

Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1223295

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 #	API No. 15			
Name:	Spot Description:			
Address 1:				
Address 2:	Feet from Dorth / South Line of Section			
City: State: Zip:+	Feet from East / West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()				
CONTRACTOR: License #	GPS Location: Lat:, Long:			
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)			
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84			
Purchaser:	County:			
Designate Type of Completion:	Lease Name: Well #:			
New Well Re-Entry Workover	Field Name:			
	Producing Formation:			
	Elevation: Ground: Kelly Bushing:			
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth: Amount of Surface Pipe Set and Cemented at: Feet			
GG GSW Temp. Abd.				
CM (Coal Bed Methane)	Multiple Stage Cementing Collar Used?			
Cathodic Other (Core, Expl., etc.):				
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet			
Operator:	If Alternate II completion, cement circulated from:			
Well Name:	feet depth to:w/sx cmt.			
Original Comp. Date: Original Total Depth:				
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan			
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)			
	Chloride content: ppm Fluid volume: bbls			
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:			
SWD Permit #:	Location of fluid disposal if hauled offsite:			
ENHR Permit #:	Location of huid disposa if hadred offsite.			
GSW Permit #:	Operator Name:			
	Lease Name: License #:			
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West			
Recompletion Date Reached TD Recompletion Date Recompletion Date	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:

	Page Two	1223295
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS. Chow important tang of formations populated	Dotail all coros Roport all	final copies of drill stoms tests giving interval tested, time teal

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 (Attach Additional Sh	eets)	Yes No		0	on (Top), Depth a		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne		ion, 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 / SQL	IEEZE RECORD			
Purpose:	Depth Ton Bottom	Type of Cement	# Sacks Used		Type and I	Percent Additives	

Purpose: Perforate	Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	

Yes	No
Yes	No
Yes	No

(If No, skip questions 2 and 3) (If No, skip question 3)

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					ement Squeeze Record I of Material Used)	Depth			
TUBING RECORD:	Si	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed	d Product	ion, SWD or ENHI	٦.	Producing Me	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wat	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSIT	_			Onen Llele	_				PRODUCTION INTI	ERVAL:
Vented Sol		Used on Lease		Open Hole	Perf.	Uually (Submit)		Commingled (Submit ACO-4)		
(If vented, Su	ıbmit ACC	D-18.)		Other <i>(Specify)</i> _						

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	VESECKY 4-3
Doc ID	1223295

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	11	7	17	42	Portland	10	



Operator:

Grand Mesa Operating Co. Wichita, KS

Vesecky #4-3

Douglas Co., KS 23-14S-20E API: 045-22232

Spud Date:	8/5/2014	Surface Bit: 11	.0"
Surface Casing:	7.0"	Drill Bit: 6.7	125"
Surface Length:	42.0'	Longstring: P8	ξA
Surface Cement:	10 sx	Longstring Date:	
Longstring:			

Driller's Log

Тор	Bottom	Formation	Comments
0	8	Soil & clay	
8	17	Gravel & Sar	nd
17	22	Mucky Shale	•
22	40	Shale	
40	74	Lime	
74	81	Shale	
81	88	Lime	
88	94	Shale	
94	114	Lime	
114	128	Sandy Lime	
128	146	Shale	
146	167	Lime	
167	169	Coal	
169	230	Shale	
230	254	Lime	
254	267	Shale	
267	271	Lime	
271	311	Shale	
311	327	Lime	
327	331	Shale	
331	360	Lime	
360	365	Shale	
365	388	Lime	
388	394	Shale	

		Vesecky #4-3
394	402	Lime Douglas Co., KS
402	412	Shale
412	420	Sandy Shale
420	550	Shale
550	561	Lime
561	569	Shale
569	574	Lime
574	578	Shale
578	601	Mucky Shale
601	603	Lime
603	622	Shale
622	628	Lime
628	637	Shale
637	640	Lime
640	642	Shale
642	645	Lime
645	658	Shale
658	664	Lime
664	675	Shale
675	679	Lime
679	684	Shale
684	685	Sand Fair oil bleed in samples and to pit
685	687	Sand Very spotty oil show, mostly shale
687	705	Shale
705		TD
	Coring	
Run	Footage	Rec.

P&A - plugged through drill pipe with 10 sx at TD; 10 sx at 500' and fill 250 to surface.

20'

685-705

1

R	CONSOLIDATED			
	Oil Well Services, LLG			

TICKET NUMBER	48019
LOCATION_OXY	awa Ks

DATE_

FOREMAN Ened Madar

20-431-9210	nanute, KS 66720 pr 800-467-8676	CEM				
DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-6-14	3372 Ves	schy # 4.3	NW 23	14	20	DG.
USTOMER	1 -01	<i>.</i>	TRUCK #	DRIVER	TRUCK #	DRIVER
	to his more thank the second s		7/2	Fre Mad	TRUCK #	DRIVER
1700	5	out RHWY	495	Harber		
ITY	STATE	ZIP CODE	369	Mik Hag		
Wich	the KS	67206	510	DUSWOOD		
DB TYPE	HOLE S		EPTH 705	CASING SIZE & W	EIGHT NIA	
ASING DEPTH	ON/A DRILL P	IPETUBING			OTHER	
	ITSLURRY	VOL WATER	gal/sk	CEMENT LEFT in	CASING Foll	
SPLACEMEN	U/A DISPLA	CEMENT PSI MIX PSI		RATE SBPT	n	
EMARKS:	all crew sat		gran drill	pipe to	TD.	
Spor	10 SKS Co		and the second s	to 500	Spat	O SAS
Cier	at Poll	drill pipe to	200 F11		face w/	
Cour		emaining drill	pipe Top	off we	Uw/ Con	unt
Wa	shout dri	Il pipet				
				104 0 1		
	Iptal 70	5KS 50/50 Poz Y	n.x Coment	6 To Cul		
			c	1-01	0	
Mel	for Drilling		7	and me	den	
	0	<u></u>				
ACCOUNT CODE	QUANITY or UNITS	5 DESCRIPTIO	ON of SERVICES or PR	DDUCT	UNIT PRICE	TOTAL
54/05N-		PUMP CHARGE	lug to Abau	Jon. 495	•	
5406	2500		0	125		
5407	Minimum	Ton Miles				_
SSORC	22	80 BBLVa	e Truck	369		
	12					
1124	70 SM		Mix Cement			
1118B	3534	Premium	had			
		m	atorial		-	
			atorial Less, 30%			
- 11 L - 2019			Total			
					SALES TAX	

AUTHORIZTION No Co Rep on Site

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 for

TITLE.....