

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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 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: \_\_\_\_\_

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](mailto: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 Geologist Report / Mud Logs <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				

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: <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. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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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:	
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# Pro-Stim Chemicals LLC

## Acidizing Report

Customer: Grand Mesa Pro-Stim Chemical Yard: Dighton Date: 10-19-17  
 Well Name & Number: Glennis 4-27 Formation: KS Pro-Stim Number: A18  
 County: Gove State: KS Interval: 4505-18  
 Well Type: Completion  Recompletion  Workover  Oil  Gas  Water  Disposal  Perf  OH   
 Job Pumped Via: Tubing  Casing  Annulus  CTU  Combination  Plug Depth: 4500  
 Casing Size: 5 1/2 GRD  WT  Depth: 2 3/8 Tubing Size: 2 3/8 Spot: no  
 Casing Vol: .2 Tbg Vol: 26 Ann Vol: 26.2 OH Vol: 26.2 Total Displacement: 26.2

800 gals HCl 7.5% Acid; 50 gals FCU-1109; 10 gals RAS-92; 750# AM-CHLOR

Customer Representative Signature: \_\_\_\_\_

### Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
1	Acid			1	0		Start Acid
6	Acid	3.5		19	0		Acid off truck
7	Flush	0		25.5	20		hole loaded
11	Flush	0		25.7	300		
69	Flush	0		26.3	500		
117	Flush	0		27	600		
125	Flush	0		27.2	600		
143	Flush	0		27.8	700		
155	Flush	0		28.2	800		
178	Flush	0		28.9	1000		
186	Flush	1.75		29.5	0		went on VAC
189	Flush	3.0		33	0		
193	Flush	3.2		45.2	0		total load

800 gal 7 1/2 % Hydrofluoric  
30 Bbls Am. Chloride Flush

*[Signature]*

Shannon M.

### Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected	H2O <u>26.2</u>	Acid <u>19</u>	Oil
Treating Prs	Max <u>1000</u>	Final <u>0</u>	Avg.	ISIP <u>0</u>	5'SI
					10'SI
					15'SI
					20
					25
					30

*[Handwritten scribble]*

JOB LOG

SWIFT Services, Inc.

DATE 11-03-17 PAGE NO. 1

CUSTOMER GRAND MESA

WELL NO. 4-27

LEASE GILLENES

JOB TYPE ACIDIZE

TICKET NO. 031005

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	12:09							ON LOCATION AD SEPARATE
								TRAC SEAT DEP. PERES 4508'-18'
								FWD AT ± CS. VOL. SPOT NONE
								27/8 X 5 1/2 TREAT 4502'
								CS. 16' 3808 Bbl
								Tb 4502 26.06658 Bbl
								TOTAL 26.44736 Bbl
	12:40	3	25	✓			D	Pump ACID
	12:43	2-3	6	✓			D	ON FLUSH
	12:47	3-2	24	✓			VAC	SHUT DOWN LET LOAD
	12:47	0	24	✓			VAC	-
	12:48	0	26.50	✓			0	LOADED
	12:54	33-0	26.50	✓			300	STAGING 1 MEN 4 sec 100# DROP
	13:32	"	27.75	✓			300	" 3 MEN 40 sec 100# DROP
	13:59	"	28	✓			300	" 4 MEN 100# DROP
	14:17	33-0	28	✓			300	STAGING 5 MEN 30 sec 100# DROP
	15:00	"	28	✓			300	" 6 MEN 100# DROP
				✓			300	CROSSD IN.
								REV DOWN
								TECKST
								Job COMPLETE
								THANK YOU DUSTY & RUSSELL



JOB LOG

SWIFT Services, Inc.

