



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1207468
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: _____

1207468

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.

Operator:
Grand Mesa Operating
Wichita, KS

Rolf #10-8 15
Coffey Co., KS
10-22S-16E
API: 031-23806

Spud Date:	2/24/2014	Surface Bit:	11"
Surface Casing:	8.625"	Drill Bit:	6.75"
Surface Length:	42.40'	Longstring:	1106.0'
Surface Cement:	Consolidated	Longstring Date:	3/4/2014
Longstring:	2.875 EUE - Used		

Driller's Log

Top	Bottom	Formation	Comments
0	28	Soil & clay	
28	38	Gravel	
38	39	Lime	
39	63	Shale	
63	79	Lime	
79	234	Shale	
234	282	Lime	
282	357	Shale	
357	362	Lime	
362	537	Shale	
537	460	Lime	
460	470	Shale	
470	500	Lime	
500	504	Red Bed	
504	548	Shale	
548	584	Lime	
584	620	Shale	
620	638	Lime	
638	690	Shale	
690	738	Sandy Shale	
738	793	Shale	
793	800	Lime	
800	804	Shale	
804	821	Sand	

Rolf #10-~~8~~15
 Coffey Co., KS

821	828	Lime	
828	840	Shale	
840	849	Lime	
849	898	Shale	
898	899	Lime	
899	902	Shale	
902	906	Lime	
906	923	Shale	
923	927	Lime	
927	949	Shale	
949	954	Lime	
954	966	Shale	
966	970	Lime	
970	991	Shale	
991	998	Lime	
998	1005	Shale	
1005	1024	Sandy Shale	
1024	1027	Sand	Good oil show
1027	1028	Sand	Fair oil show
1028	1049	Sand	Shaly, no show
1049	1075	Shale	Dark
1075	1096	Shale	
1096	1131	Sandy Shale	
1131	1133	Coal	
1133	1145	Shale	
1145	1178	Sandy Shale	
1178	1340	Shale	
1340	1342	Coal	
1342	1354	Shale	
1354	1414	Lime	Mississippi
1414		TD	

Coring

Run	Footage	Rec.
1	1025-1045	20'
2		



CONSOLIDATED
Oil Well Services, LLC

266338

TICKET NUMBER 42656
LOCATION Ottawa
FOREMAN Alan 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
3-3-14	3372	Rolt 10-215	SE1D	22	16	CF
CUSTOMER Grand Mass Operating			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1700 N Water front pkwy			730	Ala Mad	Safety	Meat
CITY	STATE	ZIP CODE	505/T106	Jas Lic		
Wichita	KS	67206	510	Set Trc		
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
loss string	6 3/4"	1414'	2 7/8"			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
1106'						
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
			YES			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
643			4 bpm			

REMARKS: Held meeting. Established rate down casing at 1334'. Mixed & pumped 40 sk cement plug. Displaced to casing TD. Pulled casing up to 1106'. Established rate. Mixed & pumped 211 sk 30150 cement plus 2% gel, 5% salt, and 5# hot seal per sack. Circulated cement. Blushed pump. Pumped plug to casing TD. Well held 800 PSI. Set floats. Closed valves.

McGowan, Coltr

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	
5406	43	MILEAGE	368	
5402	1106'	casing footage	368	
5407A	525.22	ton miles	510	
5501C	3	transport	505/T106	
1123	5.5	City water		
1124	251	51/150 cement		
1188	522 #	gel		
1111	485 #	salt		
1110A	1255 #	hot seal		
4402	1	2 1/2 plug		
		Less 30% materials		
		materials		

completed

Ravin 3737

NO company rep

SALES TAX
ESTIMATED
TOTAL

AUTHORIZATION Jim O'K 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.



