



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](mailto: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

<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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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	Top	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	



# ALLIED OIL & GAS SERVICES, LLC 062569 <sup>15182</sup>

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999  
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Oakley, KS

DATE <u>7/24/11</u>	SEC <u>23</u>	TWP. <u>16</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION	JOB START <u>4:00</u>	JOB FINISH <u>4:30</u>
LEASE <u>Carroll</u>		WELL # <u>223</u>		LOCATION <u>Hwy 95 - Pence Rd 1 1/2 W S - Winto</u>		COUNTY <u>Scott</u>	STATE <u>KS</u>

CONTRACTOR Professional Logging Serv. #4  
 TYPE OF JOB PTA  
 HOLE SIZE \_\_\_\_\_ T.D. \_\_\_\_\_  
 CASING SIZE 5 1/2 DEPTH \_\_\_\_\_  
 TUBING SIZE 2 7/8 DEPTH 2340'  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_

OWNER Scane  
 CEMENT USED ONLY 100SX5  
 AMOUNT ORDERED 250 60/40 40mgal  
200lb Hacks  
 COMMON 60 @ \_\_\_\_\_  
 POZMIX 40 @ \_\_\_\_\_  
 GEL 3 @ \_\_\_\_\_  
 CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_  
 ASC \_\_\_\_\_ @ \_\_\_\_\_  
 HANDLING \_\_\_\_\_ @ \_\_\_\_\_  
 MILEAGE 200 ton/mile 11.25 per

**EQUIPMENT**

PUMP TRUCK CEMENTER Alan Ryan  
 # 423 281 HELPER Kevin Ryan  
 BULK TRUCK \_\_\_\_\_  
 # 366 DRIVER James M (TWS)  
 BULK TRUCK \_\_\_\_\_  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

**REMARKS:**

Leak Hole - Take Note - MIX 50SX w/ 50LB Hacks in last 25SX  
 Discharge w/ 52. Add H<sub>2</sub>O - 1400 PSI. Port Cg - Discharge  
 MIX 50SKC 1430' Discharge 2000 PSI - 500 PSI.

Thank you  
 Alan, Kevin, James

CHARGE TO: Grand Meigs  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

To: Allied Oil & Gas Services, LLC.  
 You are hereby requested to rent cementing equipment 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.

PRINTED NAME John A. Johnson  
 SIGNATURE John A. Johnson

TOTAL \_\_\_\_\_

**SERVICE**

DEPTH OF JOB 2340  
 PUMP TRUCK CHARGE \_\_\_\_\_  
 EXTRA FOOTAGE @ \_\_\_\_\_  
 MILEAGE 40 @ \_\_\_\_\_  
 MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_  
Concrete 40 @ \_\_\_\_\_

TOTAL \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

\_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES \_\_\_\_\_  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

# ALLIED OIL & GAS SERVICES, LLC 062570

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999  
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Dallas, TX

DATE <u>2/05/14</u>	SEC. <u>23</u>	TWP. <u>18</u>	RANGE <u>35</u>	CALLED OUT	ON LOCATION	JOB START <u>9:00A</u>	JOB FINISH <u>9:30P</u>
LEASE <u>ConDepth</u>		WELL # <u>2-23</u>		LOCATION		COUNTY <u>Siatt</u>	STATE <u>Ky</u>
OLD OR NEW (Circle one)							

CONTRACTOR Acc Pulling #4  
 TYPE OF JOB PTA  
 HOLE SIZE \_\_\_\_\_ T.D. \_\_\_\_\_  
 CASING SIZE 5 1/2 DEPTH \_\_\_\_\_  
 TUBING SIZE 2 7/8 DEPTH 1050'  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_

OWNER Sumal  
 CEMENT AMOUNT ORDERED 300 60/40 40/20

**EQUIPMENT**

PUMP TRUCK CEMENTER Allen Ryan  
 # 423-281 HELPER Kevin Ryan  
 BULK TRUCK DRIVER Allen Flipse  
 # 306-306  
 BULK TRUCK DRIVER \_\_\_\_\_  
 # \_\_\_\_\_

COMMON 180 @ \_\_\_\_\_  
 POZMIX 120 @ \_\_\_\_\_  
 GEL 10 @ \_\_\_\_\_  
 CHLORIDE @ \_\_\_\_\_  
 ASC @ \_\_\_\_\_  
150lb Hella 35K  
150 # 062569  
 HANDLING MILEAGE @ \_\_\_\_\_

**REMARKS:**

used 75g - 75lb bucket 3 3/4 600lb mix  
50 5lb (20) and 100 5lb and 100 lb Hella  
to 200lb - Shut in mix 150 5lb Hella  
@ 5' to 300 lb - Shut in

Allen Ryan  
Allen Ryan

CHARGE TO Grand Mesa  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

To: Allied Oil & Gas Services, LLC.  
 You are hereby requested to rent cementing equipment 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.

PRINTED NAME John A. Johnson  
 SIGNATURE John A. Johnson

TOTAL \_\_\_\_\_

**SERVICE**

DEPTH OF JOB 1050'  
 PUMP TRUCK CHARGE @ \_\_\_\_\_  
 EXTRA FOOTAGE @ \_\_\_\_\_  
 MILEAGE @ \_\_\_\_\_  
 MANIFOLD @ \_\_\_\_\_

TOTAL \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

\_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES \_\_\_\_\_  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS \_\_\_\_\_

## 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 / Squeezing- Line 2		400
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/operatorEditDetail.cfm?docID=1166281	../../kcc/detail/operatorEditDetail.cfm?docID=1191226
Type Of Cement Used for Cementing / Squeezing - Line 2		60/40 Pozmix

## 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:

Yes  No

KANSAS CORPORATION COMMISSION 1166281  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
August 2013

Form must be Typed  
Form must be Signed  
All blanks must be Filled

**CONFIDENTIAL** 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: \_\_\_\_\_