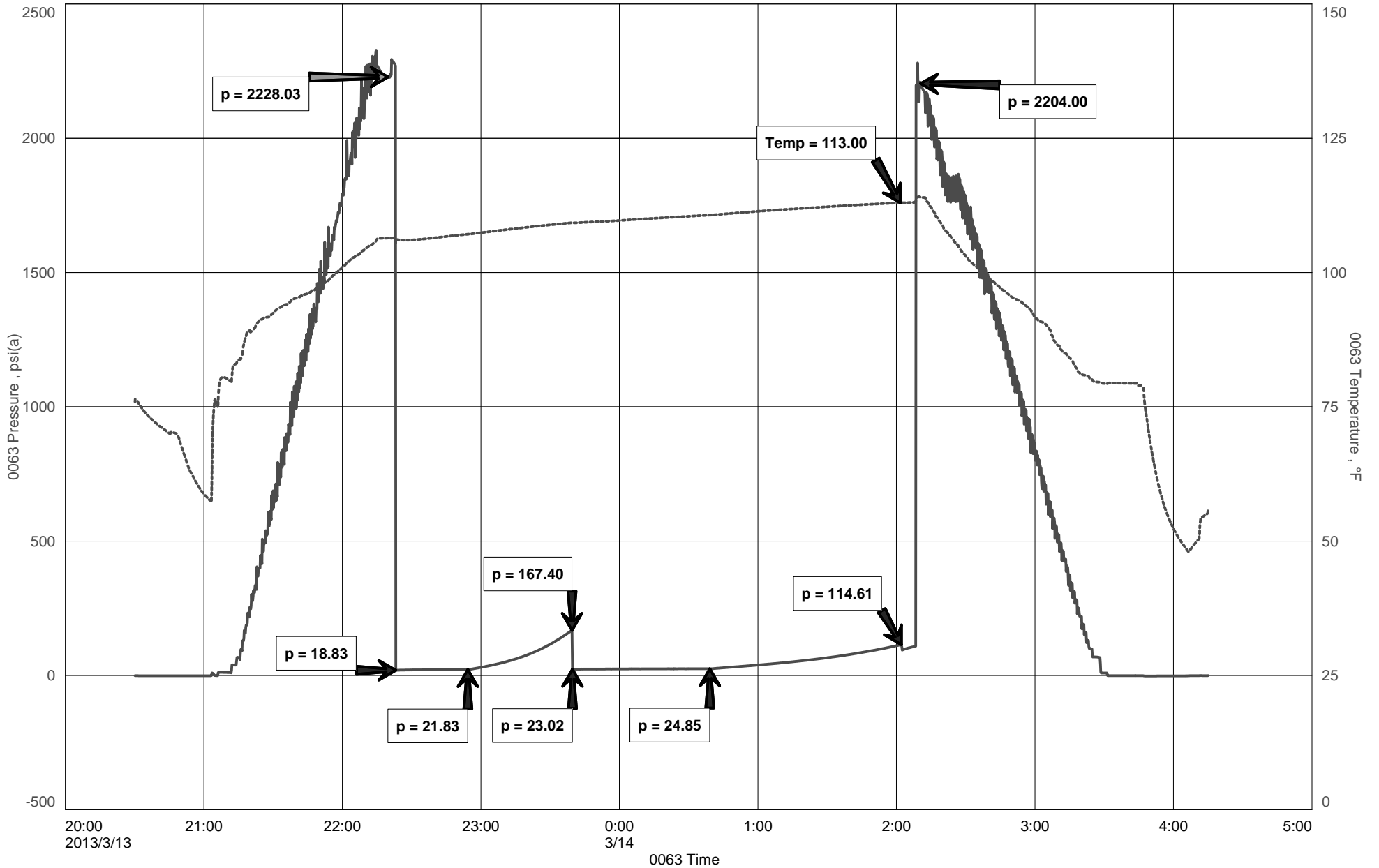
Test Type	CONVENTIONAL		
Formation	DST#3 4638-4700 MORROW		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/03/13	Start Test Time	20:30:00
Final Test Date	2013/03/13	Final Test Time	04:10:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

Test Results

Remarks **RECOVERED:**
5' DM 100% DRLG MUD W/ SOME GASSY BUBBLES
5' TOTAL FLUID

TOOL SAMPLE: 100% DRLG MUD W/ SOME SPOTS OF OIL AND GASSY BUBBLES

VULGAMORE #2-31





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	M478
Well Name	VULGAMORE #2-31	Representative	MIKE COCHRAN
Unique Well ID	DST#4 4636-4720 CHESTER	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.31-19S-33W SCOTT CO.KS.	Report Date	2013/03/14
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	JOHN GOLDSMITH
		Test Unit	NO. 1

