



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1145265
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: _____



1145265

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	HESS-SMITH 1-22
Doc ID	1145265

Tops

Name	Top	Datum
Stone Corral	2560	+476
Bs/Stone Corral	2583	+453
Heebner	4006	-970
Lansing	4048	-1012
Muncie Creek	4200	-1164
Stark	4279	-1243
Marmaton	4379	-1343
Excello	4528	-1492
Mississippian	4633	-1597
LTD	4734	

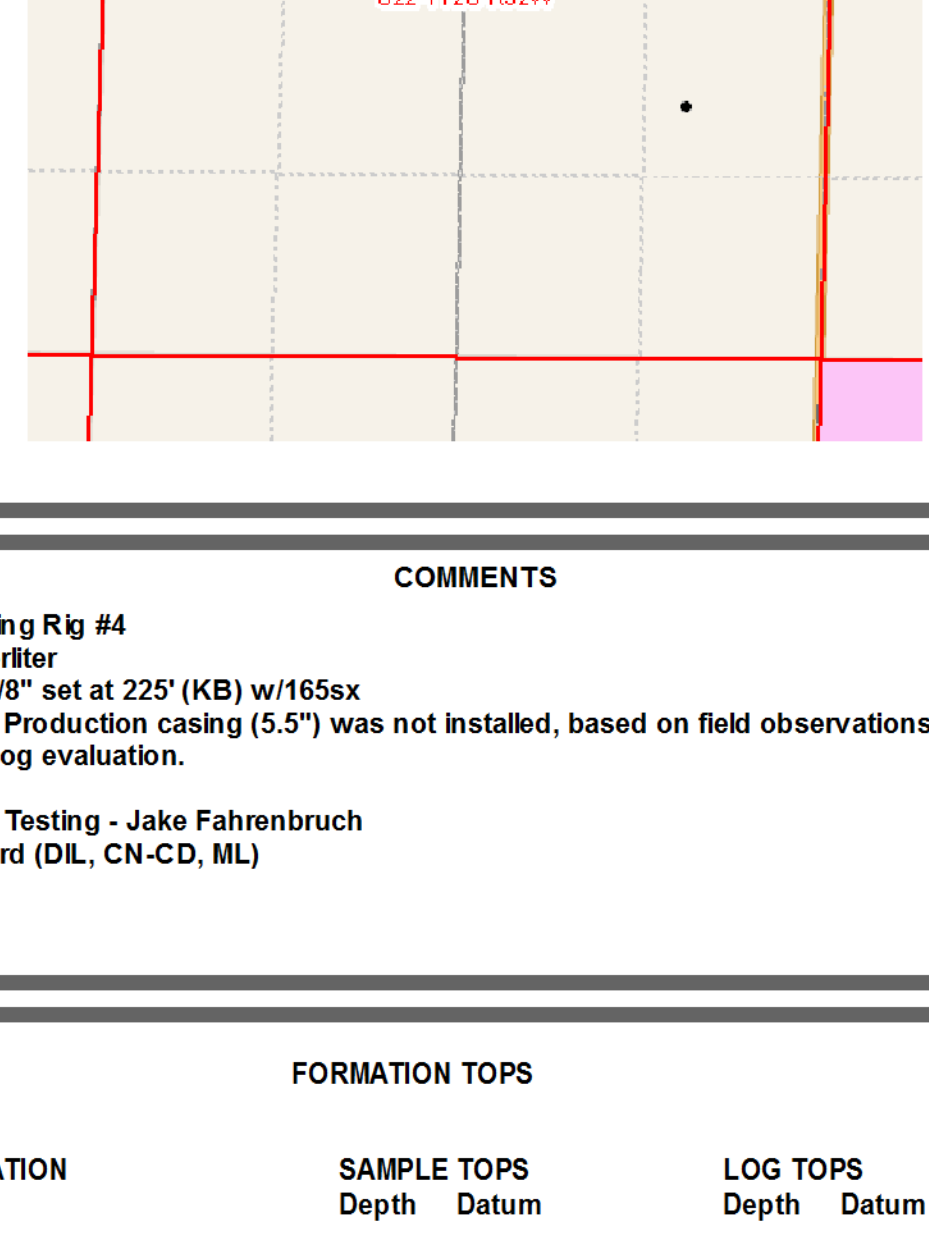
Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: Hess-Smith 1-22
Location: 2414' FNL, 1864' FWL, 22-12s-32w, Logan County, Kansas
License Number: API: 15-109-21178 **Region:** Logan County
Spud Date: 05/09/2013 **Drilling Completed:** 05/17/2013
Surface Coordinates: Lat: 38.9969402
Long: -100.8625563
Bottom Hole: Vertical hole
Coordinates:
Ground Elevation (ft): 3027' **K.B. Elevation (ft):** 3036'
Logged Interval (ft): 3800' **To:** RTD **Total Depth (ft):** 4735'
Formation: Mississippian at RTD
Type of Drilling Fluid: Chemical

Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

GEOLOGIST

Name: Kent R. Matson
Company: Matson Geological Services, LLC
Address: 33300 W. 15th Street S.
Garden Plain, Kansas 67050
316-644-1975

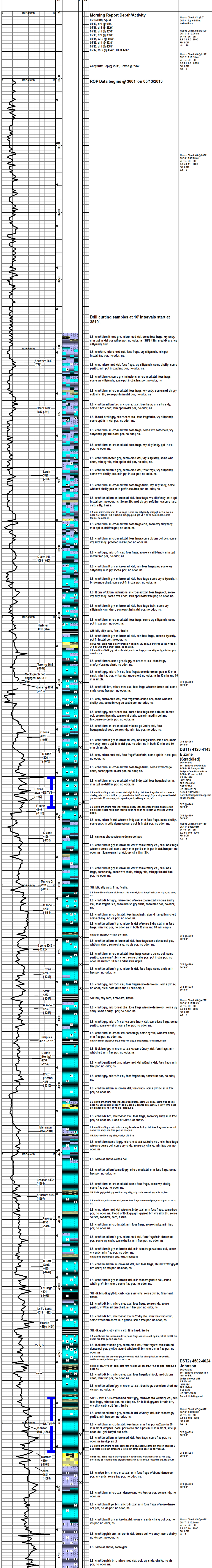


COMMENTS

Contractor: Val Drilling Rig #4
Pusher: Larry Hinderliter
Surface Casing: 8 5/8" set at 225' (KB) w/165x
Production Casing: Production casing (5.5") was not installed, based on field observations of drill cuttings, DST results and electric log evaluation.
Mud by: MudCo
DST's by: Diamond Testing - Jake Fahrenbruch
Logs by: Weatherford (DIL, CN-CD, ML)
RTD = 4735'
LTD = 4734'

FORMATION TOPS

FORMATION	SAMPLE TOPS		LOG TOPS	
	Depth	Datum	Depth	Datum
Queen Hill	3958'	-922	3956'	-920
Heebner Shale	4010'	-974	4006'	-970
Toronto	4038'	-1002	4035'	-999
Lansing	4051'	-1015	4048'	-1012
Muncie Creek Shale	4201'	-1165	4200'	-1164
Stark Shale	4283'	-1247	4279'	-1243
Hushpuckney Shale	4317'	-1281	4313'	-1277
Marmaton	4384'	-1348	4379'	-1343
Upper Fort Scott	4485'	-1449	4482'	-1446
Little Osage Shale	4504'	-1468	4503'	-1467
Excello Shale	4530'	-1494	4528'	-1492
Johnson Zone	4604'	-1568	4602'	-1566
Morrow	4630'	-1594	4630'	-1594
Mississippian	4634'	-1598	4633'	-1597
RTD	4735'	-1699		
LTD			4734'	-1698



RTD 4735' -1699
LTD 4734' -1698



Diamond Testing General Report

**JAKE
FAHRENBRUCH - TESTER
Cell: (620) 282-8977**

P.O. Box 157
Hoisington KS 67544
Office: (800) 542-7313

General Information

Company Name	Grand Mesa Operating Co	Well Name	Hess-Smith #1-22
Well Operator	Grand Mesa Operating Co	Unique Well ID	DST #1 Lansing "E" 4120'-4143' (TD 4150')
Contact	Steve Stribling	Surface Location	Sec 22-12s-32w-Logan Co.-KS
Site Contact	Kent Matson	Test Unit	#5
Field	Wildcat	Pool	Wildcat
Well Type	Vertical	Job Number	F128
Prepared By	Jake Fahrenbruch	Qualified By	Kent Matson

Test Information

Test Type	Tailpipe Straddle	Test Purpose	Initial Test
Formation	Lansing "E" 4120'-4143' (TD 4150')	Gauge Name	0062
Start Test Date	2013/05/14	Start Test Time	14:01:00
Final Test Date	2013/05/14	Final Test Time	22:14:00

Test Results

30 min initial flow:	Surface blow, increased to BOB in 11.5 minutes.
45 min initial shut-in:	No blowback.
45 min final flow:	Surface blow, increased to BOB in 15 minutes.
60 min final shut-in:	No blowback.

