



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1134438  
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: \_\_\_\_\_



1134438

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Jan. 14, 2010 1:52PM

Allied Cementing Co LLC

No. 5544 P. 4

# ALLIED CEMENTING CO., LLC. 044433

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT: Osage

DATE: <u>1-11-09</u>	SEC: <u>27</u>	TWP: <u>13S</u>	RANGE: <u>31W</u>	CALLED OUT: _____	ON LOCATION: <u>3:30pm</u>	JOB START: <u>4:00pm</u>	JOB FINISH: <u>4:30pm</u>
LEASE: <u>13222</u>	WELL #: <u>1-27</u>	LOCATION: <u>Osage, 11.5 S. 35.1 E</u>	COUNTY: <u>Osage</u>	STATE: <u>KS</u>			

CONTRACTOR: Lesly D. Roberts OWNER: \_\_\_\_\_

TYPE OF JOB: Surface

HOLE SIZE: 12 1/4 TD: 221

CASING SIZE: 8 5/8 DEPTH: 220

TUBING SIZE: \_\_\_\_\_ DEPTH: \_\_\_\_\_

DRILL PIPE: \_\_\_\_\_ DEPTH: \_\_\_\_\_

TOOL: \_\_\_\_\_ DEPTH: \_\_\_\_\_

PRES. MAX: \_\_\_\_\_ MINIMUM: \_\_\_\_\_

MEAS. LINE: \_\_\_\_\_ SHOE JOINT: \_\_\_\_\_

CEMENT LEFT IN CSG: \_\_\_\_\_

PERFS: \_\_\_\_\_

DISPLACEMENT: 13 282

CEMENT AMOUNT ORDERED: 170 sks

COMMON: 170 @ 15.45 = 2626.50

POZMIX: \_\_\_\_\_

GEL: 3 @ 20.00 = 60.00

CHLORIDE: 4 @ 87.25 = 349.00

ASC: \_\_\_\_\_

EQUIPMENT

PUMP TRUCK # 423 CEMENTER: Lesly D. Roberts HELPER: Terrey

BULK TRUCK # 357 DRIVER: Darwin

BULK TRUCK # \_\_\_\_\_ DRIVER: \_\_\_\_\_

RECEIVED

JAN 19 2010

KCC WICHITA HANDLING: 2.00 @ 479.00 = 958.00

MILEAGE: 10 x 35.00 = 350.00

TOTAL: 3825.50

REMARKS:

Job completed @ 4:30pm

Charge to Challenger @ 19 Gys

SERVICE

DEPTH OF JOB: 221

PUMP TRUCK CHARGE: 4018.00

EXTRA FOOTAGE: \_\_\_\_\_

MILEAGE: 20 @ 70.00 = 1400.00

MANIFOLD: \_\_\_\_\_

CHARGE TO: Challenger @ 19 Gys

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TOTAL: 1158.00

PLUG & FLOAT EQUIPMENT

To Allied Cementing Co., LLC.

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

TOTAL CHARGES: \_\_\_\_\_

SALES TAX (If Any): \_\_\_\_\_

DISCOUNT: \_\_\_\_\_

IF PAID IN 30 DAYS

PRINTED NAME: Lesly D. Roberts

SIGNATURE: Lesly D. Roberts

JOB LOG

SWIFT Services, Inc.

DATE 1-3-13 PAGE NO.

CUSTOMER Grand Mesa Operating WELL NO. ~~24305~~

JE PARSONS 1-27

JOB TYPE Compact Longstring

TICKET NO. 24305

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	11:00					15.574	5 1/2	TO 4650'
	12:00							DN location - FE - RIS changing over Start 5 1/2" casing to 4673'
								Insert Flat Shoe / w Auto-RTI
								L.D. Bottle - 55 - 20' @ 4653' (110.7 BBL)
								Cont. 2-4-6-8-10-12-14-54
								Cont. Baskets #3 + 55*
								Port Collar #55 @ 2338'
								Drop R'll up bell
	1400							Fin run casing - Fill pipe - not full
	1420							Start CIA / Rotate
	1440							Fin LR - Plug RT - 30 SKS (NORTH)
								Start Flushes - 500 gal Med Flush
								and 20 BBL HCL Flush
								Fin Flushes
								Start 170 SKS EA-2 Unit
								Fin unit - Wash out FHL
		9				320		Drop L.D. Plug - Start Diepl
		5	85			450		Caught unit lift - slow rate
	1530	7 1/2	111			525	1/2	Plug down - Hold - Release - Hold
								Job Complete
								Wash up of Truck
								Thanks
								Don, Jon & Isaac



P. O. Box 466  
 Ness City, KS 67560  
 Off: 785-798-2300

APR - 8 2013

# Invoice

DATE	INVOICE #
4/3/2013	24305

BILL TO
Grand Mesa Operating Company 1700 North Waterfront Parkway Building 600 Wichita, KS 67206

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	OWWD	<del>Parsons</del> Parsons	1-27 Gove	Murfin Drilling	Oil	Development	Cement LongStri...	Don

