

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242202
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: _____

1242202

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 #3-9

Douglas Co., KS
23-14S-20E
API: 045-22239

Spud Date:	11/3/2014	Surface Bit:	11.0"
Surface Casing:	7.0"	Drill Bit:	6.125"
Surface Length:	44.0'	Longstring:	759.45'
Surface Cement:	8 sx	Longstring Date:	11/5/2014
Longstring:	2 7/8 EUE - New Ltd. Service		

Driller's Log

Top	Bottom	Formation	Comments
0	20	Soil & clay	
20	24	Sandy gravel	
24	64	Shale	
64	69	Lime	
69	74	Shale	
74	89	Lime	
89	97	Bl. Shale	
97	107	Lime	
107	110	Shale	
110	135	Lime	
135	138	Sandy shale	
138	164	Shale	
164	170	Lime	
170	178	Sandy shale	
178	183	Lime	
183	188	Sandy shale	
188	249	Shale	
249	254	Lime	
254	257	Shale	
257	269	Lime	
269	271	Bl. Shale	
271	274	Lime	
274	289	Shale	
289	299	Lime	

Vesecky #3-9
Douglas Co., KS

299	315	Shale	
315	318	Red Bed	
318	333	Shale	
333	339	Lime	
339	341	Shale	
341	345	Lime	
345	351	Sandy shale	
351	376	Lime	
376	389	Bl. Shale	
389	412	Lime	
412	414	Shale	
414	418	Lime	
418	421	Shale	
421	429	Lime	
429	571	Shale	
571	577	Sandy shale	
577	598	Shale	
598	603	Lime	
603	620	Shale	
620	630	Lime	
630	637	Shale	
637	653	Lime	
653	688	Shale	
688	691	Lime	
691	696	Shale	
696	697	Shale	Couple small sand seams carrying oil
697	699	Shale	
699	700	Sandy shale	Light oil saturation
700	702	Shale	
702	705	Sand	Laminated, light oil saturation, gasy
705	772	Shale	
772		TD	

Coring		
Run	Footage	Rec.
1	695-715	20'



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 50560
LOCATION Ottawa, KS
FOREMAN Casey 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	Vasecky # 3-9	NW 23	14	20	DG
CUSTOMER Grand Mesa			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1700 N. Waterfront Pkwy			729	Casey	✓ Safety Meeting	
CITY Widewater			666	Kei Car	✓	
STATE KS			503	Trotter	✓	
ZIP CODE 67206			370	Mik Fox	✓	

JOB TYPE logstring HOLE SIZE 6 7/8" HOLE DEPTH 775' CASING SIZE & WEIGHT 2 7/8" EVE
CASING DEPTH 759' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
DISPLACEMENT 4.39 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 200# Premium Gel followed by 10 bbls fresh water, mixed + pumped 138 sks 5% Pozmix cement w/ 2% gel, 5% salt, + 5# Kolseal per sk cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.39 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

PK

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	on lease	MILEAGE		
5402	759'	Casing footage		
5407	minimum	for mileage		
5502C	1.5 hrs	80 Vac		
1124	138 sks	5% Pozmix cement		
1118B	432 #	Premium Gel		
1111	290 #	Salt		
1110A	690 #	Kolseal		
		materials		
		- 30%		
		Subtotal		
4402	1	2 1/2" rubber plug		

Revin 3737
AUTHORIZATION No Co. Rep. on location TITLE _____ DATE _____
SALES TAX ESTIMATED TOTAL _____

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

4TH
Well

TICKET NUMBER 59925
FIELD TICKET REF # 50302
LOCATION Thayer, KS
FOREMAN Landon Westling

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-25-14	3372	Vesocky 3-9				

CUSTOMER: GRAND MOGA

MAILING ADDRESS:

CITY: STATE: ZIP CODE:

TRUCK #	DRIVER	TRUCK #	DRIVER
524	TRAMPAIS	582	MATT
458	TIM		
521	ERIC		
680T-221	STAN		
619 T90	JAMM		
735 T91	LOUPE		

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>703-709</u>	<u>19</u>

TYPE OF TREATMENT

SPT- A130- F1AC

CHEMICALS

<u>Acid</u>	<u>F1AC Gel</u>
<u>Inhib</u>	<u>KCl</u>
<u>STING</u>	<u>Biocide</u>
<u>CITY WATER</u>	<u>Breaker</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAD</u>	<u>15</u>	<u>16</u>			<u>2000</u>	BREAKDOWN <u>2200</u>
<u>16/20</u>				<u>300 #</u>	<u>1800</u>	START PRESSURE
<u>12/20</u>						END PRESSURE
<u>12/20</u>				<u>3700</u>	<u>1200</u>	BALL OFF PRESS <u>3500</u>
						ROCK SALT PRESS
						ISIP <u>600</u>
<u>Ballseals NOVE -</u>						5 MIN
<u>Loaded Balls but did not drop balls per instruct</u>						10 MIN
						15 MIN
						MIN RATE
<u>Flush</u>	<u>10</u>				<u>1200</u>	MAX RATE
<u>Release Balls</u>						DISPLACEMENT
<u>OVER FLUSH</u>	<u>10</u>		<u>TOTAL</u>	<u>4,000</u>	<u>1200</u>	<u>4.1</u>
<u>TOTAL WATER</u>	<u>125</u>		<u>SAND</u>			

REMARKS:

SPOTTED 50 gal on pump, good ball-off

20 Balls in ABO per Chris

NO chart
CONTENT NOT COMPUTED
DATE TO COMPUTE!
11-25-14

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.