Recovered:	700'	Salt Water	100%w
	----	No GIP	
	----	STRADDLE PACKER FAILED	
	----	Chlorides: 30,000 ppm	
	----	RW: .2 ohm @ 80 deg F	
	----	PH: 7.5	
	----	Tool Sample: SMCW	5% mud, 95% wtr
	----	Bottom Hole Temperatur:	124 Deg F

Pressures:	IHP:	1969
	IFP:	18-158
	ISIP:	1247
	FFP:	158-331
	FSIP:	1231
	FHP:	1917



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: _____	

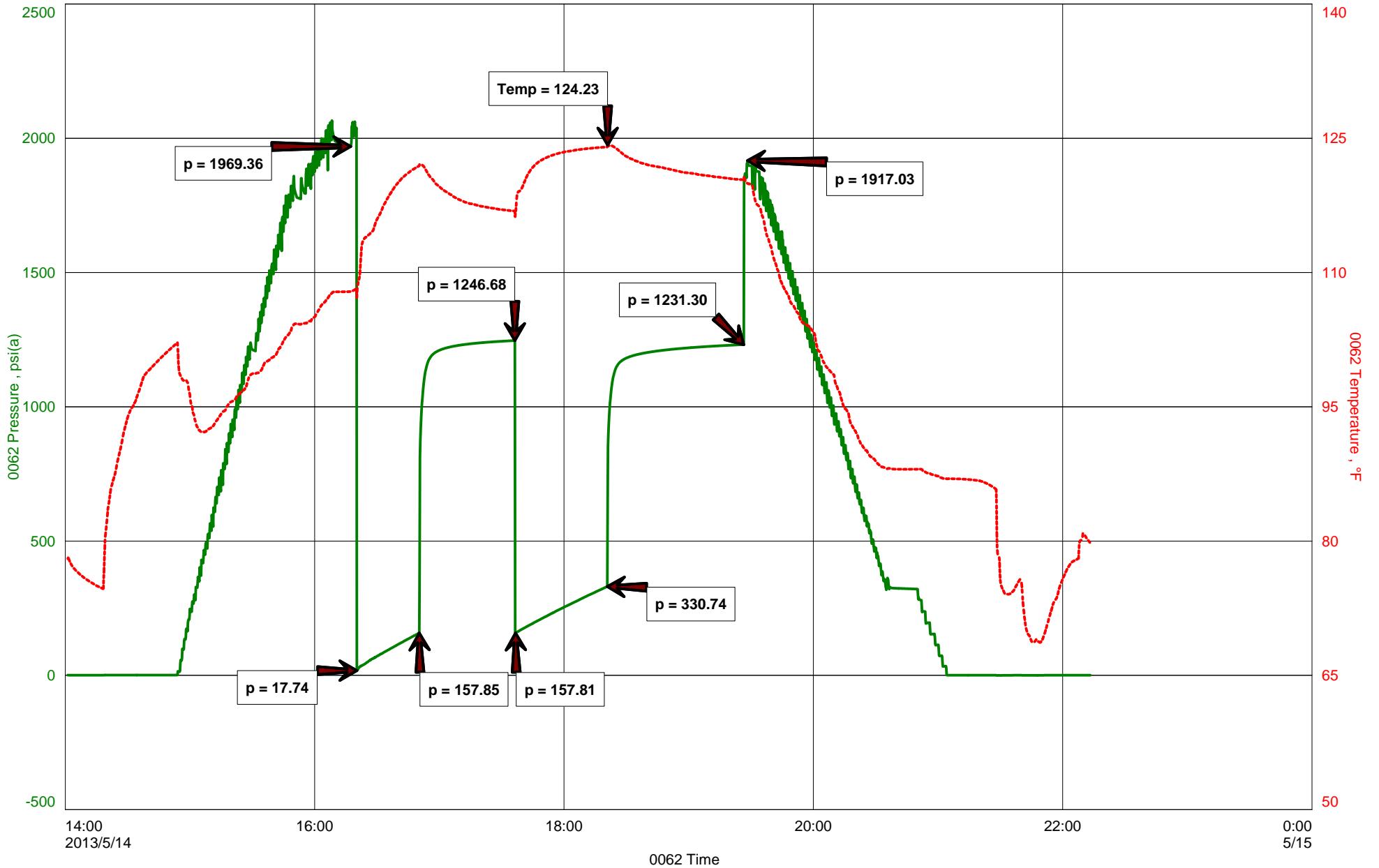
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

