



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1148642
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: _____



1148642

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: _____ _____ |
|--|---|---|

Pro-Stim Chemicals LLC

Date **6/4/13**

Acidizing Report

Customer **Grand Mesa** Pro-Stim Chemical Yard **Dighton** Pro-Stim Number **A#9**
 Well Name & Number **P-0#1-27** Field Formation **Spot**
 County **Cove** State **KS** BHT YD Interval **4412-18**

Well Type: Completion Recompletion Workover Oil Gas Water Disposal Part OH
 Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth **4370** Packer Depth **43**

Casing Size: **5 1/2** GRD WT Depth Tubing Size: **2 7/8** GRD WT Spot **4435**
 Casing Vol. Tbg Vol Ann Vol OH Vol Total Displacement **27**

Maximum Pressure Tubing Casing Proposed Pump Time AOU Leave Loc

Special Instructions:

250 15% RWA-1 6 S-3000
30 BBS 2% KCL 4 Rehab
1 AR-630

Treatment Record

| Time | Type Fluid | Rate BPM | Increment Vol Bbls | Cum Vol Bbls | Pressure | | Observations |
|-----------|--------------|------------|--------------------|--------------|------------|----------|------------------------|
| | | | | | Tubing | Casing | |
| | | | | | | | Safety Meeting |
| | | | | | | | Prs Test to psi |
| 1 | Acid | | | | | | |
| 12 | Acid | 5.5 | | 6.0 | 0 | 0 | Acid Gorp |
| 13 | Flush | 5.5 | | 18.7 | 0 | 0 | |
| 15 | Flush | 5.5 | | 27.8 | 0 | 0 | well loaded |
| 16 | Flush | 0 | | 27.9 | 250 | 0 | |
| 26 | Flush | 0 | | 28.1 | 500 | 0 | |
| 40 | Flush | .25 | | 28.7 | 700 | 0 | |
| 45 | Flush | .25 | | 29.6 | 760 | 0 | |
| 50 | Flush | .80 | | 30.3 | 750 | 0 | |
| 55 | Flush | .80 | | 31.5 | 625 | 0 | |
| 56 | Flush | .80 | | 33 | 600 | 0 | |

Treatment Synopsis

Avg Inj Rate **Fluid BPM 1.50** Total Injected **H2O 27 Acid 6 Oil**
 Treating Prs **Max 750 Final 600 Avg. 600 ISIP 600 5'SI 375 10'SI 275 15'SI 150**
 Customer Representative **[Signature]** Pro-Stim Supervisor **[Signature]**

Pro-Stim Chemicals LLC

Date 5/5/13

Acidizing Report

Customer Grand Mesa Pro-Stim Chemical Yard Dighton Pro-Stim Number AL
 Well Name & Number P-D # 1-27 Field Formation Spot NO
 County One State KS BHT YD Interval 4412-4418

Well Type: Completion Recompletion Workover Oil Gas Water Disposal Perf OH
 Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth Packer Depth
 Casing Size: GRD WT Depth Tubing Size: 2 7/8 GRD WT Spot
 Casing Vol. Tag Vol Ann Vol OH Vol Total Displacement
 Maximum Pressure Tubing Casing Proposed Pump Time AQL Leave Loc

Special Instructions:

500 gals 15% Acid
11 gals S-3000, 8 gals PAS-8
2 gals AC-307, 2 gals S-262, 12 bioballs

