

1235740

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
--	---

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
----------------	-------	---------	------------	---

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: _____ _____
--	---	---



Operator:
Grand Mesa Operating Co.
Wichita, KS

Vesecky #2-8

Douglas Co., KS
23-14S-20E
API: 045-22240

Spud Date:	10/30/2014	Surface Bit:	11.0"
Surface Casing:	7.0"	Drill Bit:	6.125"
Surface Length:	44.0'	Longstring:	754.6'
Surface Cement:	8 sx	Longstring Date:	11/3/2014
Longstring:	2 7/8 EUE - New Ltd. Service		

Driller's Log

Top	Bottom	Formation	Comments
0	12	Soil	
12	19	Clay	
19	44	Shale	
44	46	Lime	
46	73	Shale	
73	78	Lime	
78	83	Shale	
83	98	Lime	
98	107	Shale	
107	115	Lime	
115	119	Shale	
119	141	Lime	
141	145	Shale	
145	147	Lime	
147	157	Shale	
157	159	Lime	
159	173	Shale	
173	191	Lime	
191	198	Sandy shale	
198	258	Shale	
258	262	Lime	
262	266	Shale	
266	279	Lime	
279	281	Bl. Shale	

Vesecky #2-8
Douglas Co., KS

281	284	Lime	
284	298	Shale	
298	309	Lime	
309	326	Shale	
326	329	Red Bed	
329	340	Shale	
340	348	Lime	
348	351	Shale	
351	354	Lime	
354	361	Sandy shale	
361	386	Lime	
386	397	Bl. Shale	
397	437	Lime	
437	557	Shale	
557	558	Coal	
558	566	Shale	
566	574	Sandy shale	
574	610	Shale	
610	614	Lime	
614	631	Shale	
631	637	Lime	
637	642	Shale	
642	654	Lime	
654	673	Shale	
673	676	Lime	
676	688	Shale	
688	693	Lime	
693	701	Shale	
701	702	Lime	
702	710	Shale	
710	713	Sand	Mostly shale, oil sheen
713	719	Sand	Good show, well saturated, best 713-716
719	762	Shale	
762		TD	

Coring		
Run	Footage	Rec.
1	702-722	20'



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

1st well

TICKET NUMBER 59947
FIELD TICKET REF # 50302
LOCATION Thayer, KS
FOREMAN Landon Wickline

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-25-14	3372	Vesucky 2-8				
CUSTOMER <u>GRAND MESA</u>			* SAFETY MANTIAL ATTENDANTS			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			STATE	ZIP CODE		
			524	TRAMPIS	582	MATT
			458	TIM		
			521	ERIC		
			6890 T221	STAN		
			619 T90	JAMM		
			735 T91	GEORGE		

WELL DATA	
CASING SIZE <u>2 7/8</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>712-16 4'</u>	<u>(17)</u>

TYPE OF TREATMENT	
<u>SPT- ABO- F, AC</u>	
CHEMICALS	
<u>200 gals 15% HCl</u>	<u>Acid</u>
	<u>FRAC Gel</u>
	<u>Inhib</u>
	<u>STIM</u>
<u>5500 gals CITY WATER</u>	<u>Bioside</u>
	<u>Breaker</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
<u>PAD</u>	<u>15</u>	<u>16</u>			
					BREAKDOWN 1200
					START PRESSURE
<u>16/30</u>				<u>300</u>	END PRESSURE
<u>12/20</u>					BALL OFF PRESS <u>3000</u>
<u>102/20</u>				<u>3700</u>	ROCK SALT PRESS
					ISIP <u>600</u>
<u>Ballsent up 17</u>					5 MIN
					10 MIN
					15 MIN
					MIN RATE
<u>Flush</u>	<u>10</u>				MAX RATE
<u>Release Balls</u>					DISPLACEMENT
<u>over flush</u>	<u>10</u>				
<u>TOTAL WATER</u>	<u>130</u>			<u>TOTAL 4000</u>	<u>4.2 BBL'S</u>
				<u>SP. WTS</u>	

REMARKS: Spotted 50 gal on pump, good ball-off
17 Balls. by Chem M.

AUTHORIZATION _____ TITLE _____ DATE 11-25-14

Terms and Conditions are printed on reverse side.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 50559
LOCATION Chanute, KS
FOREMAN Cory 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
11/5/14	3372	Vescky # 2-8	UW 23	14	20	DG
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Grand Mesa			729	Casey	✓	Safety Meeting
MAILING ADDRESS			6666	Kai Car	✓	
1700 N Waterfront Pkwy			510	DustWeb	✓	
CITY	STATE	ZIP CODE	370	Mik Fox	✓	
Wichita	KS	67206	775'	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>		

JOB TYPE Logging HOLE SIZE 6 1/8" HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 762' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.41 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200# Premix Gel followed by 10 bbls fresh water, mixed & pumped 144 sks 5% Premix cement w/ 2% gel, 5% salt, + 5 # Kalseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.41 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	25 mi	MILEAGE		
5402	762'	casing footage		
5407	minimum	ton mileage		
5502C	1.5 hrs	80 Vac		
1124	144 sks	5% Premix cement		
1118B	442 #	Premix Gel		
1111	302 #	Salt		
1110A	720 #	Kalseal		
		materials		
		-30%		
		subtotal		
4402	1	2 1/2" rubber plug		
			SALES TAX	
			ESTIMATED	
			TOTAL	

Ravin 3737

AUTHORIZATION No Co. Rep. on location 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