



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1173651
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: _____

1173651

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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McGown Drilling, Inc.
Mound City, Kansas

Operator:
Grand Mesa Operating Company
Wichita, KS

Blythe #5-2

Bourbon Co, KS
20-25S-22E
API: 011-24395

Spud Date:	12/16/2013	Surface Bit:	11"
Surface Casing:	8.625"	Drill Bit:	6.75"
Surface Length:	20.0'	Longstring:	745'
Surface Cement:	5 sx	Longstring Date:	12/20/2013

Driller's Log

Top	Bottom	Formation	Comments
0	10	Lime	
10	13	Shale	
13	21	Lime	
21	34	Shale	
34	40	Bl. Shale	
40	66	Shale	
66	70	Lime	
70	125	Shale	
125	127	Lime	
127	135	Shale	
135	138	Lime	
138	149	Shale	
149	154	Lime	
154	173	Shale	
173	175	Lime	
175	178	Shale	
178	186	Lime	
186	192	Shale	
192	196	Lime	
196	208	Red Bed	
208	210	Shale	
210	214	Lime	
214	232	Sandy Shale	
232	269	Shale	
269	285	Lime	
285	290	Shale	

Blythe #5-2
Bourbon Co., KS

290	295	Lime	
295	329	Shale	
329	330	Lime	
330	340	Shale	
340	357	Lime	20'
357	362	Shale	
362	367	Lime	5'
367	372	Shale	
372	376	Sand	White, no show
376	380	Shale	
380	386	Sand	Laminated sand, gasy, light oil show
386	387	Sandy Shale	No show
387	388	Sand	Lightly saturated
388	391	Sand	Mostly shale, light rainbow show
391	408	Shale	
408	438	Sandy Shale	
438	446	Shale	
446	458	Sandy Shale	
458	492	Shale	
492	494	Coal	
494	517	Shale	
517	520	Sandy Shale	
520	521	Coal	
521	552	Shale	
552	553	Coal	
553	565	Shale	
565	570	Lime	
570	575	Shale	
575	576	Coal	
576	591	Shale	
591	595	Shale	Mucky
595	603	Sandy Shale	
603	612	Shale	
612	624	Sandy Shale	
624	668	Shale	
668	674	Sandy Shale	
674	679	Shale	
679	680	Coal	
680	729	Shale	
729	732	Coal	
732	737	Shale	
737	842	Lime	Good oil show - 742-743
842		TD	Light show - 737-742; 750-52; 758-59; 765-66; 772-776

Blythe #5-2
Bourbon Co., KS

Run	Coring Footage	Rec.
1	382-402	16'
2	512-532	15'
3	737-757	5'
4	762-782	20'



Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 620-437-2661

Ticket Number 06257
 Location _____
 Foreman [Signature] #392

Acid Service Ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
1/27/14		BLYTHE 5-2		BB
Customer		Mailing Address	City	State Zip
GRAND MESA				KS

Well Data		Truck #	Driver	Truck #	Driver
Casing Size 4 1/2	Total Depth 800 772	303/320	CLAYTON		
Casing Weight 10.5	Plug Depth	106	REK		
Tubing Size	Packer Depth		DANNY		
Tubing Weight	Open Hole 31' 6" 20.4				
Perfs 741-772'					
Break PSI	Max PSI				
Treat PSI	ISIP				

Quantity	Acid	Additives Used	Charge
1	303	Pump Charge	[REDACTED]
1000	15%	Acid with inhibitor	[REDACTED]
		Mud Acid	[REDACTED]
3		NE-320	[REDACTED]
2		FSW-4100	[REDACTED]
2		Iron Stay	[REDACTED]
		Bachcide	[REDACTED]
		Clay Stay	[REDACTED]
3		KCL	[REDACTED]
1 1/2		Biocide	[REDACTED]
		Gel	[REDACTED]
		Breaker	[REDACTED]
		Ball Sealers	[REDACTED]
		Ball Gun	[REDACTED]
65	303	Pump truck Mileage	[REDACTED]
1	320	Acid Transport	[REDACTED]
		Acid Spotter	[REDACTED]
65	392	Pickup Mileage	[REDACTED]
4	106	80 Vac	[REDACTED]
		Transport	[REDACTED]
100#		MEDIUM ROCK SALT	[REDACTED]
			Total [REDACTED]

Remarks: RIG UP. TEST LINE TO 3000. LOAD MORE 200L PST UP 325 WELL FEEDS EST. RATE 5GPM @ 750. START 1000 GAL 15% NE/FE HLL STAGE 100 LBS ROCK SALT 6 TIMES. ACID ON BOTTOM PST AND WASH. ALSO OFF START FLUSH 15 OVER PST AND 575. ISOP 550 SHUT IN. 57 GAL TOTAL.