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

1 of 2

1st well

TICKET NUMBER 58118
FIELD TICKET REF # 49052
LOCATION Thayer
FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-19-14		Rolf 10- 15	10	22	16	CF
CUSTOMER Grand Mesa			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			476	Trampis		
CITY STATE ZIP CODE			490	Eric		
			482	Mark		
			582	Matt		
			618795	Joe		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 BEUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1024-29 (20) Squirrel</u>	

TYPE OF TREATMENT
Acid spot + frac

CHEMICALS
KLSUB - Biocide - Breaker
Acid - Inhibitor - StimOil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAID</u>	<u>20</u>	<u>20</u>			<u>1500</u>	<u>BREAKDOWN 1600</u>
<u>16-30</u>		<u>20</u>	<u>.5-1.0</u>	<u>300#</u>	<u>1500</u>	<u>START PRESSURE</u>
<u>12-20</u>		<u>20</u>	<u>1.0</u>			<u>END PRESSURE</u>
<u>12-20</u>		<u>20</u>	<u>1.0</u>			<u>BALL OFF PRESS</u>
<u>12-20</u>		<u>19.5</u>	<u>1.0</u>			<u>ROCK SALT PRESS</u>
<u>12-20</u>		<u>19.5</u>	<u>1.5</u>		<u>1400</u>	<u>ISIP 600</u>
<u>12-20</u>			<u>1.5</u>			<u>5 MIN 525</u>
<u>12-20</u>			<u>2.0</u>			<u>10 MIN 510</u>
<u>12-20</u>			<u>2.0</u>	<u>2200#</u>	<u>1350</u>	<u>15 MIN 500</u>
<u>8-12</u>			<u>2.0</u>			<u>MIN RATE</u>
<u>8-12</u>		<u>19.5</u>	<u>2.0</u>	<u>500#</u>	<u>1400</u>	<u>MAX RATE</u>
<u>FLUSH CASING</u>	<u>5</u>	<u>19.5</u>	<u>TOTAL</u>	<u>3,000#</u>	<u>1350</u>	<u>DISPLACEMENT 6.0</u>
<u>OVERFLUSH</u>	<u>0</u>		<u>SAND</u>			
<u>TOTAL PBL'S</u>	<u>90</u>					

REMARKS: * hold safety-procedure meeting before frac
Spotted 75 gal-15% HCL acid on perfs

Location 9:30 AM - 10:30 PM 60 miles
AUTHORIZATION s/o Chris McGowan B.B. TITLE _____ DATE 3-19-14



CONSOLIDATED
Oil Well Services, LLC

266844

2 of 2

TICKET NUMBER **49054**

LOCATION Thayer

PO BOX 884 STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
3-19-14	3372	Rolt 10- 8 15		10	225	16E	CF	Squirrel
CHARGE TO <u>Grand Mesa</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5102B	1	PUMP CHARGE 1300 Combo 1 st well	<u>Spec</u>	[REDACTED]
5302	1	Acid spotter		[REDACTED]
1275	75 gal.	15% HCl acid		[REDACTED]
1202	1/4 J	Inhibitor		[REDACTED]
1219B	5 1/2	Stim Oil spot acid + OIF		[REDACTED]
1268	5,000 gal.	Y.C. City		[REDACTED]
1231	100#	Frac gel		[REDACTED]
1215A	5 gal	KCl SUP		[REDACTED]
1205A	3#	Biocide		[REDACTED]
5107	1	Flow metered Chem pump		[REDACTED]
5604	1	Frac valve		[REDACTED]
		BLENDING & HANDLING		
5109	60	TON-MILES	Spec Min	[REDACTED]
		STAND BY TIME		
5108	60	MILEAGE Mobilization X3 P,S,I	Min.	[REDACTED]
5501F	3 hrs	WATER TRANSPORTS - 1		[REDACTED]
		VACUUM TRUCKS		
2104A	300#	FRAC SAND 300# 16-30		[REDACTED]
2102	2200#	12-20		[REDACTED]
2103A	500#	8-12		[REDACTED]
		Additional 5% discount available if paid within 10 days of invoice date WA [REDACTED]		[REDACTED]
			SALES TAX	[REDACTED]
			ESTIMATED TOTAL	[REDACTED]

Thank you very much for your business!
We appreciate your business!
CUSTOMER or AGENTS SIGNATURE: [Signature] COWS FOREMAN: Brett Busby

CUSTOMER or AGENT (PLEASE PRINT): _____ DATE: 3-19-14

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 services on the back of this form are in effect for services identified on this form.