

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1262120

Form ACO-1

November 2016

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

☐ Gas ☐ DH ☐ EOR

☐ OG ☐ GSW

☐ 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 EOR ☐ Conv. to SWD
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer

☐ Commingled Permit #: _____

☐ Dual Completion Permit #: _____

☐ SWD Permit #: _____

☐ EOR Permit #: _____

☐ GSW Permit #: _____

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No.: _____

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 ☐ Drill Stem Tests Received

☐ Geologist Report / Mud Logs Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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 <i>(Attach Additional Sheets)</i>	☐ Yes	☐ No	☐ Log	Formation (Top), Depth and Datum	☐ Sample
Samples Sent to Geological Survey	☐ Yes	☐ No	Name	Top	Datum
Cores Taken	☐ Yes	☐ No			
Electric Log Run	☐ Yes	☐ No			
Geologist Report / Mud Logs	☐ Yes	☐ No			
List All E. Logs Run:					

CASING RECORD ☐ New ☐ 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
☐ Perforate				
☐ Protect Casing				
☐ Plug Back TD				
☐ Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No (If No, skip questions 2 and 3)
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No (If No, skip question 3)
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)

Date of first Production/Injection or Resumed Production/Injection:		Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water	Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL:	
		Top	Bottom

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>
TUBING RECORD:	Size:	Set At:	Packer At:		

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	CRETEN 14-3
Doc ID	1262120

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	11	7	17	40	Portland	8	None
Production	6.125	2.875	6.5	850	50/50 Pozblend	151	2%Gel,5% Salt

**Operator:**

Grand Mesa Operating Co.
Wichita, KS

Creten #14-3i

Douglas Co., KS
19-14S-21E
API: 045-22274

Spud Date: 6/29/2015
Surface Casing: 7.0"
Surface Length: 40.0'
Surface Cement: 8 sx
Longstring: 2 7/8 EUE - new

Surface Bit: 11.0"
Drill Bit: 6.125"
Longstring: 849.95'
Baffle: 840.0'
Longstring Date: 7/2/2015

Driller's Log

Top	Bottom	Formation	Comments
0	6	Soil & clay	
6	9	Lime	
9	38	Sandy shale	
38	45	Lime	
45	92	Shale	
92	173	Sandy shale	
173	180	Lime	
180	192	Shale	
192	208	Lime	
208	218	Shale	
218	225	Lime	
225	233	Shale	
233	272	Lime	
272	278	Shale	
278	288	Lime	
288	354	Shale	
354	360	Lime	
360	364	Shale	
364	382	Lime	
382	395	Shale	
395	405	Lime	
405	431	Shale	
431	447	Lime	
447	462	Shale	

Creten 14-3i
Douglas Co., KS

462	486	Lime	
486	495	Shale	
495	521	Lime	
521	524	Bl. Shale	
524	527	Lime	
527	531	Shale	
531	538	Lime	
538	696	Shale	
696	700	Lime	
700	706	Shale	
706	712	Lime	
712	716	Shale	
716	722	Lime	
722	728	Shale	
728	738	Lime	
738	750	Shale	
750	754	Lime	
754	757	Shale	
757	775	Lime	
775	778	Bl. Shale	
778	795	Shale	
795	797	Bl. Shale	
797	800	Shale	
800	805	Lime	
805	808	Shale	
808	814	Sand	Good oil show, good bleed in core
814	817	Sandy shale	Spotty bleed
817	862	Shale	
862		TD	

Coring			
Run	Footage	Rec.	
1	808-808	0	Plugging up immediately with muck
2	808-817	9'	
3			



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 49699
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/2/15	3372	Creten # 14-3	SWS 19	14	21	DS
CUSTOMER Grand Mesa						
MAILING ADDRESS 1700 N Waterfront Pkwy						
CITY Wichita	STATE KS	ZIP CODE 67206				

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Car Ken	✓	Safety Meeting
4167	Ken Car	✓	
548	Art McD	✓	
3169	Mike Har	✓	

JOB TYPE <u>long string</u>	HOLE SIZE <u>6 1/2"</u>	HOLE DEPTH <u>92'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>
CASING DEPTH <u>850'</u>	DRILL PIPE	TUBING <u>drill pipe - 840'</u>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>10'</u>
DISPLACEMENT <u>4.86 bbl/s</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4 bpm</u>

REMARKS: held safety meeting, established circulation, mixed + pumped 200 # Gel followed by 5 bbls fresh water, mixed + pumped 151 sks 1% Portland cement w/ 2% gel, 5% Salt, + 5 # Kalsol per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to bottle w/ 4.86 bbls fresh water, pressured to 800 PSI, ~~released pressure~~, well held pressure for 30 min. UTT, released pressure, shut in casing.

15/12

[illegible]

Ravin 3737

AUTHORIZATION No 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.

**CONSOLIDATED**

Oil Well Services, LLC

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

1st well 11/10

TICKET NUMBER 61017FIELD TICKET REF # 51027LOCATION ThayerFOREMAN Gay Wikel**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-7-15	5372	Cretan-14-3	19	14	22	DG
CUSTOMER <u>Grand Mesa</u>			Safety Meeting Attendees			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
			754	Josh		Tac
			745	Trampas		
			482	Morris		
			424	James		
			735/T221	George		
			1-101	Brian		
CITY	STATE	ZIP CODE				

WELL DATA

CASING SIZE <u>2 1/2</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
809-17 (17)	

5500 gals
405 lbs**TYPE OF TREATMENT**ABO/Fracture**CHEMICALS**

<u>City Light</u>	<u>100 15% HCL A-2</u>
<u>Kil Seal</u>	<u>Establish</u>
<u>20° Gel/Breaker</u>	<u>Max 50</u>
<u>Biocide</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>Pad</u>						BREAKDOWN <u>1600</u>
<u>16/30</u>				<u>300</u>		START PRESSURE
<u>12/10</u>				<u>1700</u>		END PRESSURE
<u>12/20 3+3+1 balls (7)</u>				<u>1</u>		BALL OFF PRESS <u>4000</u>
<u>12/10</u>				<u>2000</u>		ROCK SALT PRESS
<u>Electric - 10</u>	<u>10</u>					ISIP <u>550</u>
<u>Release - pump - release</u>						5 MIN
<u>Overflush</u>	<u>5</u>					10 MIN
						15 MIN
<u>Totals</u>	<u>120</u>			<u>4000</u>		MIN RATE
						MAX RATE
						DISPLACEMENT

REMARKS:

Breakdown on water - Establish rate 4 bpm - 100 acc
up 260 Gallons - Push to pump - release - Overflush
5 Gals - release - proceed to fracture

AUTHORIZATION _____

TITLE _____

DATE _____

Terms and Conditions are printed on reverse side.