

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1242666  
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: \_\_\_\_\_

1242666

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**Operator:**  
Grand Mesa Operating Co.  
Wichita, KS

**Schmit 1-13**  
Douglas Co., KS  
22-14S-20E  
API: 045-22247

**Spud Date:** 11/20/2014  
**Surface Casing:** 7.0"  
**Surface Length:** 43  
**Surface Cement:** 8 sx  
**Longstring:** 2 7/8 EUE

**Surface Bit:** 11.0"  
**Drill Bit:** 6.125"  
**Longstring:** 760.0'  
**Longstring Date:** 11/24/2014

### Driller's Log

Top	Bottom	Formation	Comments
0	17	Soil & clay	
17	22	Gravel, sand, clay	
22	46	Shale	
46	51	Lime	
51	57	Sandy shale	
57	71	Shale	
71	89	Lime	
89	95	Bl. Shale	
95	132	Lime	
132	145	Shale	
145	148	Lime	
148	154	Shale	
154	181	Lime	
181	244	Shale	
244	248	Lime	
248	250	Shale	
250	256	Lime	
256	258	Shale	
258	262	Lime	
262	270	Lime	
270	289	Shale	
289	297	Lime	
297	328	Shale	
328	334	Lime	

Schmidt #1-13  
Douglas Co., KS

334	339	Shale	
339	342	Lime	
342	352	Shale	
352	373	Lime	
373	384	Shale	
384	406	Lime	
406	419	Shale	
419	426	Bl. Shale	
426	595	Shale	
595	561	Bl. Shale	
561	604	Shale	
604	609	Lime	
609	620	Shale	
620	623	Lime	
623	635	Lime	
635	653	Shale	
653	658	Lime	
658	661	Shale	
661	667	Lime	
667	676	Red Bed	
676	688	Lime	
688	695	Shale	
695	701	Sand	Well saturated with oil
701	703	Sand	Stringers of sand in shale, poor saturation
703	782	Shale	
<b>782</b>		<b>TD</b>	

<b>Coring</b>		
<b>Run</b>	<b>Footage</b>	<b>Rec.</b>
1	688-703	15
2		
3		



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 50705  
LOCATION Ottawa KS  
FOREMAN Fred Maden

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
11-25-14	3372	Schmidt # 1-13	NE 22	141	20	D.G.
CUSTOMER <u>Grand Mesa</u>			TRUCK #			
MAILING ADDRESS <u>1700 N Waterfront Pkwy</u>			DRIVER			
CITY <u>Wichita</u>	STATE <u>KS</u>	ZIP CODE <u>67206</u>	TRUCK #		DRIVER	
			<u>712</u>		<u>Fred Mad</u>	
			<u>495</u>		<u>Har Aec</u>	
			<u>370</u>		<u>Mik Fox</u>	
			<u>548</u>		<u>Dan Wha</u>	

JOB TYPE Long string HOLE SIZE 6 1/8 HOLE DEPTH 782 CASING SIZE & WEIGHT 2 7/8 EUE  
CASING DEPTH 760 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
DISPLACEMENT 4.42 BB DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

REMARKS: Hold safety valve. Establish circulation. Mix Pump 100# Gel  
Flush: Mix + Pump 122 sks 50/50 Por Mix Cement 2% Gel 5% Salt  
5# Kol 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. Shut in casing.

Mc Gown Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	
5406	25	MILEAGE	495	
5402	760	Casing Footage	495	
5407	Minimum	Ton Miles	548	
5502C	2hrs	80 BBL Vac Truck	370	
1124	122 sks	50/50 Por Mix Cement		
115B	305#	Premium Gel		
1111	246#	Granulated Salt		
110A	610#	Kol Seal		
		Material		
		Total		
4402	1	2 1/2" Rubber plug		

Ravin 3737

*[Signature]*

SALES TAX  
ESTIMATED  
TOTAL

AUTHORIZATION \_\_\_\_\_ 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 record 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

3<sup>RD</sup> well

TICKET NUMBER 60161  
FIELD TICKET REF # 50345  
LOCATION Thayer  
FOREMAN Brett Busby

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-14-15		Schmidt 1-13				

CUSTOMER Grand Mesa		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
754	Josh		
745	Josiah		
482	Mark		
582	Matt		
505T106	Matt/Ottawa		
735T91	George		

**WELL DATA**

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 7/8 XUE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
695-704 (19)	Squirrel

50gals 15% HCL TYPE OF TREATMENT

Acid spot + AB304 frac

125gals 7.5% HCL CHEMICALS

KLSUB-Biocide + Breaker  
Acid-Inhibitor - Stim 1%  
4000# gelled water

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	20		1700/1400		BREAKDOWN 3500
16-30		20	15-10	3000#	1600	START PRESSURE
12-20			1.0			END PRESSURE
12-20			2.0	1700#	1300	BALL OFF PRESS
12-20 (4) + (3) ball sealers			1.0		1700	ROCK SALT PRESS
12-20 + (2) = (9)			1.5	1,000#	2300	ISIP 525
12-20			2.0			5 MIN
12-20			2.0			10 MIN
12-20			2.0			15 MIN
12-20		20	2.0	4,000#	1900	MIN RATE
FLUSH CASING	5	20				MAX RATE
Release balls to T.D. x 2			TOTAL	4,000#		DISPLACEMENT 4.0
OVER FLUSH	10	20	AND		1500	
TOTAL BBL'S	120					

**REMARKS:**

Spotted 50 gal - 15% HCL acid on perfs - Acidize w/ 125 gal - 7 1/2% HCL acid + (17) ball sealers staged thru - out acid - pump till max ball-off achieved - released balls to T.D. x 2 used 14 bbls total for AB304

Location 2:15 PM - 3:00 PM 100 miles

AUTHORIZATION LMH TITLE \_\_\_\_\_ DATE 1-14-15