

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242650
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: _____

1242650

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> _____
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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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CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 50643
LOCATION Ottawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-7-14	3372	Schmit # 1-15	NE 22	14	20	DG.
CUSTOMER <u>Grand Mesa</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>1700 N Waterfront Pkwy</u>			<u>712</u>	<u>Fred Mad</u>		
CITY STATE ZIP CODE <u>Wichita KS 67206</u>			<u>495</u>	<u>Her Rec</u>		
			<u>675</u>	<u>Kid Det</u>		
			<u>510</u>	<u>DusWeb</u>		

JOB TYPE Logstring HOLE SIZE 5 7/8 HOLE DEPTH 770 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 7590 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.41 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.13 PM

REMARKS: Hold safety meeting. Establish circulation. Mix + Pump 100% Gal Flush. Mix + Pump 131 SKs 50/50 Poz Mix Cement. 2% Gel 5% Salt 5# Kal seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800# PSI. Release pressure to set float Valve.

McGowan Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	
5406	25 mi	MILEAGE	495	
5402	759	Casing footage		
5407	Minimum	Ten Miles	510	
5502C	2 1/2 hrs	80 BBL Vac		
1124	131 SKs	50/50 Poz Mix Cement		
1118B	320#	Premium Gel		
1117	264#	Granulated Salt		
1110A	655#	Kal Seal		
		Material less 30%		
		Total		
4402	1	2 1/2" Rubber Plug		

Ravin 3737

OK'd J. Green

SALES TAX ESTIMATED TOTAL

AUTHORIZATION No Co Repow Site 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 for



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

5TH
WELL

TICKET NUMBER 59926
FIELD TICKET REF # 50299
LOCATION Thayer, KS
FOREMAN LAWRENCE W. SALINE

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-25-14	3372	Schmidt 1-15				
CUSTOMER GRAND MOGA						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
524	Tripp	582	MUTT
458	Tim		
521	Eck		
680T221	STAN		
619 T 90	JAMES		
735 T 91	George		

WELL DATA

CASING SIZE <u>2 7/8</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 1/2</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>687-96</u>	<u>19</u>

200gal

4000 gal

TYPE OF TREATMENT

SPT - ABD - FINE

CHEMICALS

15% HCL	Acid	FINE Gel
	Inhib	Kcl
	Surfactant	Bicide
	CITY WATER	Breaker

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	15				BREAKDOWN 2200
<u>16/30</u>				300	START PRESSURE
<u>12/20</u>					END PRESSURE
<u>12/20</u>				3700	BALL OFF PRESS 3400
					ROCK SALT PRESS
					ISIP 600
					5 MIN
					10 MIN
					15 MIN
					MIN RATE
					MAX RATE
					DISPLACEMENT
Flush	10				
Release Balls					
Over Flush	10				
TOTAL WATER	135		TOTAL SAND	4000	4.0

REMARKS:

Spotted 40 gal of acid on pipes good ball off

28 Balls in ABD per Chris.

AUTHORIZATION _____ TITLE _____ DATE 11-25-14



Operator:
Grand Mesa Operating Co.
Wichita, KS

Schmidt #1-15

Douglas Co., KS
23-14S-20E
API: 045-22241

Spud Date:	11/5/2014	Surface Bit:	11.0"
Surface Casing:	7.0"	Drill Bit:	6.125"
Surface Length:	40.0'	Longstring:	759.40'
Surface Cement:	8 sx	Longstring Date:	11/7/2014
Longstring:	2 7/8 EUE - New Ltd. Service		

Driller's Log

Top	Bottom	Formation	Comments
0	12	Soil & clay	
12	32	Clay & shale	
32	35	Gravel & sand	
35	51	Lime	
51	53	Sandy shale	
53	57	Lime	
57	61	Shale	
61	79	Lime	
79	86	Bl. Shale	
86	94	Lime	
94	98	Shale	
98	118	Lime	
118	134	Sandy shale	
134	136	Lime	
136	151	Shale	
151	162	Lime	
162	166	Sandy shale	
166	172	Lime	
172	235	Shale	
235	239	Lime	
239	242	Shale	
242	255	Lime	
255	256	Bl. Shale	
256	259	Lime	

Schmidt #1-15
Douglas Co., KS

259	264	Shale	
264	267	Lime	
267	275	Shale	
275	277	Red Bed	
277	286	Lime	
286	319	Shale	
319	327	Lime	
327	330	Sandy shale	
330	332	Lime	
332	341	Shale	
341	349	Lime	
349	351	Shale	
351	354	Lime	
354	359	Sandy shale	
359	365	Lime	
365	368	Shale	
368	370	Lime	
370	408	Shale	
408	416	Lime	
416	574	Shale	
574	588	Sandy shale	
588	594	Lime	
594	600	Shale	
600	601	Lime	
601	633	Shale	
633	635	Lime	
635	653	Shale	
653	656	Lime	
656	668	Shale	
668	670	Lime	
670	679	Shale	
679	681	Lime	
681	688	Bl. Shale	
688	690	Sand	Laminated, sand is carry good oil
690	692	Sandy shale	No show
692	696	Sand	Light to fair oil saturation
696	699	Sand	Light, spotty oil saturation
699	700	Shale	
700	704	Sandy shale	Light rainbow sheen
704	770	Shale	
770		TD	

Coring		
Run	Footage	Rec.
1	676-696	20'
2	696-716	20'