



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1133660
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: _____



1133660

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

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

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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

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

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

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	BREIT-HOSS 1-22
Doc ID	1133660

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	BREIT-HOSS 1-22
Doc ID	1133660

Tops

Name	Top	Datum
Stone Corral	1498	+741
Bs/Stone Corral	1536	+702
Heebner	3683	-1444
Lansing	3727	-1488
Muncie Creek	3884	-1645
Stark	4011	-1772
Marmaton	4092	-1853
Excello	4262	-2023
Mississippian	4360	-2121
LTD	4470	

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	GRAND MESA OPERATING COMPANY	Job Number	M470
Well Name	BREIT-HOSS #1-22	Representative	MIKE COCHRAN
Unique Well ID	DST#1 4222-4258 FT.SCOTT	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.22-19S-23W NESS CO.KS.	Report Date	2013/02/12
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 4222-4258 FT.SCOTT		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/02/12	Start Test Time	04:50:00
Final Test Date	2013/02/12	Final Test Time	14:15:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

Test Results

Remarks **RECOVERED:**

283' CO 100% OIL
409' GMCO 2% GAS, 75% OIL, 23% MUD
118' GHMCO 10% GAS, 35% OIL, 55% MUD
810' TOTAL FLUID

GRAVITY: 39.8 @ 60

TOOL SAMPLE: 8% GAS, 91% OIL, 1% MUD



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.

