



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1224548  
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: \_\_\_\_\_

1224548

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
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**Operator:**  
Grand Mesa Operating Co.  
Wichita, KS

**Vesecky #3-3**

Douglas Co., KS  
23-14S-20E  
API: 045-22231

<b>Spud Date:</b>	7/23/2014	<b>Surface Bit:</b>	11.0"
<b>Surface Casing:</b>	7.0"	<b>Drill Bit:</b>	6.125"
<b>Surface Length:</b>	40.0'	<b>Longstring:</b>	729.65'
<b>Surface Cement:</b>	10 sx	<b>Longstring Date:</b>	7/25/2014
<b>Longstring:</b>	2 7/8 EUE - New L/S		

**Driller's Log**

<b>Top</b>	<b>Bottom</b>	<b>Formation</b>	<b>Comments</b>
0	15	Soil & clay	
15	18	Gravel & Sand	
18	36	Shale	
36	51	Lime	
51	55	Shale	
55	71	Lime	
71	79	Bl. Shale	
79	87	Lime	
87	92	Shale	
92	113	Lime	
113	117	Shale	
117	125	Lime	
125	146	Shale	
146	165	Lime	
165	228	Shale	
228	249	Lime	
249	251	Shale	
251	252	Lime	
252	267	Shale	
267	279	Lime	
279	297	Shale	
297	300	Lime	
300	310	Shale	
310	317	Lime	

Vesecky #3-3  
Douglas Co., KS

317	319	Shale	
319	323	Lime	
323	331	Shale	
331	358	Lime	
358	361	Shale	
361	384	Lime	
384	393	Shale	
393	397	Lime	
397	400	Shale	
400	407	Lime	
407	411	Shale	
411	416	Lime	
416	444	Shale	
444	458	Lime	
458	539	Shale	
539	541	Coal	
541	577	Shale	
577	584	Lime	
584	587	Shale	
587	588	Lime	
588	595	Shale	
595	605	Lime	
605	617	Shale	
617	622	Lime	
622	634	Shale	
634	657	Lime	
657	660	Red Bed	
660	664	Lime	
664	670	Shale	
670	671	Lime	
671	678	Shale	
678	685	Sand	Good oil show
685	688	Sand	Lighter oil show
688	704	Shale	
704	714	Sandy Shale	
714	742	Shale	
<b>742</b>		<b>TD</b>	

Coring		
Run	Footage	Rec.
1	670-690	18'



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 47511

LOCATION Osawa, KS

FOREMAN Cassey 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
7/21/14	3372	Vesucky # 3-3	NW 23	14	20	D6
CUSTOMER Grand Mesa			TRUCK #		DRIVER	
MAILING ADDRESS 1700 N Waterfront Pkwy			729		Cas Ken	
CITY Wichita			548		Kei Car	
STATE KS			675		Dan Wba	
ZIP CODE 67206					Mike Fox	

JOB TYPE Logging HOLE SIZE 5 7/8" HOLE DEPTH 742' CASING SIZE & WEIGHT 2 7/8" EUE  
 CASING DEPTH 730' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 4.23 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200# Premium Gel followed by 10 bbls fresh water, mixed & pumped 50/50 Pozmix cement w/ 2% gel, 5% salt, & 5# Kalsol per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.23 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

*Cassey Kennedy*

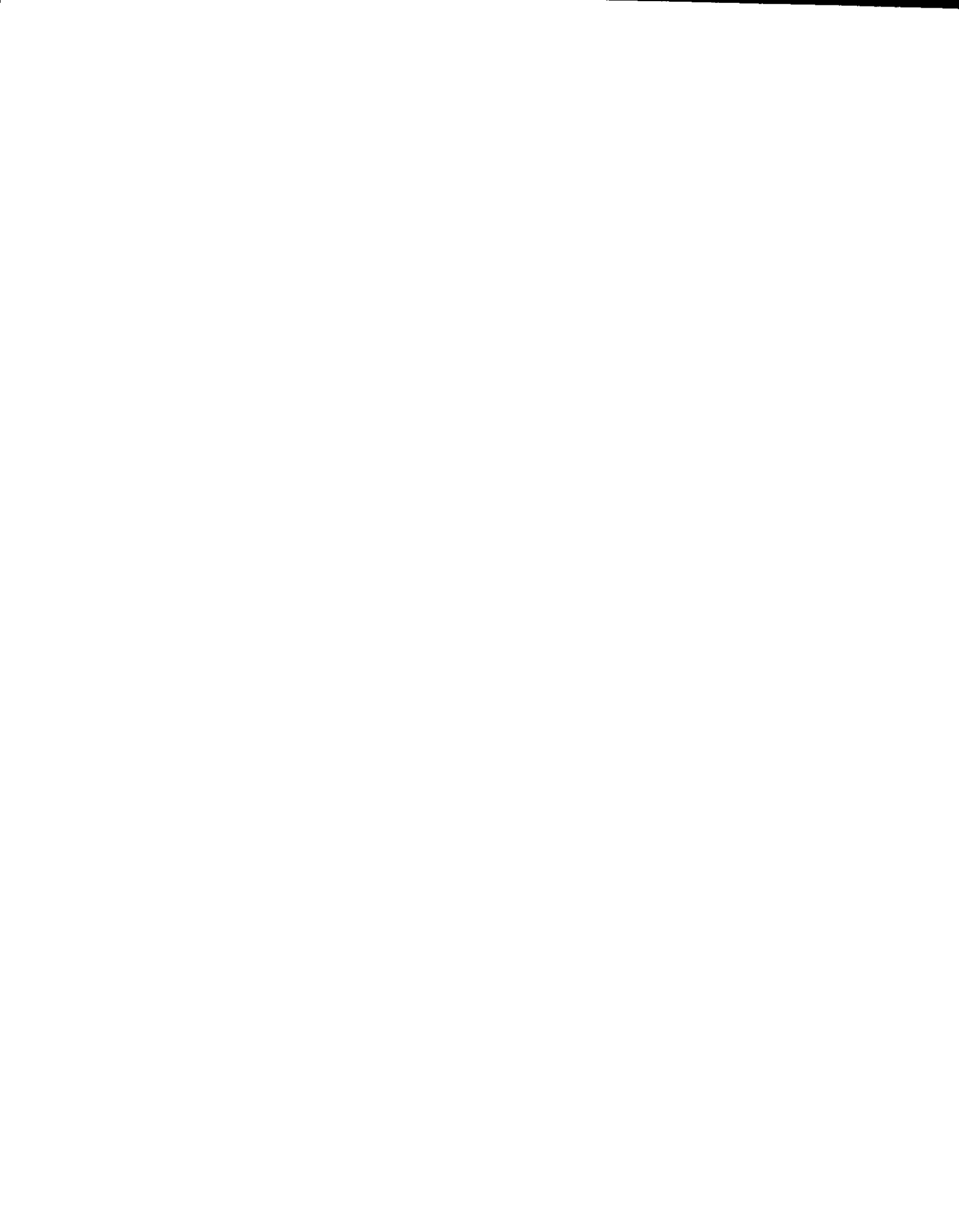
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE		
5406	25 mi	MILEAGE		
5402	730'	Casing footage		
5407	1/2 minimum	Ten mileage		
5502C	1.5 hrs	50 Vac		
1124	116 stcs	54.50 Pozmix cement		
1118B	395 #	Premium Gel		
1111	245 #	Salt		
1110A	580 #	Kalsol		
		materials		
		-30%		
		Subtotal		
4402	1	2 1/2" rubber plug		

**SCANNED** 7.15.14

SALES TAX  
ESTIMATED  
TOTAL

AUTHORIZATION No Co. Rep. 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.





**CONSOLIDATED**  
Oil Well Services, LLC

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

*2nd well*

TICKET NUMBER 59411  
FIELD TICKET REF # 50026  
LOCATION Thayer  
FOREMAN George

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-18-14	3372	Vasezky # 3-3	23	14	20	AG

CUSTOMER <i>Grand Mesa</i>			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	

TRUCK #	DRIVER	TRUCK #	DRIVER
521	Tramp-s		
458	Tom		
521	Eric		
505/7106	Matt		
735/791	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>677-88 (23)</i>	

TYPE OF TREATMENT	
<i>Acid Spot / ABO / Frac</i>	
CHEMICALS	
<i>5900 gal City Water</i>	<i>225 lbs. HCL</i>
<i>40 lbs. KCL Sol.</i>	<i>Inhibitor</i>
<i>20* ball / Breaker</i>	<i>Stabil</i>
<i>Breaker / Stabil</i>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<i>Pad</i>	<i>20</i>	<i>-16</i>				BREAKDOWN <i>1700</i>
<i>16/30</i>				<i>300</i>		START PRESSURE
<i>12/20</i>				<i>1700</i>		END PRESSURE
<i>12/20 545 balls</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>450</i>
<i>Release - pump - release</i>						5 MIN
<i>Overturn</i>	<i>5</i>					10 MIN
						15 MIN
<i>Totals</i>	<i>120</i>			<i>4000</i>		MIN RATE
	<i>710-ABO</i>					MAX RATE
	<i>pot 100 bbl KCL Water in Pot for Drillers</i>					DISPLACEMENT

REMARKS: *Spot acid to parts. - breakdown and stage -*  
*Establish rate 4 lpm - 175 and w/ 35 balls - flush to parts. -*  
*release - flush - release*

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Terms and Conditions are printed on reverse side.