Test Information

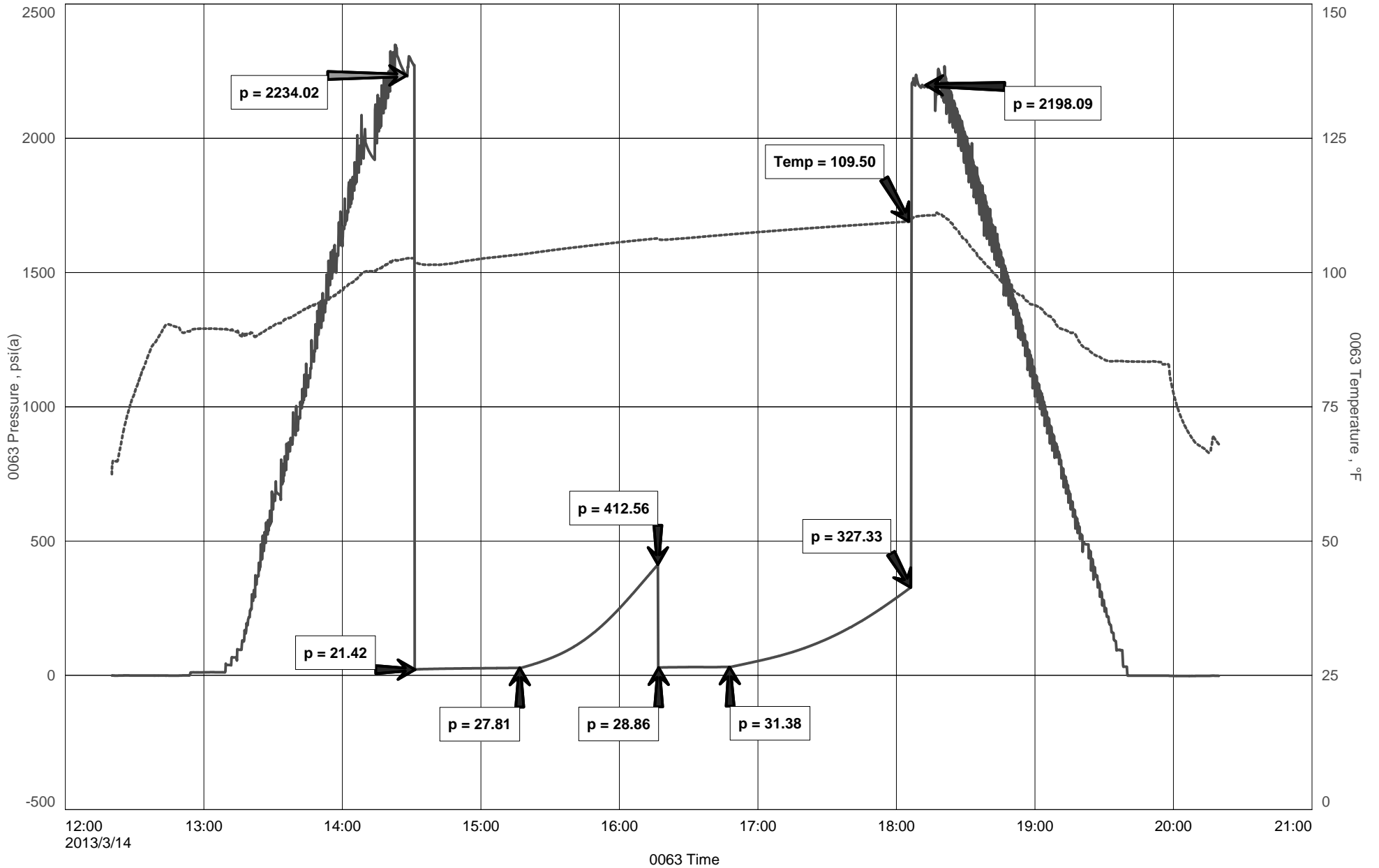
Test Type	CONVENTIONAL		
Formation	DST#4 4636-4720 CHESTER		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/03/14	Start Test Time	12:20:00
Final Test Date	2013/03/14	Final Test Time	20:20:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

Test Results

Remarks **RECOVERED:**
10' DRLG MUD 100% MUD, W/ SOME GASSY BUBBLES
10' TOTAL FLUID

TOOL SAMPLE: 100% MUD W/ SOME OIL SPOTS & GASSY BUBBLES, SLIGHT ODOR

VULGAMORE #2-31





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.