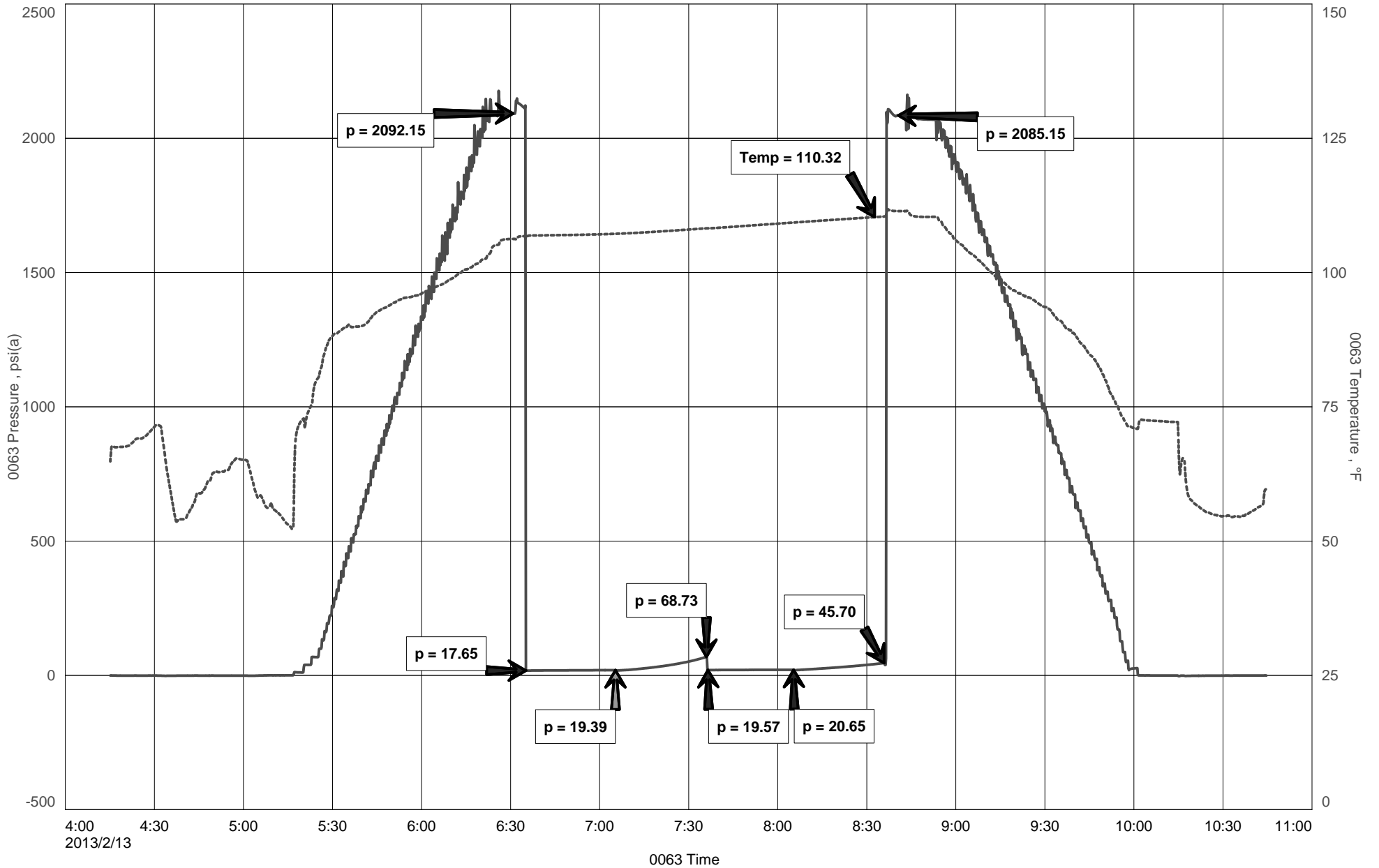
Blow: 1st Open: _____
2nd Open: _____

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.

BREIT-HOSS #1-22



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	GRAND MESA OPERATING COMPANY	Job Number	M471
Well Name	BREIT-HOSS #1-22	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4320-4352 MISSISSIPPI	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.22-19S-23W NESS CO.KS.	Report Date	2013/02/13
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	JOHN GOLDSMITH
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 4320-4352 MISSISSIPPI		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/02/13	Start Test Time	04:15:00
Final Test Date	2013/02/13	Final Test Time	10:45:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

Test Results

Remarks RECOVERED:
5' DM 100% MUD
5' TOTAL FLUID

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



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.

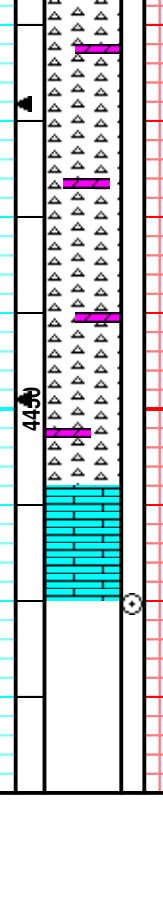
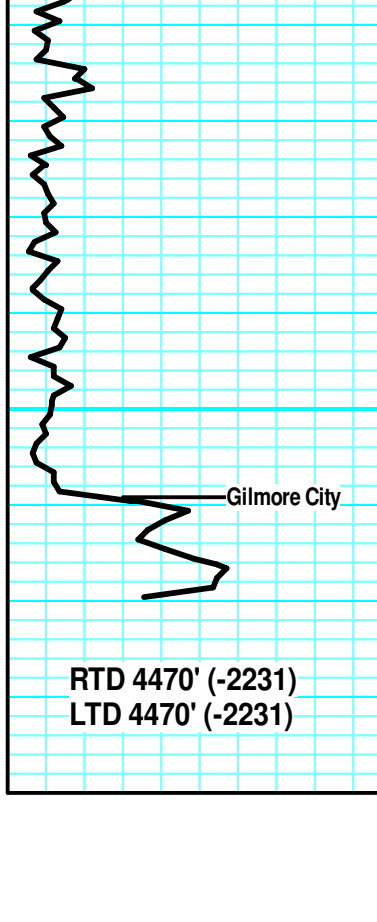
Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF 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.



Chert: wht/crm, v fw foss. sharp, tr-nvp, fw DOL: crm/lt tan, fn xln, mostly uniform, dense, fw chiky, fw brittle, tr-nvp, no cup odr, ns.

Chert: wht/crm/fw lt tan, sharp, tr-nvp, sm DOL: lt tan/crm, fn xln, mostly uniform, mostly dense, sm chiky, tr-nvp, no cup odr, ns.

Chert: wht/crm, sharp, tr-nvp, sm DOL: lt tan/lt gry, fn xln, mostly dense, sm chalk, fw brittle, tr-pr vuggy por in fw pcs, no cup odr, ns.

Chert: wht/lt tan, sharp, tr-nvp, fw pcs w/ lght brn stns, on surf, no fluor/cut, sm DOL: lt tan, fn xln, mostly dense, sm brittle, tr-nvp, no cup odr, ns.

Chert: wht/lt gry, sharp, tr-nvp, fw LS: tan/lt tan, fn xln, mostly dense, fw flakey/mealy, tr-nvp, fw DOL: lt tan/crm, fn xln, sm brittle, tr-? inbdn por in sm, fw SH: gry/grn, silty, med crush, no cup odr, ns.

LS: tan/lt tan, fn xln, mostly dense, fw flakey/mealy, sm chiky, fw hard, tr-nvp, sm SH: gry/brn/grn, silty, fw fissile, fw Chert: wht/lt gry, sharp, no cup odr, ns.

