Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1191226

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

Address 2:	OPERATOR: License #	API No. 15
Address 2:	Name:	Spot Description:
City:	Address 1:	
Contact Person:	Address 2:	Feet from North / South Line of Section
Phone:	City: State: Zip:+	Feet from East / West Line of Section
CONTRACTOR: License # GPS Location: Lat:, Long:	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name: (e.g. xxxxxxx) Wellsite Geologist:	Phone: ()	
Name: (e.g. xxxxx) (e.g. xxxxx) Wellsite Geologist: Datum: (NAD27 NAD83 (WG84 Purchaser: Designate Type of Completion: Lease Name: Well #: (E.g. xxxxx) Designate Type of Completion: Image: Completion: Well #: (E.g. xxxxx) (E.g. xxxxx) Designate Type of Completion: Image: Completion: Well #: (E.g. xxxxx) (E.g. xxxxx) Designate Type of Completion: Image: Completion: Well #: (E.g. xxxxx) (E.g. xxxxx) Designate Type of Completion: Image: Completion: Well #: (E.g. xxxxx) (E.g. xxxxx) Designate Type of Completion: Image: Completion: Well #: (E.g. xxxxx) (E.g. xxxxx) Original Completion: Gas DAA ENHR SIGW (E.g. xxxx) (E.g. xxxx) (E.g. xxxx) (E.g. xxx) (F.g. xx)	CONTRACTOR: License #	GPS Location: Lat:, Long:
Wellsite Geologist:	Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Purchaser:	Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Designate Type of Completion:		County:
New Well Re-Entry Workover Oil WSW SWD Gas D&A ENHR OG GSW Temp. Abd. CM (Coal Bed Methane) Elevation: CAthodic Other (Core, Expl., etc.): CAthodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Operator: Will Name: Original Comp. Date: Original Total Depth: Deepening Re-perf. Commingled Permit #: Dual Completion Permit #: SWD Permit #: SWD Permit #: GSW Permit #: Chioride content: ppm Fluid volume: Devatoring method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Sec. Two S. R.	Designate Type of Completion:	Lease Name: Well #:
Producing Formation:		Field Name:
Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Total Vertical Depth:Plug Back Total Depth: Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: Operator: Original Comp. Date:Original Total Depth: If Alternate II completion, cement circulated from: If Alternate II completion, cement circulated from: Image: Commingled Permit #: Dual Completion Permit #: SWD Permit #: SWD Permit #: SWD Permit #: GSW Permit #: Choride content:ppm Fluid volume: Devatering method used: Location of fluid disposal if hauled offsite: Operator Name: Cathodic Permit #: Ouarter Sec. Type. S. R. East		Producing Formation:
OG GSW Temp. Abd. CM (Coal Bed Methane) Total Vertical Depth: Plug Back Total Depth: Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: Multiple Stage Cementing Collar Used? Yes Operator:		Elevation: Ground: Kelly Bushing:
OG GSW Temp. Add. CM (Coal Bed Methane) Amount of Surface Pipe Set and Cemented at: Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: If Alternate II completion, cement circulated from: Operator:		Total Vertical Depth: Plug Back Total Depth:
Conv (Coar bed Methanle) Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: If Alternate II completion, cement circulated from: If eet depth to: If Alternate II completion, cement circulated from: If eet depth to: If alternate II completion, cement circulated from: If eet depth to: If alternate II completion, cement circulated from: If eet depth to: If alternate II completion, cement circulated from: If eet depth to: If alternate II completion fluid Management Plan If alternate II completion fluid volume: If alternate II completion fluid volume: If alternate II completion fluid volume: If alternate II completion fluid disposal if hauled offsite: If alternate II completion fluid disposal if hauled offsite: If alternate II completion fluid disposal if hauled offsite: If alternate II completion fluid disposal if hauled offsite: If alternate II completion fluid disposal if hauled offsite: <td></td> <td>Amount of Surface Pipe Set and Cemented at: Feet</td>		Amount of Surface Pipe Set and Cemented at: Feet
If Workover/Re-entry: Old Well Info as follows: If yes, show depth set:		
Operator:		
Well Name:		
Original Comp. Date: Original Total Depth: Deepening Re-perf. Plug Back Conv. to ENHR Commingled Permit #: Dual Completion Permit #: SWD Permit #: SWD Permit #: GSW Permit #: OSW Permit #: Outling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: ppm Fluid volume: Dewatering method used: Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Operator Name: Lease Name: Lease Name: License #: Quarter Sec.		
Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer Commingled Permit #:		
Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #: ppm Fluid volume: Dual Completion Permit #: Dewatering method used: Dewatering method used: SWD Permit #: Location of fluid disposal if hauled offsite: GSW Permit #: Operator Name: Lease Name: License #: Quarter Sec.		Drilling Eluid Management Dian
Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: License #: Lease Name: License #: Quarter Sec.		
Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: License #: Lease Name: License #: Quarter Sec.		Chloride content: ppm Fluid volume: bbls
SWD Permit #: Location of fluid disposal if hauled offsite: ENHR Permit #: Operator Name: GSW Permit #: Lease Name: Understand Quarter Sec. Twp. S. R. East		Dewatering method used:
Image: Sector of the sector		Location of fluid disposal if hauled offsite:
GSW Permit #: Operator Name: Lease Name: License #: Quarter Sec. Twp. S. R. East		
Quarter Sec. Twp. S. R.		Operator Name:
Spud Date or Date Reached TD Completion Date or Quarter Sec TwpS. R East		Lease Name: License #:
	Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. 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:

CORRECTION #1

1191226

Operator Nar	me:			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 Take		Yes No		.og Formatic	on (Top), Depth and	d Datum	Sample
(Attach Additional Samples Sent to Geo		🗌 Yes 🗌 No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne		on, 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 / SQU	JEEZE RECORD			,
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing Plug Back TD							
Plug Off Zone							
Did you perform a hydra	ulic fracturing treatment	on this well?		Yes	No (If No, skip	o questions 2 an	nd 3)
		draulic fracturing treatment ex				question 3)	
was the hydraulic fractu	ring treatment informatio	on submitted to the chemical c	disclosure registry?	Yes	No (If No, fill o	out Page Three o	of the ACO-1)
Shots Per Foot		ON RECORD - Bridge Plugs Footage of Each Interval Perf			cture, Shot, Cement mount and Kind of Mat		d Depth

TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner Run:	Yes	No	
Date of First, Resumed I	Product	ion, SWD or ENHF	ł.	Producing M	ethod:	ping	Gas Lift	Other (Expla	ain)	
Estimated Production Per 24 Hours		Oil Bb	s.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
· ·									1	
DISPOSITIC	ON OF C	AS:			METHOD (OF COMPLE	TION:		PRODUCTION IN	ITERVAL:
Vented Sold	<u> </u>	Jsed on Lease		Open Hole	Perf.	Dually (Submit A		Commingled (Submit ACO-4)		
(If vented, Sub	mit ACC)-18.)		Other (Specify)		,	'			

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	GRIFFITH 2-23
Doc ID	1191226

All Electric Logs Run

CPDCN Micro Log
AI Shallow Focused Elect Log
Miroresistivity Log
Cement Bond Log

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	GRIFFITH 2-23
Doc ID	1191226

Tops

Name	Тор	Datum
Stone Corral	2327	+651
Bs/Stone Corral	2345	+633
Heebner	3890	-912
Lansing	3931	-953
Muncie Creek	4106	-1128
Stark	4200	-1222
Marmation	4320	-1342
Excello	4459	-1481
Morrow Shale	4586	-1608
Mississippian	4617	-1639
LTD	4814	

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	GRIFFITH 2-23
Doc ID	1191226

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
Surface	12.25	8.625	23	221	Common	3%CC, 2%Gel
Production	7.875	5.50	15.5	4812	Class "A" Common	10% Salt, 2% Gel