Treatment Record

| Time | Type Fluid | Rate BPM | Increment Vol Bbls | Cum Vol Bbls | Pressure | | Observations |
|-----------|--------------|------------|--------------------|--------------|------------|-----------------|--|
| | | | | | Tubing | Casing | |
| | | | | | | | Safety Meeting |
| | | | | | | | Prs Test to <u> </u> psi |
| <u>1</u> | <u>Acid</u> | <u>3.0</u> | <u> </u> | <u>3</u> | <u>40</u> | <u> </u> | <u>start acid</u> |
| | | | | | | | <u>drop balls in next 6 barrels acid</u> |
| <u>7</u> | <u>Acid</u> | <u>3.2</u> | <u> </u> | <u>12</u> | <u>40</u> | <u> </u> | <u>acid gone</u> |
| <u>12</u> | <u>Flush</u> | <u>3.5</u> | <u> </u> | <u>28</u> | <u>20</u> | <u> </u> | <u> </u> |
| <u>13</u> | <u>Flush</u> | <u>.6</u> | <u> </u> | <u>31.3</u> | <u>60</u> | <u> </u> | <u>loaded</u> |
| | <u>Flush</u> | <u>1.2</u> | <u> </u> | <u>33</u> | <u>400</u> | <u> </u> | <u> </u> |
| | <u>Flush</u> | <u>2.0</u> | <u> </u> | <u>34</u> | <u>800</u> | <u> </u> | <u>max</u> |
| <u>17</u> | <u>Flush</u> | <u>2.5</u> | <u> </u> | <u>38.2</u> | <u>750</u> | <u> </u> | <u>total load</u> |

Treatment Synopsis

22 min VAC

| | | | | | | | |
|-------------------------|----------------|------------------|----------------------|--------------------------------------|-----------------|--------------------|------------------|
| Avg Inj Rate | Fluid BPM | Total Injected | | H2O <u>26.2</u> | Acid <u>12</u> | OH <u> </u> | <u>20 SI 40</u> |
| Treating Prs | Max <u>800</u> | Final <u>750</u> | Avg. <u> </u> | ISIP <u>700</u> | S/SI <u>380</u> | I/SI <u>250</u> | 15/SI <u>130</u> |
| Customer Representative | | | | Pro-Stim Supervisor <u>Sharon M.</u> | | | |

Pro-Stim Chemicals LLC

Date 6/6/13

Acidizing Report

| | | |
|-------------------------------------|---------------------------------------|------------------------------|
| Customer <u>Grand Mesa</u> | Pro-Stim Chemical Yard <u>Dighton</u> | Pro-Stim Number <u>A # 9</u> |
| Well Name & Number <u>P-O # 127</u> | Field | Formation <u>Spot</u> |
| County <u>Gove</u> State <u>KS</u> | BHT | YD |
| | | Interval <u>4184-89</u> |

| |
|---|
| Well Type: Completion <input 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 type="checkbox"/> Casing <input type="checkbox"/> Annulus <input type="checkbox"/> CTU <input type="checkbox"/> Combination <input type="checkbox"/> Plug Depth <u>4270</u> Packer Depth <u>4125</u> |
| Casing Size: <u>5 1/2</u> GRD WT Depth Tubing Size: <u>2 7/8</u> GRD WT Spot <u>4190</u> |
| Casing Vol. Tbg Vol Ann Vol OH Vol Total Displacement <u>25</u> |
| Maximum Pressure Tubing Casing Proposed Pump Time AOP Leave Loc |

Special Instructions: 250 15% RWR-1
30 2% KCL

Treatment Record

| Time | Type Fluid | Rate BPM | Increment Vol Bbls | Cum Vol Bbls | Pressure | | Observations |
|------|------------|----------|--------------------|---------------------|----------|--------|-----------------------|
| | | | | | Tubing | Casing | |
| 1 | | | | | | | Safety Meeting |
| 1 | Acid | | | | | | Pre Test to psi |
| 10 | Acid | 5.5 | | 6.0 | 0 | 0 | Acid Gave well Loaded |
| 12 | Flush | 5.5 | | 26.1 | 0 | 0 | |
| 22 | Flush | 0 | | 26.3 500 | 500 | 0 | |
| 35 | Flush | 0 | | 26.4 | 750 | 0 | |
| 50 | Flush | 0 | | 26.5 | 1000 | 0 | |
| 65 | Flush | 0 | | 26.6 | 1200 | 0 | |
| 80 | Flush | 0 | | 27 | 1200 | 0 | 500 PSI in 5 min |
| 120 | Flush | 0 | | 27.5 | 1200 | 0 | " " " |
| 140 | Flush | 0 | | 28 | 1200 | 0 | " " " |
| 170 | Flush | 0 | | 28.5 | 1200 | 0 | 500 PSI in in 2 min |
| 190 | Flush | .25 | | 28.9 | 1150 | 0 | |
| 195 | Flush | .40 | | 29.5 | 900 | 0 | |
| 197 | Flush | 1.5 | | 31.0 | 750 | 0 | |
| 199 | Flush | 1.5 | | 33 | 750 | 0 | |

