

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1261666
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: _____

1261666



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

4th well

TICKET NUMBER 61020
FIELD TICKET REF # 51029
LOCATION Thayer
FOREMAN George Wibel

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-7-15	3372	Schmidt #14-13				DG
CUSTOMER <i>Grand Mesa</i>						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			754	Travis Josh		
			745	Travis S		
			482	Marcus		
			421	James		
			735/7221	George		

WELL DATA

CASING SIZE <i>21"</i>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<i>699-708 (19)</i>	

TYPE OF TREATMENT

ABO / Fracture

CHEMICALS *gal*

<i>City Water</i>	<i>100 15% HCL Acid</i>
<i>5,500 gal KCL Sol.</i>	<i>Inhibitor</i>
<i>20 gal Breaker</i>	<i>Maxsint</i>
<i>1300-2c</i>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<i>1ad</i>	<i>20</i>	<i>- 20</i>				BREAKDOWN
<i>16/30</i>				<i>300</i>		START PRESSURE
<i>12/20</i>				<i>1700</i>		END PRESSURE
<i>12/20 2+2+2+2 balls (8)</i>				<i>1</i>		BALL OFF PRESS <i>6000</i>
<i>12/20</i>				<i>2000</i>		ROCK SALT PRESS
<i>flush over</i>	<i>10</i>					ISIP <i>575</i>
<i>Release - pump-release</i>						5 MIN
<i>Overflush</i>	<i>5</i>					10 MIN
						15 MIN
<i>Totals</i>	<i>125</i>			<i>4000</i>		MIN RATE
						MAX RATE
						DISPLACEMENT

REMARKS: *Breakdown on w/ water - Establish rate 4 bpm - 100 and w/ 30 ball sealers - flush to perfs - release - overflush 5 bbl - release*

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.



Operator:
Grand Mesa Operating Co.
Wichita, KS

Schmidt 14-13

Douglas Co., KS
15-14S-20E
API: 045-22266

Spud Date:	6/22/2015	Surface Bit:	11.0"
Surface Casing:	7.0"	Drill Bit:	5.875"
Surface Length:	42.6'	Longstring:	742.0'
Surface Cement:	8 sx	Baffle:	732.0'
Longstring:	2 7/8 EUE New	Longstring Date:	6/23/2015

Driller's Log

Top	Bottom	Formation	Comments
0	19	Soil & clay	
19	24	Gravel	
24	47	Shale	
47	56	Lime	
56	63	Shale	
63	66	Lime	
66	72	Bl. Shale	
72	90	Lime	
90	98	Bl. Shale	
98	106	Lime	
106	110	Shale	
110	113	Lime	
113	160	Shale	
160	179	Lime	
179	243	Shale	
243	249	Lime	
249	251	Shale	
251	268	Lime	
268	286	Shale	
286	290	Lime	
290	327	Shale	
327	338	Lime	
338	346	Shale	
346	377	Lime	

Schmit 14-13
Douglas Co., KS

377	384	Shale	
384	414	Lime	
414	418	Shale	
418	425	Lime	
425	432	Shale	
432	438	Sandy shale	
438	468	Shale	
468	470	Coal	
470	536	Shale	
536	554	Sandy shale	
554	568	Shale	
568	570	Shale	Limey
570	597	Shale	Sandy in places w/light oil show to pit
597	603	Lime	
603	609	Shale	
609	622	Lime	
622	649	Shale	
649	665	Lime	
665	678	Shale	
678	681	Lime	
681	685	Red Bed	
685	689	Shale	
689	690	Lime	
690	700	Shale	
700	712	Sand	Well saturated oil sand
712	750	Shale	
750		TD	

Coring		
Run	Footage	Rec.
1	700-720	20'
2		
3		