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way	80	Miles		
578D-L	Pump Charge - Long String	1	Job		
221	Liquid KCL (Clayfix)	2	Gallon(s)		
281	Mud Flush	500	Gallon(s)		
290	D-Air	2	Gallon(s)		
402-5	5 1/2" Centralizer	8	Each		
403-5	5 1/2" Cement Basket	2	Each		
404-5	5 1/2" Port Collar	1	Each		
406-5	5 1/2" Latch Down Plug & Baffle	1	Each		
407-5	5 1/2" Insert Float Shoe With Auto Fill	1	Each		
413-5	5 1/2" Roto Wall Scratcher	10	Each		
419-5	5 1/2" Rotating Head Rental	1	Each		
325	Standard Cement	200	Sacks		
276	Flocele	50	Lb(s)		
283	Salt	1,000	Lb(s)		
284	Calseal	10	Sack(s)		
292	Halad 322	94	Lb(s)		
581D	Service Charge Cement	200	Sacks		
583D	Drayage	835.36	Ton Miles		
	Subtotal				
	Sales Tax Gove County			8.05%	

**We Appreciate Your Business!**

**Total**

[Redacted Total Amount]

*[Handwritten signature]*

JOB LOG

SWIFT Services, Inc.

DATE 4-12-13 PAGE NO. 1

CUSTOMER *Grand Mesa* WELL NO. 1-27 LEASE *Tarsons* JOB TYPE *Cont. Port Collar* TICKET NO. 24313

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	.C	TUBING	CASING	
	0745					5 1/2	2 7/8	On location with Port Collar tool
	0750							start tool
	0910							Locate P.C @ 2338' - Not found there!
								P.C @ 2380' = 13.7 + 78.5 = 87 1/4 BBL
						1000	1000	Tst. P.C closed - OK
		3	3			6000	6000	Open P.C - 1 inc pipe & have blow
							C	Hook to rig
		3	5			500	C	Start H.d. - Have circ @ 5 BBL
								Start cut
			105			200		Cut circ @ 105 BBL = 190 SKS @ 11.2 #/gal
			115			200		Trail in 25 SKS @ 13.5 #/gal
			12 1/2			350		Displ 12 1/2 BBL H <sub>2</sub> O
						C	1000	Close P.C & Tst - OK
								Rig run 5 sts
		3	20					Run-out - 2 flags - clean
	1030							Job complete
								Pull the tool
	11:00							Wash up & pack
								190 SKS @ 11.2 #/gal
								25 SKS @ 13.5 #/gal
								<u>215 SKS Total</u>
								30 SKS to Pit @ 11.2 #/gal
	11:15							
								<i>Thanks Don, Tom &amp; Flint</i>



P. O. Box 466  
 Ness City, KS 67560  
 Off: 785-798-2300



# Invoice

DATE	INVOICE #
4/12/2013	24313

BILL TO
Grand Mesa Operating Company 1700 North Waterfront Parkway Building 600 Wichita, KS 67206

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-27	Parson	Gove		Oil	Development	Cement Port Collar	Don
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				80	Miles		
576D-D	Pump Charge - Port Collar - 2338 Feet				1	Job		
290	D-Air				1	Gallon(s)		
105	Port Collar Tool Rental With Man				1	Each		
330	Swift Multi-Density Standard (MIDCON II)				215	Sacks		
276	Flocele				54	Lb(s)		
581D	Service Charge Cement				300	Sacks		
583D	Drayage				1,194.12	Ton Miles		
	Subtotal							
	Sales Tax Gove County						8.05%	
<b>We Appreciate Your Business!</b>							<b>Total</b>	

*pb*

# Pro-Stim Chemicals LLC

Date 4/18/13

## Acidizing Report

Customer **Grand Mesa** Pro-Stim Chemical Yard **Dighton** Pro-Stim Number \_\_\_\_\_  
 Well Name & Number **Parson 1-27** Field \_\_\_\_\_ Formation \_\_\_\_\_  
 County **Gove** State **KS** BHT \_\_\_\_\_ YD \_\_\_\_\_ Interval **4526-32**

Well Type: Completion  Recompletion  Workover  Oil  Gas  Water  Disposal  Part  OH   
 Job Pumped Via: Tubing  Casing  Annulus  CTU  Combination  Plug Depth \_\_\_\_\_ Packer Depth **4496**  
 Casing Size: **5 1/2** GRD \_\_\_\_\_ WT \_\_\_\_\_ Depth \_\_\_\_\_ Tubing Size: **2 7/8** GRD \_\_\_\_\_ WT \_\_\_\_\_ Spot **4540**  
 Casing Vol. \_\_\_\_\_ Tbg Vol. \_\_\_\_\_ Ann Vol. \_\_\_\_\_ OH Vol. \_\_\_\_\_ Total Displacement **27**  
 Maximum Pressure \_\_\_\_\_ Tubing \_\_\_\_\_ Casing \_\_\_\_\_ Proposed Pump Time \_\_\_\_\_ AOL \_\_\_\_\_ Leave Loc \_\_\_\_\_

Special Instructions: **1000 gal 15% RWR-1 30 BBGS 2% KCL**  
**15 gal Renag**  
**4 gal AR-30**

### Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
							Pts Test to _____ psi
1	Acid			15	0	0	
10	Acid	4.5		24	0	0	Acid gone
13	Acid	4.5		26.3	0	0	Well Loaded
15	Flush	4.5		26.6	500	0	
16	Flush	0		26.8	600	0	
30	Flush	0		27	800	0	
40	Flush	0		27	1000	0	
60	Flush	0		27	1200	0	
80	Flush	0		27	1400	0	
100	Flush	0		27	1500	0	
130	Flush	0					Released Packer
160	Flush			34	1500		
190	Flush			34	1500		
250	Flush			34	1500		Gave up
280	Flush						

### Treatment Synopsis

Avg Inj Rate \_\_\_\_\_ Fluid BPM \_\_\_\_\_ Total Injected \_\_\_\_\_ H2O \_\_\_\_\_ Acid \_\_\_\_\_ Oil \_\_\_\_\_  
 Treating Prs \_\_\_\_\_ Max \_\_\_\_\_ Final \_\_\_\_\_ Avg. \_\_\_\_\_ ISIP \_\_\_\_\_ 5'SI \_\_\_\_\_ 10'SI \_\_\_\_\_ 15'SI \_\_\_\_\_  
 Customer Representative **[Signature]** Pro-Stim Supervisor \_\_\_\_\_



# Pro-Stim Chemicals LLC

Date 4-19-13

## Acidizing Report

Customer <u>Grand Mesa</u>	Pro-Stim Chemical Yard <u>Dighton</u>	Pro-Stim Number <u>AB</u>
Well Name & Number <u>Parsons 1-27</u>	Field	Formation Spot <u>3 barrel</u>
County <u>Gove</u> State <u>KS</u>	BHT	YD
Interval <u>4525-33</u>		

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

Job Pumped Via:  Tubing  Casing  Annulus  CTU  Combination  Plug Depth

Packer Depth 4470

Casing Size: <u>5 1/2</u>	GRD	WT	Depth	Tubing Size: <u>2 7/8</u>	GRD	WT	Spot <u>4525</u>
Casing Vol. <u>1.5</u>	Tbg Vol	<u>26</u>	Ann Vol	OH Vol	Total Displacement		
Maximum Pressure	Tubing	Casing	Proposed Pump Time	AOL	Leave Loc		

Special Instructions:

250 gals BWR-1 15%  
5gals RENAB; 1gal AR-630

### Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
							Prs Test to _____ psi
<u>12:15</u>	<u>Acid</u>	<u>Spot</u>	<u>3</u>				<u>Spot Acid</u>
<u>12:30</u>	<u>Acid</u>	<u>3.0</u>	<u>6</u>	<u>6</u>	<u>50</u>		<u>Acid gone</u>
	<u>Flush</u>	<u>3.5</u>		<u>18</u>	<u>50</u>		<u>Flush</u>
<u>12:40</u>	<u>Flush</u>	<u>3.5</u>		<u>325</u>	<u>50</u>		<u>Total load</u>

### Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected	H2O <u>27.5</u>	Acid <u>6</u>	Oil
Treating Prs	Max <u>50</u>	Final <u>50</u>	Avg.	ISIP <u>VAL</u>	5'SI 10'SI 15'SI
Customer Representative				Pro-Stim Supervisor	<u>Shannon M.</u>

MAY 10 2013

Pro-Stim Chemicals, LLC

P.O. Box 25  
Cheyenne Wells, CO 80810

Invoice

Date	Invoice #
4/22/2013	78618

Bill To
Grand Mesa Operating Co. 1700 N. Waterfront Pkwy - Bldg 600 Wichita, KS 67206-6614

Ship To
<i>R</i>

Requested By	Terms	Ship	Lease
	Net 30	4/18/2013	<del>PARSON 1-27</del> <i>lab</i>

Quantity	Item Code	Description	Price Each	Amount
1,000	RWR-1 15%	4/18/13 GALLONS		
15	RENAB	GALLONS		
40	TREATED FLUSH WATER	BRLS		
1	DUMP JOB			
8	TRUCK TIME	HOURS		
		SUBTOTAL		
250	RWR-1 15%	4/19/13 GALLONS		
5	RENAB	GALLONS		
1	AR-630	GALLONS		
30	TREATED FLUSH WATER	BRLS		
3.5	TRUCK TIME	HOURS		
1	DUMP JOB			
		SUBTOTAL	4	

Sales Tax

GOVE CO.  
Vendor # \_\_\_\_\_  
Inv Date 4/22/13  
Inv # 78618  
Gross Amt 5787.1  
A/C # \_\_\_\_\_  
10713

			<b>Total</b>	
--	--	--	--------------	--

Phone #	Fax #	E-mail
719-767-8071	719-767-5925	prostim@hotmail.com <i>5/20/13</i>

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

May 14, 2013

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

Re: ACO1  
API 15-063-21807-00-01  
Parsons 1-27-WD  
NE/4 Sec.27-13S-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,  
Michael J. Reilly/Phyllis Brewer