DATE 11-6-17 PAGE NO. 1

CUSTOMER Grand Mesa WELL NO. #4-27 LEASE Glenn's JOB TYPE Acid TICKET NO. #30971

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1245							On location 2 7/8 x 5 1/2
								Perfo - 4508-18 PIKR - 4500 FL - 4490 500 gal MCOO 101 w/ 20% Xylene
	1300	∅ 4 1/2	∅	✓	∅			Start Acid Down Hole
		4 1/2	13	✓	∅			Flush
	1310	∅	27	✓	∅			Load 1/2 bbl late
								1/4 bbl in 5 min vacuum
	1320	∅	27 1/4	✓	300			Stage
	1400	∅	28	✓	300			1 3/4 out
	1430	∅	29	✓	300			2 3/4 out
	1431	∅	29	✓	∅			let set
	1435	1/2	31 1/2	✓	∅			treaching on vacuum 1/2 bpm
	1450	1/2	38	✓	∅			Acid Gone
								*38 bbl load*
								pack up truck
	1515							Job Complete
								Thank You Dave Preston

# Pro-Stim Chemicals LLC

## Acidizing Report

Date **11-8-17**

Customer: **Grand Mesa** Pro-Stim Chemical Yard: **Dighton** Pro-Stim Number: **A-1**

Well Name & Number: **Glenn S #4-27** Formation: \_\_\_\_\_

County: **Gove** State: **Ks** Interval: **4169-4177'**

Well Type: Completion  Recompletion  Workover  Oil  Gas  Water  Disposal  Perf  OH

Job Pumped Via: Tubing  Casing  Annulus  CTU  Combination  Plug Depth: \_\_\_\_\_ Packer Depth: **4120'**

Casing Size: **5-1/2** GRD \_\_\_\_\_ WT \_\_\_\_\_ Depth \_\_\_\_\_ Tubing Size: **2-7/8** Spot \_\_\_\_\_

Casing Vol: **1.16** Tag Vol: **23.85** Ann Vol \_\_\_\_\_ OH Vol \_\_\_\_\_ Total Displacement: **25.01**

*400 gals 15% PWR-1001, 25 bbls 2% KCL Biocide*

Customer Representative Signature \_\_\_\_\_

### Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
15	Acid	2.0		1.1	0		Spot acid
32	Acid	4.7		2.0	0		Set PKR, load tbg
34	Acid	4.7		9.5	0		
37	Flush	—		23.8	40		Tbg loaded
44	Flush	—		23.9	300		Start Staging
51	Flush	—		24.0	500		
68	Flush	—		24.4	500		Started treating
70	Flush	0.1		24.5	420		
73	Flush	0.1		24.8	300		
77	Flush	0.3		25.8	370		
80	Flush	0.5		26.8	370		
81	Flush	0.7		27.5	270		
82	Flush	1.0		28.0	430		
84	Flush	1.0		30.2	470		
85	Flush	1.0		31.7	580		
86	Flush	1.0		32.7	520		
86	Flush	1.0		33.2	550		
87	Flush	1.0		34.5	480		Kick out Pump
89	Flush	0.5		35.5	Vac		400 gal 15% RWR-1

### Treatment Synopsis

*1 min - Vac 1/2 BPM*

Avg Inj Rate	Fluid BPM	Total Injected		H2O	Acid	Oil	
	<b>.68</b>			<b>26</b>	<b>9.5</b>		
Treating Pts	Max	Final	Avg	ISIP	5'SI	10'SI	15'SI
	<b>580</b>	<b>480</b>	<b>430</b>	<b>400</b>			
					20	25	30





JOB LOG

SWIFT Services, Inc.

DATE 10-24-17	PAGE NO.
TICKET NO. 30855	

CUSTOMER Grand Mesa	WELL NO. 4-27	LEASE Glennis	JOB TYPE Perf Squeeze
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1000							On location
								Csg - 5 1/2 Tub - 2 3/8 CIBP - 4500 Retainer - 4470 Perfs - 4481 - 4493
	1025	3.5	27				0	1000 tubing & take ini rate
	1105	5	85				0	1000 BS. and get rate - Didn't catch psi
	1140	2	21				0	pump CMT
	1150	2	21				0	Start Disp
			12				2000	Catch psi & Stage
			12.5				2200	Release psi
	1200	6	60				200	String out of retainer pump wtr down backside wash truck
	1215							T.O.O.H w/ Tubing - got 35 SKS CMT into perfs
								560 Ft of Cement left in Csg
								Thanks David, Zach & Wayne