Treatment Synopsals

| | | | | | | |
|-------------------------|----------------------|------------------|---------------------|-----------------|-----------------|--------------------|
| Avg Inj Rate | Fluid BPM <u>1.0</u> | Total Injected | H2O <u>27</u> | Acid <u>6</u> | Oil | |
| Treating Pres | Max <u>1200</u> | Final <u>750</u> | Avg. <u>900</u> | ISIP <u>600</u> | 5'SI <u>150</u> | <u>8 VOL</u> 15'SI |
| Customer Representative | | | Pro-Stim Supervisor | | | |

Pro-Stim Chemicals LLC

Date 6/12/13

Acidizing Report

| | | |
|-------------------------------------|---------------------------------------|----------------------------|
| Customer <u>Grand Mesa</u> | Pro-Stim Chemical Yard <u>Dighton</u> | Pro-Stim Number <u>A#9</u> |
| Well Name & Number <u>R-D #1-27</u> | Field | Formation <u>Spot</u> |
| County <u>Goose</u> State <u>KS</u> | BHT | Interval <u>4139-41</u> |

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

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

| | | | | | | | |
|---------------------------|---------|---------|--------------------|------------------------------|-----------|----|------|
| Casing Size: <u>5 1/2</u> | GRD | WT | Depth | Tubing Size: <u>2 7/8</u> | GRD | WT | Spot |
| Casing Vol. | Tbg Vol | Ann Vol | OH Vol | Total Displacement <u>25</u> | | | |
| Maximum Pressure | Tubing | Casing | Proposed Pump Time | AOL | Leave Loc | | |

Special Instructions:

500 15% HCL 2 - Gal AI-150

13 Gal S-3000 2 gal S-202

5 Gal Renag 30 BBLS 2% KCL

2 Gal AC-367

Treatment Record

| Time | Type Fluid | Rate BMP | Increment Vol Bbls | Cum Vol Bbls | Pressure | | Observations |
|------|------------|----------|--------------------|--------------|----------|--------|-----------------------|
| | | | | | Tubing | Casing | |
| | | | | | | | Safety Meeting |
| 1 | Acid | | | | | | Pre Test to _____ psi |
| 10 | Acid | 510 | | 6.7 | 0 | 0 | |
| 12 | Acid | 510 | | 12.0 | 0 | 0 | Acid Done |
| 14 | Flush | 510 | | 19.6 | 0 | 0 | |
| 15 | Flush | 510 | | 24.9 | 0 | 0 | |
| 16 | Flush | 0 | | 24.9 | 500 | 0 | |
| 30 | Flush | 0 | | 25 | 500 | 0 | |
| 40 | Flush | 0 | | 25.2 | 750 | 0 | |
| 45 | Flush | .25 | | 25.4 | 700 | 0 | |
| 47 | Flush | .25 | | 25.9 | 650 | 0 | |
| 51 | Flush | .45 | | 26.4 | 700 | 0 | |
| 53 | Flush | .45 | | 27.2 | 600 | 0 | |
| 55 | Flush | .7 | | 28.5 | 800 | 0 | |
| 59 | Flush | .7 | | 29.3 | 700 | 0 | |
| 63 | Flush | .7 | | 31.2 | 750 | 0 | |
| 65 | Flush | .7 | | 32 | 800 | 0 | |
| 70 | Flush | .7 | | 34 | 850 | 0 | |
| 75 | Flush | .7 | | 35 | 900 | 0 | |
| 78 | Flush | .7 | | 37 | 900 | 0 | |