ALLIED OIL & GAS SERVICES, LLC 060064

Federal Tax I.D. # 20-9861475

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

SERVICE POINT:

DATE 3-4-13 SEC. 31 TWP. 19 RANGE 33 CALLED OUT 3-5-13 ON LOCATION Oakley, TX
 LEASE Dulgamore WELL # 2-31 LOCATION Shallowwater SW, Smith JOB START 1:30a to 2:00pm JOB FINISH 7:30pm to 10:00pm
 COUNTY Scott STATE TX
 OLD OR NEW (Circle one) NEW

CONTRACTOR McCarfin #24 OWNER Same

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 2231 CEMENT AMOUNT ORDERED 175 sks com 3% cc

CASING SIZE 8 1/8 DEPTH 2231 2% gel

TUBING SIZE DEPTH 75 sks com 3% cc + 1 in pipe

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM COMMON 175 sks @ 12.90

MEAS. LINE SHOE JOINT ROZMIX Com 180 sks @ 10.70

CEMENT LEFT IN CSG. 651 GEL 3 sks @ 2340

PERFS. CHLORIDE 6 sks @ 6400

DISPLACEMENT 13.31 bbl ASS. CC 5 sks @ 6400

EQUIPMENT

PUMP TRUCK CEMENTER Lakene Wentz

HELPER Paul Beaver

BULK TRUCK DRIVER Darin Hoeb

BULK TRUCK DRIVER

REMARKS:

Mix 175 sks cement
Displace with water
cement did not circulate - down 251
Order 75 sks more cement
Mix 180 sks to fill hole. 4 1/2" pipe

Thank you

CHARGE TO: Corand Mesa Operating

STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 2231

PUMP TRUCK CHARGE

EXTRA FOOTAGE @ _____

MILEAGE MTHW 60 @ 7.70

MANIFOLD Swadlow 60 @ 4.70

TOTAL _____

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) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

ALLIED OIL & GAS SERVICES, LLC 060069

Federal Tax I.D. # 20-8861475

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

SERVICE POINT:

DaKlay, KS

DATE <u>3-15-13</u>	SEC. <u>31</u>	TWP. <u>19</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION <u>6:00 pm</u>	JOB START <u>8:00 pm</u>	JOB FINISH <u>9:00 pm</u>
WELL # <u>2-31</u>	LOCATION <u>Shallowater, SW 8 in</u>			COUNTY <u>Scott</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one)							

CONTRACTOR Murfin 24 OWNER same

TYPE OF JOB PTA

HOLE SIZE 12 1/4 T.D. 4790'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 2220'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 2446 bbl

EQUIPMENT _____

CEMENT AMOUNT ORDERED 300 sks 6940 @ 9.90
14 # 910-500

COMMON 180 sks @ 12.90

POZMIX 120 sks @ 9.35

GEL 10 sks @ 22.90

CHLORIDE _____

ASC _____

Flon seal 75 # @ 2.97

HANDLING 322,253 @ 2.48

MILBAGE 345 mix 60 @ 2.60

TOTAL _____

PUMP TRUCK CEMENTER Lakene & Wente

431 HELPER Paul Beaver

BULK TRUCK 1540/287 DRIVER Darrin Hoeb

BULK TRUCK _____ DRIVER _____

REMARKS:

mix 50 sks cement 2220'

mix 80 sks cement 1200'

mix 50 sks cement 600'

mix 30 sks cement 240'

mix 20 sks cement 60'

Log 2 1/4" 205 sks

Oblog R.H. 385 sks

Thank you

CHARGE TO: Grand Mesa.

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 2220'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____

MILEAGE MIL 60 @ 2.70

MANIFOLD _____

MIL 60 @ 4.40

TOTAL _____

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.

SALES TAX (if Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS _____

PRINTED NAME Dr. Anthony Martin

SIGNATURE Anthony Martin

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

April 10, 2013

Michael Reilly
Grand Mesa Operating Company
1700 N WATERFRONT PKWY BLDG 600
WICHITA, KS 67206-5514

Re: ACO1
API 15-171-20931-00-00
VULGAMORE 2-31
SE/4 Sec.31-19S-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,
Michael Reilly