



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1235726  
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: \_\_\_\_\_

1235726

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

<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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# McGOWN

DRILLING, INC.

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**Operator:**  
Grand Mesa Operating Co.  
Wichita, KS

## Vesecky #2-7

Douglas Co., KS  
23-14S-20E  
API: 045-22238

<b>Spud Date:</b>	10/28/2014	<b>Surface Bit:</b>	11.0"
<b>Surface Casing:</b>	7.0"	<b>Drill Bit:</b>	6.125"
<b>Surface Length:</b>	41.0'	<b>Longstring:</b>	760.05'
<b>Surface Cement:</b>	8 sx	<b>Longstring Date:</b>	10/30/2014
<b>Longstring:</b>	2 7/8 EUE - New Ltd. Service		

## Driller's Log

Top	Bottom	Formation	Comments
0	24	Soil & clay	
24	62	Shale	
62	67	Lime	
67	72	Sand	
72	75	Lime	
75	86	Shale	
86	100	Bl. Shale	
100	108	Lime	
108	113	Bl. Shale	
113	134	Lime	
134	137	Shale	
137	140	Lime	
140	158	Sandy shale	
158	186	Lime	
186	250	Shale	
250	255	Lime	
255	258	Bl. Shale	
258	276	Lime	
276	284	Bl. Shale	
284	290	Shale	Limey
290	313	Lime	
313	318	Shale	
318	321	Red Bed	
321	331	Shale	

Vesecky #2-7  
Douglas Co., KS

331	341	Lime	
341	345	Shale	
345	347	Lime	
347	357	Shale	
357	380	Lime	
380	391	Shale	
391	413	Lime	
413	417	Bl. Shale	
417	421	Lime	
421	423	Shale	
423	431	Lime	
431	553	Shale	
553	555	Coal	
555	573	Shale	
573	578	Shale	Limey
578	582	Shale	w/Red bed
582	589	Lime	
589	601	Shale	
601	610	Lime	
610	613	Bl. Shale	
613	618	Lime	
618	634	Shale	
634	639	Shale	Limey
639	644	Shale	
644	647	Lime	
647	653	Shale	
653	656	Lime	
656	664	Shale	
664	678	Lime	
678	691	Shale	
691	696	Lime	5'
696	703	Shale	Mucky
703	705	Sand	Very good bleed to the pit
705	707	Sand	Laminated w/shale, good bleed
707	709	Sand	Lot of shale, light oil show
709	782	Shale	
<b>782</b>		<b>TD</b>	

Run	Footage	Rec.
1	705-722	17'





**CONSOLIDATED**  
Oil Well Services, LLC

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

2 NO  
W 11

TICKET NUMBER 59923  
FIELD TICKET REF # 50302  
LOCATION Thayer, Ks.  
FOREMAN Landon Wassink

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-25-14	3372	Vescky 2-7				
CUSTOMER GRAND MESH						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
524	JAMIS	582	MATT
458	TIM		
521	ERIC		
680 T221	STAN		
619 T90	JAMIS		
735 T91	George		

**WELL DATA**

CASING SIZE <u>2 3/4</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION <u>704-09</u>	

**TYPE OF TREATMENT**  
SPT- ABO- Fiac

**CHEMICALS**

<u>200 gal HCl 15%<sup>90</sup> Acid</u>	<u>Frac Gel</u>
<u>Talhib</u>	<u>Kcl</u>
<u>stems</u>	<u>Bioxide</u>
<u>4400 gals with water</u>	<u>Breaker</u>

STAGE	BBLS PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAO</u>	<u>15</u>					BREAKDOWN <u>15-20</u>
						START PRESSURE
<u>16/30</u>				<u>300</u>		END PRESSURE
<u>12/20</u>						BALL OFF PRESS <u>3400</u>
<u>12/20</u>				<u>3700</u>		ROCK SALT PRESS
<u>Ballistics # None - per Chris</u>						ISIP <u>600</u>
						5 MIN
						10 MIN
						15 MIN
						MIN RATE
<u>Flush</u>	<u>10</u>					MAX RATE
<u>Release sands</u>						DISPLACEMENT
<u>overflush</u>	<u>10</u>		<u>TOTAL</u>	<u>4000</u>		<u>4.1 BBLS</u>
<u>TOTAL WATER</u>	<u>106</u>		<u>SAND</u>			

REMARKS:  
150 spots 50 gal on press and ball off  
20 BBLS per Chris

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 11-25-14

Terms and Conditions are printed on reverse side.