

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1242675  
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: \_\_\_\_\_

1242675

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

**Schmidt 13-15**

Douglas Co., KS  
15-14S-20E  
API: 045-22248

**Spud Date:** 11/24/2014  
**Surface Casing:** 7.0"  
**Surface Length:** 40  
**Surface Cement:** 8 sx  
**Longstring:** 2-7/8EUE

**Surface Bit:** 11.0"  
**Drill Bit:** 6.125"  
**Longstring:** 760.0'  
**Longstring Date:** 11/26/2014

**Driller's Log**

Top	Bottom	Formation	Comments
0	18	Soil & clay	
18	24	Shale	
24	40	Lime	
40	55	Sandy shale	
55	65	Lime	
65	73	Sandy shale	
73	81	Shale	
81	88	Lime	
88	92	Shale	
92	95	Lime	
95	114	Sandy shale	
114	145	Shale	
145	147	Lime	
147	160	Shale	
160	162	Lime	
162	225	Shale	
225	238	Lime	
238	245	Shale	
245	251	Lime	
251	272	Shale	
272	278	Lime	
278	290	Shale	
290	296	Lime	
296	325	Shale	

Schmit 13-15  
Douglas Co., KS

325	353	Lime	
353	357	Bl. Shale	
357	363	Shale	
363	394	Lime	
394	396	Bl. Shale	
396	418	Lime	
418	530	Shale	
530	537	Sandy shale	
537	555	Shale	
555	559	Lime	
559	575	Sandy shale	light oil bleed bottom, mostly odor
575	581	Lime	
581	586	Shale	
586	590	Lime	
590	600	Bl. Shale	
600	608	Lime	
608	620	Shale	
620	623	Lime	
623	627	Bl. Shale	
627	646	Lime	
646	656	Shale	
656	658	Bl. Shale	
658	660	Shale	
660	663	Lime	
663	669	shale	
669	672	Bl. Shale	
672	684	Shale	
684	690	Sand	Laminated, shows fair oil, great bleed @ 688-689
690	782	Shale	
<b>782</b>		<b>TD</b>	

<b>Coring</b>		
<b>Run</b>	<b>Footage</b>	<b>Rec.</b>
1	679-699	20
2		
3		





**CONSOLIDATED**  
Oil Well Services, LLC

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

2nd well

TICKET NUMBER 60160  
FIELD TICKET REF # 50345  
LOCATION Thayer  
FOREMAN Brett Bushy

**TREATMENT REPORT  
FRAC & ACID**

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

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

TRUCK #	DRIVER	TRUCK #	DRIVER
754	Josh		
745	Justin		
482	Mark		
582	Matt		
505T106	Matt/Ottawa		
679T102	Junior		

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>681-89 (19)</u>	<u>Squirrel</u>

50 gals 15% HCL	TYPE OF TREATMENT
125 gals 7.5% HCL	<u>Acid spot/ABO/Frac</u>
	CHEMICALS
	<u>KLSUB-Biocide - Breaker</u>
	<u>Acid-Inhibitor - StimFlo</u>
4,000 gal gelled water	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	20			1600/1250	BREAKDOWN 1050
16-30		20	1.5-1.0	300	1300	START PRESSURE
12-20		20	1.5			END PRESSURE
12-20			1.5			BALL OFF PRESS
12-20			2.0	1700#		ROCK SALT PRESS
12-20 (4)+(3)			1.0			ISIP 5000
12-20 + (2) = (9)					1900	5 MIN
12-20			1.0	1000#		10 MIN
12-20			2.0			15 MIN
12-20			2.0	1,000#		MIN RATE
FLUSH CASING	5	20			1700	MAX RATE
Release balls to T.D.			TOTAL	4,000#		DISPLACEMENT 4.0
OVER FLUSH	10	20	SAND		1500	
TOTAL BBL'S	115					

REMARKS:  
Spotted 50 gal - 15% HCL acid on perfs - Acidize w/ 125 gal - 7 1/2 % HCL acid + (3) ball sealers staged thru-out acid pump till max ball-off achieved - release balls to T.D. X 2 used 12 bbls total for ABO

Location 1:15 PM - 2:00 PM 100 miles

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE 1-14-15

Terms and Conditions are printed on reverse side.