Grand Mesa Operating Co
DST #1 Lansing "E" 4120'-4143' (TD 4150')
Start Test Date: 2013/05/14
Final Test Date: 2013/05/14

Hess-Smith #1-22
Formation: Lansing "E" 4120'-4143' (TD 4150')
Pool: Wildcat
Job Number: F128

Hess-Smith #1-22





Diamond Testing General Report

**JAKE
FAHRENBRUCH - TESTER
Cell: (620) 282-8977**

P.O. Box 157
Hoisington KS 67544
Office: (800) 542-7313

General Information

Company Name	Grand Mesa Operating Co	Well Name	Hess-Smith #1-22
Well Operator	Grand Mesa Operating Co	Unique Well ID	DST #2 Johnson 4582'-4624'
Contact	Steve Stribling	Surface Location	Sec 22-12s-32w-Logan Co.-KS
Site Contact	Kent Matson	Test Unit	#5
Field	Wildcat	Pool	Wildcat
Well Type	Vertical	Job Number	F129
Prepared By	Jake Fahrenbruch	Qualified By	Kent Matson

Test Information

Test Type	Conventional Bottom-Hole	Test Purpose	Initial Test
Formation	Johnson 4582'-4624'	Gauge Name	0062
Start Test Date	2013/05/16	Start Test Time	17:03:00
Final Test Date	2013/05/17	Final Test Time	00:04:00

Test Results

30 min initial flow: Surface blow, blow died in 5 minutes.
 20 min initial shut-in: No blow.
 20 min final flow: No blow.
 20 min final shut-in: No blow.

Recovered: 5' Drilling Mud, 100% mud
 Bottom-Hole Temp: 119 Deg F

Pressures:

