



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1223206
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: _____

1223206

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> _____	PRODUCTION INTERVAL: _____ _____
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Operator:
Grand Mesa Operating Co.
Wichita, KS

Young #15-6

Coffey Co., KS
11-22S-16E
API: 031-23907

Spud Date:	5/30/2014	Surface Bit:	11.0"
Surface Casing:	7.0"	Drill Bit:	6.25"
Surface Length:	44.0'	Longstring:	1104.20'
Surface Cement:	10 sx	Longstring Date:	6/3/2014
Longstring:	2 7/8 EUE - New	Seat Nipple:	1006.70'

Driller's Log

Top	Bottom	Formation	Comments
0	26	Soil & clay	
26	32	Gravel & Sand	
32	44	Lime	
44	62	Shale	
62	66	Lime	
66	233	Shale	
233	248	Lime	
248	252	Shale	
252	276	Lime	
276	359	Shale	
359	365	Lime	
365	380	Lime	Shaley
380	383	Lime	
383	428	Shale	
428	471	Lime	
471	474	Shale	
474	482	Lime	
482	494	Shale	
494	498	Lime	
498	508	Shale	
508	514	Red Bed	
514	554	Shale	
554	608	Lime	
608	620	Shale	

			Young #15-6
620	631	Lime	Coffey Co., KS
631	637	Shale	
637	649	Lime	Base KC
649	684	Shale	
684	712	Sandy Shale	
712	817	Shale	Big Shale
817	824	Lime	
824	839	Shale	
839	845	Lime	
845	901	Shale	
901	903	Lime	
903	928	Shale	
928	930	Lime	
930	972	Shale	
972	977	Lime	
977	1026	Shale	
1026	1027	Lime	
1027	1030	Sand	Fair oil show
1030	1048	Sandy Shale/Shale	
1048	1122	Shale	
1122		TD	

	Coring	
Run	Footage	Rec.
1	1014-1034	20'



CONSOLIDATED
Oil Well Services, LLC

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

2nd well

TICKET NUMBER 59283
FIELD TICKET REF # 47772
LOCATION Thayer
FOREMAN George

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-30-14	3372	Young 415-16	11	22	16	CF
CUSTOMER <i>Grand Mesa</i>						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			524	Travis		
			458	Tim		
			582	Matt		
			443	Dominic		
			735/T91	George		

WELL DATA

CASING SIZE <i>2 1/2</i>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<i>1026-34 (17)</i>	

TYPE OF TREATMENT

Acid Spot / NIS / Fracture

CHEMICALS

<i>6,100 gals. City Water</i>	<i>225 15% HCL Acid</i>
<i>Kil Salt</i>	<i>Tubular</i>
<i>20# ball/Breaker</i>	<i>Stim 1/2</i>
<i>Biocide</i>	
<i>Stim 1/2</i>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<i>pad</i>	<i>20</i>	<i>-16</i>				BREAKDOWN <i>2000</i>
<i>16/30</i>				<i>300</i>		START PRESSURE
<i>12/20</i>				<i>1900</i>		END PRESSURE
<i>12/20 3+3+1 balls (7)</i>				<i>1</i>		BALL OFF PRESS
<i>12/20</i>				<i>2000</i>		ROCK SALT PRESS
<i>Flush + Over</i>	<i>10</i>					ISIP <i>650</i>
<i>Release - pump - release</i>						5 MIN
<i>Breakdown</i>	<i>5</i>					10 MIN
						15 MIN
<i>Totals</i>	<i>130</i>			<i>4000</i>		MIN RATE
	<i>-115 - 100</i>					MAX RATE
						DISPLACEMENT

REMARKS: *Spot 75 acid to perfs - breakdown and stage*

*Estimate cost 4 hrs - 150 acid w/ 25 ball/cells -
Flush to perfs - release - pump - release -*

AUTHORIZATION _____ TITLE _____ DATE _____