



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210486
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: _____

1210486

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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TICKET NUMBER 47173
 LOCATION Ottawa, KS
 FOREMAN Casey Kennedy

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
5/20/14	3372	Hutton #14-3	SW 10	22	16	CF
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Grand Mesa			709	Casey Ken	✓ Safety Meeting	
MAILING ADDRESS			Lelele	Coart Moo	✓	
1700 N Waterfront Pkwy			510	Mat Coc	✓	
CITY	STATE	ZIP CODE	675	Kei Det	✓	
Widita	KS	67206				

JOB TYPE surface HOLE SIZE 9 7/8" HOLE DEPTH 40' CASING SIZE & WEIGHT 7"
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4'
 DISPLACEMENT 1.5 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 50 sks 50/50 Pozmix cement w/ 2% gel, 5% salt, + 5# Kol seal per sk, displaced cement w/ 1.5 bbls fresh water, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE		870.00
5406	45 mi	MILEAGE		189.00
5402	40'	casing footage		
5407	minimum	hour mileage		368.00
5502C	2.5 hrs	80 Vac		250.00
1124	50 sks	50/50 Pozmix cement	575.00	
1118B	84 #	Premium Gel	18.48	
1111	105 #	Salt	37.80	
1110A	250 #	Kol seal	115.00	
		materials	746.28	
		- 30%	223.88	
		sub total		522.40
4402	1	2 1/2" rubber plug		29.50
		6.15%	SALES TAX	33.94
			ESTIMATED TOTAL	2262.84

Ravin 0737

AUTHORIZATION No Co Rep on location 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

TICKET NUMBER 47211
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE <u>5/30/14</u>	CUSTOMER # <u>3372</u>	WELL NAME & NUMBER <u>Hutson #14-3</u>	SECTION <u>SW10</u>	TOWNSHIP <u>22</u>	RANGE <u>110</u>	COUNTY <u>CF</u>
CUSTOMER <u>Grand Mesa</u>			TRUCK # <u>729</u>	DRIVER <u>Casper</u>	TRUCK # <u>✓ Safety</u>	DRIVER <u>Meeting</u>
MAILING ADDRESS <u>1700 N Waterfront Pkwy</u>			<u>6660</u>	<u>Garcia</u>	<u>✓</u>	
CITY <u>Wichita</u>			<u>558</u>	<u>MatCoc</u>	<u>✓</u>	
STATE <u>KS</u>			<u>637</u>	<u>Joe Kao</u>	<u>✓</u>	<u>Eureka</u>
ZIP CODE <u>67206</u>			CASING SIZE & WEIGHT			
JOB TYPE <u>plug</u>	HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH <u>1040'</u>	OTHER			
CASING DEPTH	DRILL PIPE	TUBING	CEMENT LEFT in CASING			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	RATE <u>4 bpm</u>			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI				

REMARKS: held safety meeting, established circulation through drill steel at hole TD, mixed + pumped 10 sks 5% Pozmix cement w/ 6% Premium Gel per sk, pulled drill steel to 6660, mixed + pumped 10 sks cement, pulled drill steel to 250', mixed + pumped 46 sks cement to surface, pulled drill steel from hole, topped well off w/ 15 sks cement, washed up equipment.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5465N	1	PUMP CHARGE		1085. ⁰⁰
5466	45 mi	MILEAGE		189. ⁰⁰
5407	minimum	ton mileage		368. ⁰⁰
5502C	3 hrs	80 Vac		300. ⁰⁰
1124	81 sks	5% Pozmix cement	931.50	
1118B	408 #	Premium Gel	89.76	
		materials	1021.26	
		- 30%	306.38	
		Subtotal		714.88
			3026.07	
		SALES TAX		43.97
		ESTIMATED TOTAL		2700.85

SCANNED 6.15%

Rev'n 3737

AUTHORIZATION No Co Rep on location

TITLE

DATE

... is intended to be written on the front of the form or in the customer's

McGOWN

DRILLING, INC.

Operator:
Grand Mesa Operating Co.
Wichita, KS

Hutson #14-3

Coffey Co., KS
10-22S-16E
API: 031-23897

Spud Date: 5/20/2014
Surface Casing: 7.0"
Surface Length: 40.9'
Surface Cement: Consolidated
Longstring:

Surface Bit: 11.0"
Drill Bit: 6.25"
Longstring: P&A
Longstring Date:
Seat Nipple:

Driller's Log

Top	Bottom	Formation	Comments
0	10	Soil & clay	
10	22	Gravel & Sand	
22	24	Shale	
24	34	Sand	
34	37	Shale	
37	40	Lime	
40	49	Shale	
49	53	Lime	
53	263	Shale	
263	271	Lime	
271	296	Shale	
296	317	Lime	
317	348	Shale	
348	357	Lime	
357	394	Bl. Shale	
394	409	Lime	
409	428	Shale	
428	462	Lime	
462	468	Shale	
468	478	Lime	
478	482	Shale	
482	497	Lime	
497	504	Shale	
504	507	Lime	

Hutson #14-3

507	514	Red Bed	offey Co., KS
514	549	Shale	
549	587	Lime	
587	599	Shale	
599	608	Lime	
608	614	Shale	
614	637	Lime	
637	647	Shale	
647	658	Lime	
658	663	Shale	
663	665	Lime	Base KC
665	841	Shale	Big Shale
841	853	Lime	
853	862	Shale	
862	864	Lime	
864	906	Shale	
906	913	Lime	
913	934	Shale	
934	940	Lime	
940	942	Shale	
942	944	Lime	
944	954	Shale	
954	962	Lime	
962	966	Shale	
966	980	Lime	20'
980	989	Shale	
989	994	Lime	
994	1019	Shale	
1019	1020	Lime	5'
1020	1032	Shale	
1032	1040	Sandy Shale	Poor sand quality, very light oil show for 8", no show in rest
1040		TD	

Coring		
Run	Footage	Rec.
1	1020-1040	20'

P&A through drill pipe with 10 sx. plug at TD, 10 sx at base of KC, fill from 250-surface