IHP:	2187
IFP:	10-16
ISIP:	916
FFP:	18-20
FSIP:	853
FHP:	2183



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

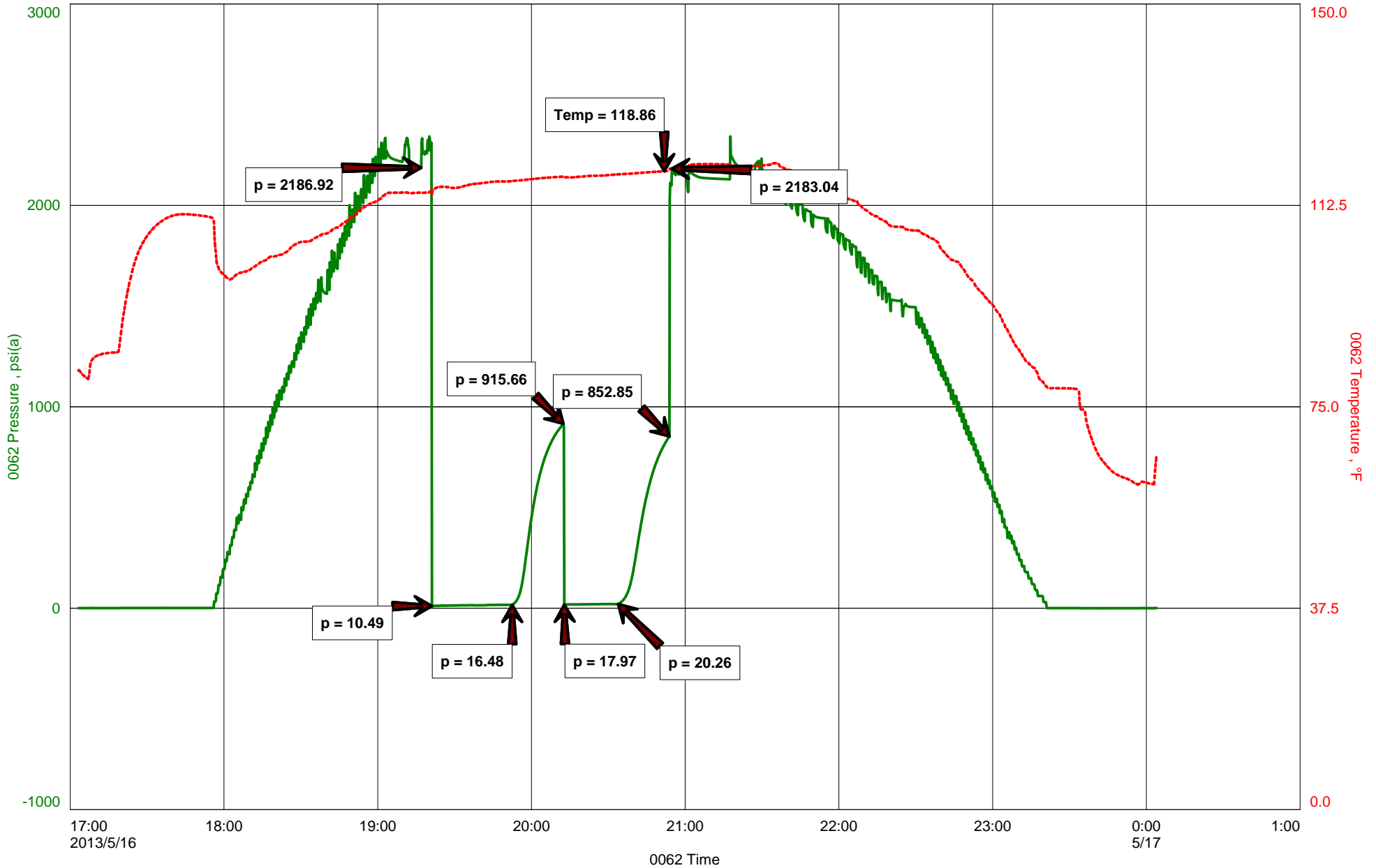
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

Grand Mesa Operating Co
DST #2 Johnson 4582'-4624'
Start Test Date: 2013/05/16
Final Test Date: 2013/05/17

Hess-Smith #1-22
Formation: Johnson 4582'-4624'
Pool: Wildcat
Job Number: F129

Hess-Smith #1-22





CONSOLIDATED
Oil Well Services, LLC

258934

TICKET NUMBER 39963
LOCATION Oakley KS
FOREMAN M. J. Shaw

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

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-18-13	3372	Hess-Smith #1-22	22	12S	32N	Logan
CUSTOMER <u>Grand Mesa Operating</u>			Oakley KS Stokewood 10 1/2N E 1/4			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			599	Damon M		
STATE			5287127	Ed W		
ZIP CODE						

JOB TYPE PTA HOLE SIZE 7 7/8" HOLE DEPTH 4735' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting and rig up on Val drilling #4 Plus as ordered
1st Plug 255SK @ 2570'
2nd 110 SKS @ 1580'
3rd 40 SK @ 275'
Top 10 SKS @ 40' with W.P.V. 220 SKS @ 40' 4% gal 1/4" H² H² H²
30SKS RH
20SKS MH

Thanks Mike & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1395	1395.00
5406	10	MILEAGE	5.25	52.50
5407	9.46 Tons	Ton Mileage delivery	430.00	430.00
1131	220 SKS	60/40 P.O.	15.86	3489.20
1118B	756 #	Bentonite gel	.27	204.12
1107	55 #	Flaseal	2.97	163.35
4432	1	8 7/8 wooden Plug	100.75	100.75
			Subtotal	5834.92
			less 10% discount	523.49
			Subtotal	5251.43
			SALES TAX	277.81
			ESTIMATED TOTAL	5529.24

completed

Revin 3737

AUTHORIZATION [Signature] TITLE _____ 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.

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

June 04, 2013

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

Re: ACO1
API 15-109-21178-00-00
HESS-SMITH 1-22
NW/4 Sec.22-12S-32W
Logan 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