CONTRACTOR	23_ (6 ELL # 2723 one)	v	CALLED OUT	ON LOCATION	4:00	JOB FINISH
CONTRACTOR	one)	v		W Sc Wr	to Scott	STATE
CONTRACTOR CAF TYPE OF JOB PTA- HOLE SIZE CASING SIZE 5 ¹ /L TUBING SIZE 2 ¹ /2	scientel Pullio	g Serv. #4	OWNER			
TYPE OF JOB <i>PTA</i> HOLE SIZE CASING SIZE Sれ	0	7-2012 - 7-		\sim		
CASING SIZE SIL		·		2001	ED ONLY	1005×5
CASING SIZE SIL			CEMENT	200	Columna	
		ртн 2340	AMOUNIO	RDERED	/ <u>62// 41/ 407</u> Nas	
DRILL PIPE				1 Agels		. <u></u>
TOOL		PTH PTH		un paras		
PRES. MAX		NIMUM	COMMON	60	@ 9	
MEAS, LINE		IOE JOINT	COMMON	- un	 	
CEMENT LEFT IN CS			GEL _	<u>`````````````````````````````````````</u>	@	
PERFS.			CHLORIDE			
DISPLACEMENT			ASC	· ·	@	
······	EQUIPMENT	Г			@	
	~~~~~~	-			@	
PUMP TRUCK CEN	VENTED AL	P. Co			@	
		- Duci-			@	
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	IVER June	n to a	\	· · · · · ·	@	<u> </u>
# 266 DRI BULK TRUCK	IT IN Ullan	m Chas	<u></u>		@	
	IVER		·····			
<u> </u>	247		HANDLING	ton/salle 1	e	
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	The	the hand		- 70	@	
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CHARGE TO:	d Meog					
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CITY	STATE	ZIP	<u></u>	PLUG & FLO	DAT EQUIPME	NT
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To: Allied Oil & Gas	. C	<b>~</b>				
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	ested to rent ce				@	
You are hereby reque			ar	· · · · · · · · · · · ·		
You are hereby require and furnish cementer	r and helper(s)					
You are hereby require and furnish cementer contractor to do wor done to satisfaction a	r and helper(s) k as is listed. T and supervision	The above work work work work work work work work	was Or		TOTA	L
You are hereby required and furnish commenter contractor to do wor done to satisfaction a contractor. I have re	r and helper(s) k as is listed. 7 and supervision ad and underst	The above work work work work work work work work	was or CAL	(If Any)	ΤΟΤΑ	L
You are hereby require and furnish cementer contractor to do wor done to satisfaction a	r and helper(s) k as is listed. 7 and supervision ad and underst	The above work work work work work work work work	was or CAL	( (If Any)	TOTA	L
You are hereby required and furnish commenter contractor to do word done to satisfaction a contractor. I have re-	r and helper(s) k as is listed. 7 and supervision ad and underst	The above work work work work work work work work	was or CAL		ΤΟΤΑ	L
You are hereby required and furnish commenter contractor to do word done to satisfaction a contractor. I have retreated and CONIC TERMS AND CONIC	r and helper(s) k as is listed. 7 and supervision ad and underst	The above work work work work work work work work	was or LAL side. SALES TAX TOTAL CH/	ARGES		
You are hereby required and furnish commenter contractor to do word done to satisfaction a contractor. I have re-	r and helper(s) k as is listed. 7 and supervision ad and underst	The above work work work work work work work work	was or LAL side. SALES TAX	ARGES		
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You are hereby required and furnish commenter contractor to do word done to satisfaction a contractor. I have retreated and CONIC TERMS AND CONIC	r and helper(s) k as is listed. 7 and supervision ad and underst	The above work work work work work work work work	was or LAL side. SALES TAX TOTAL CH/	ARGES		