Treatment Synopsis

| | | | | | |
|-------------------------|---------------------|------------------|-----------------|-----------------------|----------------|
| Avg Inj Rate | Fluid BPM <u>.5</u> | Total Injected | H2O <u>25</u> | Acid <u>12</u> | Oil |
| Treating Pts | Max <u>900</u> | Final <u>900</u> | Avg. <u>600</u> | ISIP <u>800</u> | 5'SI <u>60</u> |
| Customer Representative | <u>[Signature]</u> | | | 10'SI <u>8 MIN UG</u> | 15'SI |
| | | | | Pro-Stim Supervisor | |

Pro-Stim Chemicals LLC

Acidizing Report

Date 6/10/13

| | | |
|------------------------------------|---------------------------------------|----------------------------|
| Customer <u>Grand Mesa</u> | Pro-Stim Chemical Yard <u>Dighton</u> | Pro-Stim Number <u>A#9</u> |
| Well Name & Number <u>P-D#1-27</u> | Field | Formation Spot |
| County <u>Gove</u> State <u>KS</u> | BHT | YD |
| | | Interval <u>4139-41</u> |

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

Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth

Packer Depth 4090

| | | | | | | | |
|---------------------------|---------|---------|--------------------|---------------------------|-----------|-------------|------------------|
| Casing Size: <u>5 1/2</u> | GRD | WT | Depth | Tubing Size: <u>2 7/8</u> | GRD | WT | Spot <u>4150</u> |
| Casing Vol. | Tbg Vol | Ann Vol | OH Vol | Total Displacement | | | |
| Maximum Pressure | Tubing | Casing | Proposed Pump Time | AOL | Leave Loc | <u>24.5</u> | |

Special Instructions:

750 gal RWR-2
25 BBLS 20% KCL

Treatment Record

| Time | Type Fluid | Rate BMP | Increment Vol Bbls | Cum Vol Bbls | Pressure | | Observations |
|------|------------|----------|--------------------|--------------|----------|--------|-----------------------|
| | | | | | Tubing | Casing | |
| | | | | | | | Safety Meeting |
| 1 | Acid | | | | | | Prs Test to _____ psi |
| 12 | Acid | 5.0 | | 12.1 | 0 | 0 | |
| 13 | Acid | 5.0 | | 18.0 | 0 | 0 | Acid gone |
| 14 | Flush | 5.0 | | 24.9 | 0 | 0 | Well Loaded |
| 24 | Flush | 0 | | 25.0 | 500 | 0 | |
| 34 | Flush | 0 | | 25.1 | 500 | 0 | |
| 39 | Flush | 0 | | 25.3 | 750 | 0 | |
| 45 | Flush | .25 | | 25.5 | 750 | 0 | |
| 46 | Flush | .35 | | 26.4 | 700 | 0 | |
| 48 | Flush | .5 | | 27.6 | 670 | 0 | |
| 50 | Flush | .5 | | 28.2 | 550 | 0 | |
| 52 | Flush | .75 | | 29.1 | 800 | 0 | |
| 54 | Flush | .75 | | 31 | 700 | 0 | |
| 56 | Flush | .75 | | 34 | 750 | 0 | |
| 58 | Flush | .75 | | 37 | 775 | 0 | |
| 61 | Flush | .75 | | 40 | 800 | 0 | |
| 63 | Flush | .75 | | 42 | 800 | 0 | |

Treatment Synopsis

| | | | | | | | | | |
|-------------------------|----------------------|------------------|-----------------|---------------------|-----------------|------------------|------------------|-----------|------------|
| Avg Inj Rate | Fluid BPM <u>.50</u> | Total Injected | | | H2O <u>24</u> | Acid <u>18</u> | Oil | <u>20</u> | <u>400</u> |
| Treating Pres | Max <u>800</u> | Final <u>800</u> | Avg. <u>700</u> | ISIP <u>800</u> | 5'SI <u>620</u> | 10'SI <u>550</u> | 15'SI <u>460</u> | | |
| Customer Representative | | | | Pro-Stim Supervisor | | | | | |

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

July 01, 2013

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

Re: ACO1
API 15-063-22029-00-00
P-D 1-27
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