

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1258783
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: _____

1258783



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: Yes No

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		

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: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 50951
LOCATION Okawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/28/15	3372	Vesocky # 1-3	NW 23	14	20	DG
CUSTOMER Grand Mesa						
MAILING ADDRESS 1700 N Waterkant Pkwy Bldg 600						
CITY Oklahoma City		STATE OK	ZIP CODE 67206			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		729	CarKen	✓ Safety	Manning	
		467	KeiCar	✓		
		558	Gas Moo	✓		
		369	Micklaa	✓		

JOB TYPE longstring HOLE SIZE 5 7/8" HOLE DEPTH 742' CASING SIZE & WEIGHT 2 7/8"
 CASING DEPTH 731' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.23 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety manning, established circulation, mixed & pumped 200# gel followed by 118 stks fresh water, mixed & pumped 118 stks 50/50 Pozmix cement w/ 2% gel, 5% salt & 5 # Kalsol per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.23 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	25 mi	MILEAGE		
5402	731'	casing footage		
5407	min	van mileage		
5502C	2 hrs	80 Vac		
		trucks		
		- 10%		
		Subtotal		
1124	118 stks	50/50 Pozmix cement		
118B	398 #	Bel		
1111	248 #	Salt		
1110	590 #	Kalsol		
		materials		
		Subtotal		
4402	1	2 1/2" rubber plug		
			SALES TAX	
			ESTIMATED	
			TOTAL	

CANNED

Ravin 3737

AUTHORIZATION No Co Rep 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.



Operator:
Grand Mesa Operating Co.
Wichita, KS

Vesecky #1-3

Douglas Co., KS
23-14S-20E
API: 045-22230

Spud Date:	4/24/2015	Surface Bit:	11.0"
Surface Casing:	7.0"	Drill Bit:	5.875"
Surface Length:	43.0'	Longstring:	730.20'
Surface Cement:	6 sx	Longstring Date:	4/28/2015
Longstring:	2 7/8 EUE - New Ltd. Service		

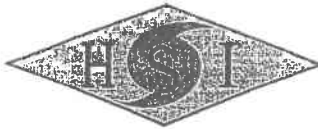
Driller's Log

Top	Bottom	Formation	Comments
0	17	Soil & clay	
17	20	Sand & gravel	
20	112	Lime	
112	140	Shale	
140	160	Lime	
160	223	Shale	
223	227	Lime	
227	230	Shale	
230	244	Lime	
244	246	Shale	
246	247	Lime	
247	258	Shale	
258	274	Lime	
274	304	Shale	
304	311	Lime	
311	315	Shale	
315	317	Lime	
317	325	Shale	
325	332	Lime	
332	336	Shale	
336	354	Lime	
354	360	Bl. Shale	
360	382	Lime	
382	387	Shale	

Vesecky #1-3
Douglas Co., KS

387	392	Lime	
392	395	Bl. Shale	
395	402	Lime	
402	551	Shale	
551	559	Lime	
559	574	Shale	
574	578	Lime	
578	584	Shale	
584	589	Lime	
589	594	Bl. Shale	
594	604	Lime	
604	615	Shale	
615	616	Lime	
616	620	Shale	
620	624	Lime	
624	632	Shale	
632	634	Bl. Shale	
634	645	Shale	
645	656	Lime	20'
656	673	Shale	
673	678	Lime	5'
678	696	Sandy Shale	Light to no oil show, very spotty
696	704	Sand	Laminated w/ shale, light to fair oil show
704	742	Shale	
742		TD	

Coring		
Run	Footage	Rec.
1	687-707	17.5'



250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer	Grand Mesa				Customer Name:		Ticket No.:	1545		
Service District:	Garnett, Kansas				AFE No.:		Date:	7/28/2015		
Well name	Vesecky				Job type	Linear Gel Frac				
Well #	#1-3				Well Details:	New Oil				
					Well Location:	Baldwin City	County:	Douglas	State:	Kansas
Equipment #	Driver	Equipment #	Driver	Equipment #	Driver	TRUCK CALLED			AM	TIME
158/801	Ron	145	Pete			ARRIVED AT JOB			AM	
146/156	Billy	303	Danny P			START OPERATION			AM	
148/157	Justin M	24	Ben			FINISH OPERATION			AM	
109	Jesse L					RELEASED			AM	
820	Erik					MILES FROM STATION TO WELL			PM	

Treatment Summary

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount
P01012	100 MC Frac Sand	cwt	1.00	00			
P01004	12/20 KAW Frac Sand	cwt	40.00				
P01075	BIOCIDE	Gal	2.00				
P01101	KCL	Gal	5.00				
P01203	Humigel 907	Gal	17.00				
P01225	BREAKER	Gal	0.50				
P01151	NON F-3	Gal	0.50				
P01304	15% HCL (.388 Baum / 99.612 H2O)	Gal	200.00				
P01403	1.1 SPG .78 IN. Solu-balls	ea	35.00				
P02000	H2O	Gal	5,040.00				
F80101	Combo Unit No. 1 - Multiple Job (20%)	ea	1.00				
F00101	Heavy Equip. One Way	mi	40.00				
F00102	Light Equip. One Way	mi	40.00				
F00510	Ball Injector - Mini Frac	ea	1.00				
F15600	TransPorts 150 bbl	hr	1.00				
F15700	TransPorts 150 bbl	hr	1.00				
F10900	Vacuum Truck 80 bbl	hr	1.00				
A32001	Acid TransPort	ea	1.00				
F82000	Sand Truck	day	0.25				

TERMS: Cash in advance unless Hurricane Services Inc has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/4% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and subject to collection.

Gross: \$	
Total Taxable \$	Tax Rate: XXXXXX
Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.	
Sales Tax: \$	
Total	

Date of Service:
 HSI Representative: *Jack Hanson*
 Customer Representative:

X _____
 CUSTOMER AUTHORIZED AGENT
Customer Comments or Concerns:

