



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1224562
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: _____

1224562

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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

Vesecky #3-5

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

Spud Date:	7/25/2014	Surface Bit:	11.0"
Surface Casing:	7.0"	Drill Bit:	6.125"
Surface Length:	49.0'	Longstring:	760.55'
Surface Cement:	10 sx	Longstring Date:	7/28/2014
Longstring:	2 7/8 EUE - New L/S		

Driller's Log

Top	Bottom	Formation	Comments
0	16	Soil & clay	
16	20	Gravel & Sand	
20	22	Shale	
22	42	Sand & Gravel	
42	48	Shale	
48	58	Lime	
58	64	Shale	
64	81	Lime	
81	89	Bl. Shale	
89	97	Lime	
97	101	Shale	
101	122	Lime	
122	127	Shale	
127	135	Lime	
135	155	Sandy Shale	
155	174	Lime	
174	239	Shale	
239	264	Lime	
264	280	Shale	
280	291	Lime	
291	321	Shale	
321	373	Lime	
373	377	Shale	
377	408	Lime	

Vesecky #3-5

408	411	Shale	Douglas Co., KS
411	418	Lime	
418	531	Shale	
531	544	Sandy Shale	
544	552	Shale	
552	559	Red Bed	
559	560	Coal	
560	587	Shale	
587	593	Lime	
593	597	Shale	
597	604	Lime	
604	610	Shale	
610	622	Lime	
622	631	Shale	
631	635	Lime	
635	638	Shale	
638	642	Lime	
642	652	Shale	
652	658	Lime	
658	661	Red Bed	
661	674	Shale	
674	675	Lime	
675	677	Shale	
677	678	Lime	
678	686	Shale	
686	687	Sand	Shaley, good oil saturation
687	688	Shale	
688	692	Sand	Laminated with shale, good oil sat.
692	695	Sand	Very shaley, spotty light oil show
695	782	Shale	
782		TD	

Coring		
Run	Footage	Rec.
1	682-702	20'



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 47512
LOCATION Chanute, KS
FOREMAN Casper 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
7/29/14	3372	Vesect #3-5	W 23	14	20	D6

CUSTOMER Grand Mesa
MAILING ADDRESS 1700 N. Waterfront Pkwy
CITY Widita STATE KS ZIP CODE 667206

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Casken	✓	Safety Meeting
666	Kei Car	✓	
548	Danliha	✓	
675	Lisk Fox	✓	

JOB TYPE longstring HOLE SIZE 5 7/8" HOLE DEPTH 782' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 7ft DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 4.4 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200# Precious Gel followed by 19 bbls fresh water, mixed & pumped 116 sks 50/50 Pozmix cement w/ 2% gel, 5% salt, + 5# Kalsol per sk, cement to surface, pushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.40 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	on lease	MILEAGE		
5402	7ft	casing footage		
5407	1/2 minimum	ten mileage		
5502C	1.5 hrs	80 Vac		
1124	116 sks	50/50 Pozmix cement		
118B	395 #	Precious gel		
111	245 #	salt		
110A	580 #	Kalsol		
		materials		
		subtotal		
4402	1	2 1/2" rubber plug		
		Consolidated	7.156	
		SALES TAX		
		ESTIMATED		
		TOTAL		

Ravin 3737

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

1st well

TICKET NUMBER 59410
FIELD TICKET REF # 50026
LOCATION Chayn
FOREMAN Gary Wickel

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

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-18-14	3372	Vasecky #3-5	23	14	20	DG
CUSTOMER Grand Mesa						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			524	Tramps		
			458	Tim		
			521	Eric		
				Matt		
			680/7221	Stan		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
686-92	(23)

TYPE OF TREATMENT
Acid Spot / AFB / Fracture

CHEMICALS

5900 gals City Water	225 150 HCL
40 sks. KLC Sub -	Prohibitor
20' Gel / Breaker	StimOH
Biocide / StimOH	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
1st	20				BREAKDOWN 3800
11/30				100	START PRESSURE
cut sand - flush	10				END PRESSURE
11/30				200	BALL OFF PRESS
12/20				1700	ROCK SALT PRESS
12/20 3+2+2 balls	(7)			1	ISIP 500
12/20				2600	5 MIN
Flush over	10				10 MIN
Release - pump - release					15 MIN
Overflush	5				MIN RATE
					MAX RATE
Totals	135			4000	DISPLACEMENT
	+10 AFB				

REMARKS: Spot to acid to parts. - breakdown and stage -
Establish rate 4 bpm - 175 and up 35 balls - flush to parts. -
release - flush - release

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.