Gilmore City @ 4459' (-2220)

CFS @ 4470 (30°/60°)

Survey @ 4470 = 1 Degree

Pro-Stim Chemicals LLC

Date 3/13/13

Acidizing Report

Customer <u>Grand Mesa</u>		Pro-Stim Chemical Yard <u>Dighton</u>		Pro-Stim Number <u>A#3</u>
Well Name & Number <u>Breit-Hoss 1-22</u>		Field		Formation <u>Spot</u>
County <u>Miss</u>	State <u>Ks</u>	BHT	YD	Interval <u>4247-53</u>

Well Type: Completion <input checked="" 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: Tubing <input checked="" type="checkbox"/>	Casing <input type="checkbox"/>	Annulus <input type="checkbox"/>	CTU <input type="checkbox"/>	Combination <input type="checkbox"/>	Plug Depth	Packer Depth <u>4215</u>		
Casing Size: <u>5 1/2</u>	GRD	WT	Depth	Tubing Size: <u>2 7/8</u>	GRD	WT	Spot <u>4254</u>	
Casing Vol.	Tbg Vol	Ann Vol	OH Vol	Total Displacement <u>24.6</u>				
Maximum Pressure	Tubing	Casing	Proposed Pump Time	<u>AO 1:00</u>	Leave Loc <u>1:50</u>			

Special Instructions: 750 gal RWR-2
25 BBLS 2% KCL
15 Bro Balls

Treatment Record

Time	Type Fluid	Rate BPM	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
1	Acid						Pre Test to _____ psi
10	Acid	3.0		6.0	0	0	
12	Acid	3.0		13.0	0	0	Started Balls
14	Acid	3.0		18	0	0	Acid Gone
16	Flush	3.0		24.1	0	0	well Load
18	Flush	0		24.3	500		
25	Flush	.4		24.7	540		
28	Flush	1.6		26.4	470		
29	Flush	2.0		27	480		
30	Flush	2.5		28.5	680		
32	Flush	2.5		31	700		
34	Flush	2.3		33	740		
36	Flush	2		35	770		
38	Flush	2		38	790		
40	Flush	2		41	800		
41	Flush	2		42.6	800		

Treatment Synopsis

Avg Inj Rate	Fluid BPM <u>2.1</u>	Total Injected	H2O <u>24.6</u>	Acid <u>18</u>	Oil
Treating Prs	Max <u>800</u>	Final <u>800</u>	Avg. <u>500</u>	ISIP <u>680</u>	5'SI <u>420</u>
Customer Representative	<u>John [Signature]</u>			10'SI <u>290</u>	15'SI <u>180</u>

VAC
30
min

Pro-Stim Chemicals LLC

Date 3/13/13

Acidizing Report

Customer Grand Mesa Pro-Stim Chemical Yard Dighton Pro-Stim Number A#3
 Well Name & Number Breit-Hoss 1-22 Field Spot Formation Spot
 County Miss State Ks BHT YD Interval 4247-53

Well Type: Completion Recompletion Workover Oil Gas Water Disposal Perf OH
 Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth 4215 Packer Depth 4215
 Casing Size: 5 1/2 GRD WT Depth 27/8 Tubing Size: 27/8 GRD WT Spot 4254
 Casing Vol. Tbg Vol Ann Vol OH Vol Total Displacement 24.6
 Maximum Pressure Tubing Casing Proposed Pump Time AO 1:00 Leave Loc 1:50

Special Instructions: 750 gal RWR-2
25 BBLS 2% KCL
15 Bro Balls

Treatment Record

Time	Type Fluid	Rate BPM	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
1	Acid						Pre Test to _____ psi
10	Acid	3.0		6.0	0	0	
12	Acid	3.0		13.0	0	0	Started Balls
14	Acid	3.0		18	0	0	Acid Gone
16	Flush	3.0		24.1	0	0	well Load
18	Flush	0		24.3	500		
25	Flush	.4		24.7	540		
28	Flush	1.6		26.4	470		
29	Flush	2.0		27	480		
30	Flush	2.5		28.5	680		
32	Flush	2.5		31	700		
34	Flush	2.3		33	740		
36	Flush	2		35	770		
38	Flush	2		38	790		
40	Flush	2		41	800		
41	Flush	2		42.6	800		

Treatment Synopsis

Avg Inj Rate Fluid BPM 2.1 Total Injected H2O 24.6 Acid 18 Oil 0
 Treating Pres Max 800 Final 800 Avg. 500 ISIP 680 5'SI 420 10'SI 290 15'SI 180
 Customer Representative John [Signature] Pro-Stim Supervisor [Signature]

Vac 30 min

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 16, 2013

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

Re: ACO1
API 15-135-25530-00-00
BREIT-HOSS 1-22
SE/4 Sec.22-19S-23W
Ness 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 J. Reilly