



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1152408  
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: \_\_\_\_\_



1152408

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

<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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# Pro-Stim Chemicals LLC

Date 7-8-13

## Acidizing Report

Customer <u>Grand Mesa</u>	Pro-Stim Chemical Yard <u>Dighton</u>	Pro-Stim Number <u>AG</u>
Well Name & Number <u>Gleann's 1-27</u>	Field	Formation Spot <u>1.5 barrel</u>
County <u>Goose</u> State <u>KS</u>	BHT	YD
Interval <u>4162-70</u>		

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

Job Pumped Via: Tubing  Casing  Annulus  CTU  Combination  Plug Depth \_\_\_\_\_ Packer Depth 4130

Casing Size: <u>5 1/2</u>	GRD	WT	Depth	Tubing Size: <u>2 7/8</u>	GRD	WT	Spot <u>4200</u>
Casing Vol. <u>1</u>	Tbg Vol <u>24</u>	Ann Vol	OH Vol	Total Displacement			
Maximum Pressure	Tubing	Casing	Proposed Pump Time	AOL	Leave Loc		

Special Instructions: 500 gals RWR-1 15% ; 15 Bio-balls  
30 bbls KCL Biocide 2%

### Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
							Prs Test to _____ psi
<u>1</u>	<u>Acid</u>		<u>Spt</u>	<u>1.5</u>			<u>Spt Acid</u>
<u>21</u>	<u>Acid</u>	<u>3.0</u>		<u>12</u>	<u>20</u>		<u>Acid gone</u>
<u>25</u>	<u>Flush</u>	<u>1.5</u>		<u>24.6</u>	<u>30</u>		<u>hole loaded</u>
<u>25</u>	<u>Flush</u>	<u>1.5</u>		<u>26.3</u>	<u>70</u>		
<u>26</u>	<u>Flush</u>	<u>2.0</u>		<u>27.2</u>	<u>160</u>		
<u>27</u>	<u>Flush</u>	<u>2.0</u>		<u>29.3</u>	<u>180</u>		<u>max</u>
<u>29</u>	<u>Flush</u>	<u>2.0</u>		<u>32</u>	<u>150</u>		
<u>32</u>	<u>Flush</u>	<u>2.0</u>		<u>37</u>	<u>180</u>		<u>total load</u>

### Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected	H2O <u>25</u>	Acid <u>12</u>	Oil <u>seconds</u>
Treating Prs	Max <u>180</u>	Final <u>180</u>	Avg.	ISIP <u>50</u>	VAL <u>-30</u> 15'SI
Customer Representative			Pro-Stim Supervisor	<u>Shawn M.</u>	

# Pro-Stim Chemicals LLC

Date 7-11-13

## Acidizing Report

Customer Grand Mesa Pro-Stim Chemical Yard Dighton Pro-Stim Number A6  
 Well Name & Number Glenn's 1-27 Field \_\_\_\_\_ Formation \_\_\_\_\_ Spot 1 barrel  
 County Cove State KS BHT \_\_\_\_\_ YD \_\_\_\_\_ Interval 4119-4123

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

Job Pumped Via: Tubing  Casing  Annulus  GTU  Combination  Plug Depth \_\_\_\_\_ Packer Depth 4050

Casing Size: 5 1/2 GRD \_\_\_\_\_ WT \_\_\_\_\_ Depth \_\_\_\_\_ Tubing Size: 2 7/8 GRD \_\_\_\_\_ WT \_\_\_\_\_ Spot \_\_\_\_\_

Casing Vol. 1.67 Tbg Vol 23.55 Ann Vol \_\_\_\_\_ OH Vol \_\_\_\_\_ Total Displacement \_\_\_\_\_

Maximum Pressure \_\_\_\_\_ Tubing \_\_\_\_\_ Casing \_\_\_\_\_ Proposed Pump Time \_\_\_\_\_ AOL \_\_\_\_\_ Leave Loc \_\_\_\_\_

Special Instructions: 500 gals 15% HC-1 Acid; 13 gals S-3000; 5 gals Re-Nab; 2 gals AC-307; 2 gals S-2102; 2 gals AT-150; 30 bbls KCL Biocide 2%

### Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
							Prs Test to _____ psi
<u>1</u>	<u>Acid</u>						
	<u>Acid</u>	<u>3.2</u>		<u>12</u>	<u>20</u>		<u>Acid gone</u>
	<u>Flush</u>	<u>0</u>		<u>24</u>	<u>80</u>		<u>loaded</u>
	<u>Flush</u>	<u>0</u>		<u>24.1</u>	<u>500</u>		
	<u>Flush</u>	<u>0</u>		<u>24.1</u>	<u>600</u>		<u>Max</u>
	<u>Flush</u>	<u>.2</u>		<u>24.3</u>	<u>200</u>		
	<u>Flush</u>	<u>1.0</u>		<u>26.5</u>	<u>530</u>		
	<u>Flush</u>	<u>1.5</u>		<u>28</u>	<u>410</u>		
	<u>Flush</u>	<u>1.75</u>		<u>29</u>	<u>420</u>		
	<u>Flush</u>	<u>2.0</u>		<u>30.2</u>	<u>400</u>		
<u>45</u>	<u>Flush</u>	<u>2.0</u>		<u>39.25</u>	<u>30</u>		<u>Total load</u>

### Treatment Synopsis

Avg Inj Rate \_\_\_\_\_ Fluid BPM \_\_\_\_\_ Total Injected H2O 25.2 Acid 12 Oil \_\_\_\_\_  
 Treating Prs Max 600 Final 30 Avg. \_\_\_\_\_ ISIP 1/AC 5'SI \_\_\_\_\_ 10'SI \_\_\_\_\_ 15'SI \_\_\_\_\_  
 Customer Representative \_\_\_\_\_ Pro-Stim Supervisor Shannon M.

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 22, 2013

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

Re: ACO1  
API 15-063-22030-00-00  
GLENNIS 1-27  
SE/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