



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1196307
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: _____

1196307

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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Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	PLR 4-8
Doc ID	1196307

Tops

Name	Top	Datum
Stark	599	+472
Nuyaka Creek Shale	801	+270
Anna Shale	929	+142
Excello Shale	988	+83
V Shale	1082	-11
Tebo Shale	1176	-105
Mississippian	1348	-277
Kinderhook Shale	1682	-611
Viola	1732	-661
LTD	1790	



266513

TICKET NUMBER 42670
 LOCATION Ottawa KS
 FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-11-14	3372	PLR # 4-8	NE 18	22	17	CF
CUSTOMER Grand Mesa Operating Co			TRUCK #			
MAILING ADDRESS 1700 W Waterfront Pkwy			DRIVER		TRUCK #	
CITY Wichita			DRIVER		TRUCK #	
STATE KS			DRIVER		TRUCK #	
ZIP CODE 67206			DRIVER		TRUCK #	
			DRIVER		TRUCK #	

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 45 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 44' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10'
 DISPLACEMENT 25 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish circulation thru 8 7/8" casing.
Mix & Pump 25 sks 50/50 Prem Mix Cement 2% Gel 5% Salt 5# Kol Seal/sk.
Cement to surface Displace 8 7/8" casing clean w/ 2.5 BBL water
Skut in casing

McBarron Drilling - Call Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE <u>Surface Cement</u>	495	[REDACTED]
5406	45 mi	MILEAGE	495	[REDACTED]
5402	44'	Casing footage		[REDACTED]
5407	Maximum	Ten Miles		[REDACTED]
5502C	24 hrs	80 BBL Vac Truck	675	[REDACTED]
1104	25 sks	50/50 Prem Mix Cement		[REDACTED]
1118B	42#	Premium Gel		[REDACTED]
1110A	125#	Kol Seal		[REDACTED]
111	49#	Granulated Salt		[REDACTED]
		Total		[REDACTED]

completed

SALES TAX [REDACTED]
 ESTIMATED TOTAL [REDACTED]
 AUTHORIZATION No Co Repair Site. TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

McGOWN

DRILLING, INC.

Operator:
Grand Mesa Operating
Wichita, KS

PLR #4-8
Coffey Co., KS
18-22-17E
API: 031-23856

Spud Date: 3/11/2014
Surface Casing: 8.625"
Surface Length: 44.30'
Surface Cement: Consolidated
Longstring:

Surface Bit: 11"
Drill Bit: 6.75"
Longstring: P&A
Longstring Date:

Driller's Log

Top	Bottom	Formation	Comments
0	5	Soil	
5	16	Clay	
16	18	Lime	
18	24	Mucky Shale	
24	27	Sandy Gravel	
27	37	Shale	
37	44	Lime	
44	212	Shale	
212	247	Lime	
247	254	Shale	
254	257	Lime	
257	268	Shale	
268	324	Lime	
324	421	Shale	
421	479	Lime	
479	500	Shale	
500	508	Red Bed	
508	540	Sandy Shale	
540	598	Lime	
598	610	Shale	
610	620	Lime	
620	622	Shale	
622	678	Lime	
678	740	Sandy Shale	

PLR #4-8
Coffey Co., KS

740	811	Shale	
811	826	Lime	
826	830	Shale	
830	843	Lime	
843	851	Shale	
851	873	Sand	
873	875	Lime	
875	895	Shale	
895	906	Lime	
906	825	Shale	
825	928	Lime	
928	933	Shale	
933	941	Lime	
941	946	Shale	
946	949	Lime	
949	961	Shale	
961	962	Lime	
962	970	Shale	
970	974	Lime	
974	980	Shale	
980	986	Lime	5'
986	1022	Shale	
1022	1062	Sand	Dark sand, no show, spotty oil show / odor
1062	1070	Sandy Shale	at 1053-1054
1070	1178	Shale	
1178	1180	Bl. Shale	
1180	1182	Coal	
1182	1213	Shale	
1213	1245	Bl. Shale	
1245	1329	Shale	
1329	1332	Coal	
1332	1338	Shale	
1338	1501	Lime	Mississippi
1501	1510	Shale	
1510	1604	Lime	
1604	1612	Shale	
1612	1631	Lime	
1631	1638	Shale	
1638	1679	Lime	
1679	1688	Shale	
1688	1696	Lime	
1696	1716	Shale	
1716	1731	Shale	Limey
1731	1790	Lime	
1790		TD	

PLR #4-8
Coffey Co., KS

Run	Coring Footage	Rec.
1	1050-1070	20'
2		