



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210527
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: _____

1210527

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

268714

TICKET NUMBER 45961

LOCATION Europe KS

FOREMAN Jeremy R Austin

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
<u>6-4-14</u>	<u>3372</u>	<u>Nickle 6-15</u>				<u>Coffey</u>
CUSTOMER <u>Grand Mesa</u>			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY		STATE	ZIP CODE	TRUCK #		
				DRIVER		
				<u>637</u>	<u>Seth</u>	
				<u>449</u>	<u>Colby</u>	
				<u>485</u>	<u>Zeb</u>	
				<u>690</u>	<u>John</u>	

JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
<u>Surface</u>	<u>11 7/8</u>	<u>44</u>	<u>7" 23#</u>
CASING DEPTH	DRILL PIPE	TUBING	OTHER
<u>44</u>			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
<u>13.6</u>		<u>2.4</u>	
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE
<u>1.2</u>			

REMARKS: Safety meeting

hooked up to head broke Circulation pumped 100# Cool Sweep then pumped 1 bbl water
then went to Cement pumped 50 SKS then displaced 1.2 bbl Slurry in Valve unhooked
washed up and came back to sleep

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>54015</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>870.00</u>	<u>870.00</u>
		<u>MILEAGE</u>		
<u>5407</u>	<u>1</u>	<u>min bulk truck delivery</u>	<u>368.00</u>	<u>368.00</u>
<u>5502C</u>	<u>4 HRS</u>	<u>80 JAC</u>	<u>90.00</u>	<u>360.00</u>
<u>1124</u>	<u>50 SKS</u>	<u>T 50/50 poz mix</u>	<u>11.50</u>	<u>575.00</u>
<u>1110A</u>	<u>250#</u>	<u>T Kol - Seal</u>	<u>.46</u>	<u>115.00</u>
<u>1111</u>	<u>135#</u>	<u>T Salt</u>	<u>.39</u>	<u>52.85</u>
<u>1118B</u>	<u>100#</u>	<u>T Grel</u>	<u>.22</u>	<u>22.00</u>
<u>1118B</u>	<u>100 lbs</u>	<u>T Grel Sweep</u>	<u>.22</u>	<u>22.00</u>
<u>1107A</u>	<u>40#</u>	<u>T Phenol - Seal</u>	<u>1.35</u>	<u>54.00</u>

completed
30% Discount = 252.20

SALES TAX 6.15% 36.18
 ESTIMATED TOTAL 2222.63
 AUTHORIZATION _____ TITLE _____ DATE _____

acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 47313
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-9-14	3372	Nickel 6-15	NE 10	22	16	CF
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Grand Mesa			730	Alan Mader	Safety	Meets
MAILING ADDRESS			368	Art Mader		
1700 N Water front			369	Mik Haag		
CITY	STATE	ZIP CODE	510	M&K Fox		
Wichita	KS	67206				

JOB TYPE plug HOLE SIZE 6 1/4 HOLE DEPTH 1037 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: held meeting Established rate. Mixed & pumped 10 sk 50150 cement plus 6% gel. Pumped cement to hole TD. Pulled steel to 680'. Pumped 10 sk more. Pulled drill steel to 250'. Filled well to top. Pulled steel out, topped off.

10 sk TD
10 sk 680
10 sk 250 to surface

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5WDSN	1	PUMP CHARGE	368	1085.00
5406	45	MILEAGE	368	189.00
5407	min	ton miles	510	368.00
5502C	3	80 vac	369	300.00
11241	61 sks	50150 cement	701.50	
1118B	307 #	gel	67.54	
		Material sub	769.04	
		less 30%	230.71	
		material total		338.33
		SALES TAX		33.11
		ESTIMATED TOTAL		2513.44

NO company rep
Jim Okid

AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's



Operator:
Grand Mesa Operating Co.
Wichita, KS

Nickel 6-15
Coffey Co., KS
10-22S-16E
API: 031-23885

Spud Date: 6/4/2014
Surface Casing: 7.0"
Surface Length: 44.0'
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	17	Soil & clay	
17	23	Gravel & Sand	
23	27	Lime	
27	32	Shale	
32	40	Lime	
40	69	Shale	
69	80	Lime	
80	215	Shale	
215	217	Lime	
217	229	Shale	
229	248	Lime	
248	256	Shale	
256	271	Lime	
271	353	Shale	
353	380	Lime	
380	428	Shale	
428	460	Lime	
460	478	Shale	
478	489	Lime	
489	549	Shale	
549	584	Lime	
584	596	Shale	
596	600	Lime	
600	607	Shale	

Nickel #6-15
Coffey Co., KS

607	610	Lime	
610	619	Shale	
619	631	Lime	
631	640	Shale	
640	658	Lime	
658	675	Shale	
675	679	Lime	
679	819	Shale	
819	822	Lime	
822	839	Shale	
839	855	Lime	
855	925	Shale	
925	929	Lime	
929	934	Shale	
934	939	Lime	
939	969	Shale	
969	984	Lime	
984	989	Shale	
989	996	Lime	
996	1016	Shale	
1016	1017	Lime	
1017	1020	Shale	
1020	1021	Lime	
1021	1022	Sand	Good oil show, wells saturated
1022	1023	Sand	Laminated, worse sand quality, rainbow
1023	1025	Sand	No show
1025	1037	Shale	
1037		TD	

	Coring	
Run	Footage	Rec.
1	1017-1037	18'

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