

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242220
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
-----------------------------------	-----------------	---

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: _____

1242220

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

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	--	---



CONSOLIDATED
Oil Well Services, LLC

1451
1402

#802616
INVOICE

TICKET NUMBER 50719
LOCATION Chanute, KS
FOREMAN Crystian Rodney

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
12/4/14	3372	Vasodky # 1-4	Nw23	14	20	DG
CUSTOMER Grand Mesa						
MAILING ADDRESS 1700 N Waterfront Pkwy						
CITY Wichita	STATE KS	ZIP CODE 67206				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			729	Craker	✓	Safety Meeting
			1066	Keifar	✓	
			558	Bober	✓	
			370	Mik Fox	✓	

JOB TYPE Longstring HOLE SIZE 6" 8" HOLE DEPTH 782' CASING SIZE & WEIGHT 2 7/8" EVE
CASING DEPTH 780' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 440 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 200# G.O. followed by 5 bbls fresh water, mixed + pumped 130 sks 59% Premix cement w/ 2% gel, 5% salt, & 5# Kalreal per sk, cement to surface, bled pump clean, pumped 2 1/2" rubber plug to casing TD w/ 440 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	25 mi	MILEAGE		
5402	7100'	casing footage		
5407	minimum	ton mileage		
5502C	2 hrs	80 Vac		
1124	130 sks	59% Pozmix cement		
1118B	418 #	Premix Gel		
114	273 #	Salt		
1110A	650 #	Kalreal		
materials				
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.



CONSOLIDATED
Oil Well Services, LLC

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

1st well

TICKET NUMBER 60159
FIELD TICKET REF # 50344
LOCATION Thayer
FOREMAN Brett & Huntley

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-14-15		Vesacky 1-4	23	145	20E	DG
CUSTOMER		* Safety meeting attendees				
MAILING ADDRESS		TRUCK #	DRIVER	TRUCK #	DRIVER	
CITY		STATE	ZIP CODE			

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 1/2 8EUE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
679-92 (27)	Squirrel

15% HCL TYPE OF TREATMENT
50 gals Acidspot + ABO + Frac
125 gals 7.5 NE Acid CHEMICALS
4000# gelled water

KALSUB - Biocide - Breaker
Acid Inhibitor - Stim 10

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	20		1700-1700		BREAKDOWN 1700
16-20		20	15-10	300#		START PRESSURE
12-20		20	1.5			END PRESSURE
12-20		20	2.0	1200#		BALL OFF PRESS
12-20 (5)+(4) Ballsealers			1.5		1400/1700	ROCK SALT PRESS
12-20			1.0			ISIP 500
12-20			2.0			5 MIN
12-20				1500#		10 MIN
12-20 (3)+(2) = (14)			1.5		2600	15 MIN
12-20		20	10-20	1000#		MIN RATE
FLUSH CASING 5	20				2200	MAX RATE
Release balls to T.D.			TOTAL	9,000#		DISPLACEMENT 4.0
OVER FLUSH 10	20		SAND		1300	
TOTAL BBL'S 125						

REMARKS: * hold safety-procedure meeting before frac
Spotted 50 gal - 15% HCL acid on perfs
Acidize 12/125 gal - 7 1/2 % HCL acid + (25) ballsealers staged thru-out acid - pump till max ball-off achieved - release balls to T.D. x 2 - rehold balls for frac - used 13 bbls for ABO

Location 12:00PM - 1:00PM 100 miles

AUTHORIZATION _____ TITLE _____ DATE 1-14-15

Terms and Conditions are printed on reverse side.



Operator:
Grand Mesa Operating
Wichita, KS

Vesecky #1-4

Douglas Co., KS
23-14S-20E
API: 045-22249

Spud Date:	11/26/2014	Surface Bit:	11"
Surface Casing:	7.0"	Drill Bit:	6.125"
Surface Length:	40.0'	Longstring:	766.80'
Surface Cement:	8 sx	Longstring Date:	12/2/2014
Longstring:	2 7/8 EUE, New L/S		

Driller's Log

Top	Bottom	Formation	Comments
0	17	Soil & clay	
17	24	Gravel & Sand	
24	39	Shale	
39	44	Lime	
44	52	Sandy Shale	
52	57	Bl. Shale	
57	74	Lime	
74	81	Bl. Shale	
81	89	Lime	
89	94	Shale	
94	97	Lime	
97	117	Sandy Shale	
117	148	Shale	
148	163	Lime	
163	231	Shale	
231	247	Lime	
247	250	Shale	
250	256	Lime	
256	267	Shale	
267	281	Lime	
281	305	Shale	
305	316	Lime	
316	320	Sandy Shale	
320	321	Lime	

Vesecky 1-4
Douglas Co., KS

321	324	Shale	
324	326	Lime	
326	331	Shale	
331	361	Lime	
361	370	Bl. Shale	
370	393	Lime	
393	396	Shale	
396	401	Lime	
401	404	Bl. Shale	
404	410	Lime	
410	553	Shale	
553	557	Bl. Shale	
557	578	Sandy Shale	
578	580	Lime	
580	587	Shale	
587	594	Lime	
594	601	Bl. Shale	
601	607	Lime	
607	608	Shale	
608	612	Lime	
612	622	Shale	
622	626	Lime	
626	629	Bl. Shale	
629	649	Lime	
649	660	Shale	
660	663	Bl. Shale	
663	668	Lime	
668	681	Shale	
681	692	Sand	Laminated, Good bleed, Mostly Sand.
692	782	Shale	
782		TD	

Run	Coring Footage	Rec.
1	682-702	20'