

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242327
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: _____

1242327

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> _____	PRODUCTION INTERVAL: _____ _____
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McGOWN

DRILLING, INC.

Operator:

Grand Mesa Operating Co.
Wichita, KS

Vesecky #4-5R

Douglas Co., KS
23-14S-20E
API: 045-22243

Spud Date: 12/2/2014
Surface Casing: 7.0"
Surface Length: 43.0'
Surface Cement: 8 sx
Longstring: 2-7/8EUE

Surface Bit: 11.0"
Drill Bit: 6.125"
Longstring: 776.95'
Longstring Date: 12/4/2014

Driller's Log

Top	Bottom	Formation	Comments
0	18	Soil & clay	
18	22	Gravel, sand, clay	
22	52	Shale	
52	57	Lime	
57	60	Bl. Shale	
60	62	Lime	
62	67	Shale	
67	81	Lime	
81	90	Bl. Shale	
90	97	Lime	
97	102	Shale	
102	128	Lime	
128	138	Sandy shale	
138	157	Shale	
157	174	Lime	
174	241	Shale	
241	262	Lime	
262	264	Shale	
264	267	Lime	
267	284	Shale	
284	293	Lime	
293	322	Shale	
322	336	Lime	
336	344	Shale	

Vesecky #4-5R
Douglas Co., KS

344	370	Lime	
370	378	Shale	
378	410	Lime	
410	413	Shale	
413	418	Lime	
418	558	Shale	
558	560	Red Bed	
560	562	Bl. Shale	
562	565	Lime	
565	571	Shale	
571	580	Lime	
580	630	Shale	
630	636	Lime	
636	640	Bl. Shale	
640	648	Shale	
648	669	Lime	
669	675	Shale	
675	678	Bl. Shale	
678	689	Shale	
689	699	Sand	Laminated, good saturation, Good bleed at 696-698.
699	782	Shale	
782		TD	

Coring		
Run	Footage	Rec.
1	690-710	20
2		
3		



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 50720
LOCATION Ottawa, KS
FOREMAN Cassey 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																				
12/14/14	3372	Vesucky #4-5R	NW23	19	20	DG																				
CUSTOMER Grand Mesa			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>729</td> <td>Caskan</td> <td>✓</td> <td>Saidy Keating</td> </tr> <tr> <td>6660</td> <td>KerCar</td> <td>✓</td> <td></td> </tr> <tr> <td>510</td> <td>Dushida</td> <td>✓</td> <td></td> </tr> <tr> <td>370</td> <td>Mik Fox</td> <td>✓</td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	729	Caskan	✓	Saidy Keating	6660	KerCar	✓		510	Dushida	✓		370	Mik Fox	✓	
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729	Caskan	✓	Saidy Keating																							
6660	KerCar	✓																								
510	Dushida	✓																								
370	Mik Fox	✓																								
MAILING ADDRESS 1700 Waterfront Pkwy																										
CITY Wichita	STATE KS	ZIP CODE 67206																								

JOB TYPE logstring HOLE SIZE 6 1/2" HOLE DEPTH 782' CASING SIZE & WEIGHT 27 1/2" EUE
CASING DEPTH 776' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 4.40 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200# Gel followed by 5 bbls fresh water, mixed & pumped 123 sks 5% Pozmix cement w/ 2% gel, 5% salt, & 5# kcalceal per sk cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TM 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	760'	casing footage		
5407	minimum	ten mileage		
5502C	2 hrs	80 Vac		
1124	123 sks	5% Pozmix cement		
1118B	407 #	Gel		
1111	258 #	Salt		
1102A	615 #	Kalceal		
		materials		
		subtotal		
4402	1	2 1/2" rubber plug		

Ravin 3737

SALES TAX
ESTIMATED
TOTAL

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.



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

4th well

TICKET NUMBER 60162
FIELD TICKET REF # 50344
LOCATION Thayer
FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-14-15		Vesecky 4-5 R	23	145	20E	DG

CUSTOMER <u>Grand Mesa</u>		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
754	Josh		
745	Tosiah		
482	Mark		
582	Matt		
505T106	Blatt/Ottawa		
680T221	Joe		

WELL DATA	
CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 8EUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>691-99 (17)</u>	<u>Squirrel</u>

50 gals <u>15% HCL</u>	TYPE OF TREATMENT
125 gals <u>7.5 HCL</u>	Acid spot + frac
	CHEMICALS
	<u>KCL SUB-INHIBITOR - Breaker</u>
	<u>Acid - Inhibitor - Stimulo</u>
4000 # <u>gelled water</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	20		1800-1300		BREAKDOWN 900
16-30		20	15-1.0	300#	1350	START PRESSURE
12-20		20	1.5			END PRESSURE
12-20			1.5			BALL OFF PRESS
12-20			2.0	1,700#	1300	ROCK SALT PRESS
12-20 (4)			1.5			ISIP 500
12-20 + (3)			1.5			5 MIN
12-20 + (1) (5)			2.0	4,000#	1950	10 MIN
12-20			2.0			15 MIN
12-20		20	2.0	4,000#		MIN RATE
FLUSH CASING	5	20			1500	MAX RATE
Release balls to T.D.			TOTAL	4,000#		DISPLACEMENT 4.0
OVERFLUSH	10	20	SAND		1300	
TOTAL BBL'S	127					

REMARKS:
Spotted 50 gal 15% HCL acid on perfs - Acidize w/
125 gal 7 1/2% HCL acid + (15) ball sealers staged thru-out
acid - pump till max ball-off achieved - release balls to T.D.
X 2 - reload balls for frac - used 13 bbls total for ABO

Location 3:15 PM - 4:15 PM 100 miles

AUTHORIZATION [Signature] TITLE _____ DATE 1-14-15

Terms and Conditions are Printed on reverse side.