# ALLIED OIL & GAS SERVICES, LLC 062570

Federal Tax I.D. # 20-8651475 REMIT TO P.O. BOX 93999 SERVICE POINT: SOUTHLAKE, TEXAS 76092 SEC. TWP RANGE CALLED OUT JOB START JOB FINISH ON LOCATION DATE 2/25/14 L COUNTY ATE LEASE WELL # LOCATION Siatt OLD OR NEW Circle one) 2U 10 Pulling CONTRACTOR OWNER TYPE OF JOB HOLE SIZE T.D CEMENT AMOUNT ORDERED 300 60/40 yound CASING SIZE DEPTH 7, 10501 **TUBING SIZE** DEPTH DRILL PIPE DEPTH TOOL DEPTH PRES. MAX MINIMUM COMMON MEAS. LINE SHOE JOINT POZMIX 2 CEMENT LEFT IN CSG. GEL n PERFS. CHLORIDE DISPLACEMENT ASC ര EOUIPMENT (à 150/h Hall 25K F06279 160-PUMP TRUCK CEMENTER_ H Ø # 43-281 BULK TRUCK HELPER K ... VAN @ 0 <u># 306-306</u> DRIVER ase @ BULK TRUCK @ DRIVER HANDLING 0 MILEAG. **REMARKS:** TOTAL to 33/40 600 B 50 CH 100 5K w/ 100 lh SERVICE 10200 150 Mir 150 5/ 10.50 Xa_ ゆうい 100 B - Shitta DEPTH OF JOB PUMP TRUCK CHARGE EXTRA FOOTAGE ø MILEAGE MANIFOLD CHARGE TO Grand Mesa TOTAL STREET _ CITY_____ _ STATE ___ ZIP PLUG & FLOAT EQUIPMENT @ @ ø To: Allied Oil & Gas Services, LLC. 0 You are hereby requested to rent cementing equipment

0

TOTAL _

SALES TAX (If Any), TOTAL CHARGES DISCOUNT __ IF PAID IN 30 DAYS

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.

A- Tohnson loh. PRINTED NAME SIGNATURE

## Summary of Changes

Lease Name and Number: GRIFFITH 2-23 API/Permit #: 15-171-20988-00-00 Doc ID: 1191226 Correction Number: 1 Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Additional Type And Percent Additive		4% Gel
Approved Date	01/17/2014	02/28/2014
Cementing Purpose Plug Back TD	No	Yes
CementingDepth2_PDF	-	0-4150
CementingDepthBase2		4150
CementingDepthTop2		0
Number Of Sacks Used for Cementing /		400
Squeezing- Line 2 Perf_Depth_2		4150
Perf_Material_2		Cast Iron Bridge Plug
Perf_Record_2		2340

# Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Shots_2		2
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 66281	//kcc/detail/operatorE ditDetail.cfm?docID=11 91226 60/40 Pozmix
Type Of Cement Used for Cementing / Squeezing - Line 2		

## Summary of Attachments

Lease Name and Number: GRIFFITH 2-23 API: 15-171-20988-00-00 Doc ID: 1191226 Correction Number: 1 Attachment Name

Cement Plugging Tickets (Final)



Confidentiality Requested:

CONFIDENTIA

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1166281

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

DPERATOR: License #		API No. 15			
Name:		Spot Description:			
Address 1:					
Address 2: State: Zip:+		Feet from North / South Line of Section			
					Contact Person:
Phone: ()					
CONTRACTOR: License #		GPS Location: Lat:, Long:, (e.gxxx. xxxxx)			
Name:		Datum: NAD27	NAD83 WGS84		
Wellsite Geologist:			County:		
Purchaser:		Lease Name:	Well #:		
Designate Type of Completion:		Field Name:			
New Well	Re-Entry	Workover	Producing Formation:		
Oil WSW SWD SIOW			Elevation:       Ground:       Kelly Bushing:         Total Vertical Depth:       Plug Back Total Depth:		
Gas D&A ENHR SIGW					
	GSW	Temp. Abd.		and Cemented at: Fee	
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No			
			1 0 0	Fee	
If Workover/Re-entry: Old Well Info as follows:		If Alternate II completion, cement circulated from:			
Operator:		feet depth to:w/sx cmt			
Original Comp. Date:				0.00	
Deepening Re-pe	_	ENHR Conv. to SWD	Drilling Elvid Management	- Diam	
Plug Back		GSW Conv. to Producer	Drilling Fluid Management (Data must be collected from the		
Commingled	Pormit #:		Chloride content:	ppm Fluid volume: bbl	
Dual Completion			Dewatering method used:		
SWD         Permit #:		Location of fluid disposal if hauled offsite:			
ENHR	Permit #:		One reter Nemo		
GSW Permit #:			· ·	1.1	
Spud Date or Date F Recompletion Date	Reached TD	Completion Date or Recompletion Date	Quarter Sec Countv:	_ TwpS. R East Wes	

#### 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:				