

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. 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

Date **2-4-21**

Customer **Grand Mesa** Pro-Stim Chemical Yard **Russell** Pro-Stim Number **A20 Levy**
 Well Name & Number **Besperat 1-33** Formation **—**
 County **Rush** State **Kansas** Interval **3653-57**

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

Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth **—** Packer Depth **3600**

Casing Size: **4 1/2** GRD **—** WT **—** Depth **—** Tubing Size: **2 3/8** Spot **.50**
 Casing Vol. **.88** Tbg Vol **13.93** Ann Vol **—** OH Vol **—** Total Displacement **21.31**

Customer Representative Signature _____

250 158 mcu
2.5 mcu 80
116 KLL

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
11:14	acid	.20	.50				Spot acid
11:30	acid	2.20	.50				Start acid
11:32	flush	2.20	6.00				Start flush
11:36	}	.00	13.94				hole loaded
11:38		.20	13.99		500		Pressure increase
11:44		.20	14.10		800		Pressure increase
12:12		.20	14.47		1000		Pressure increase
12:31		.20	14.83		1200		Pressure increase
12:40		.20	15.25		800		Pressure Broke
12:41		.20	15.55		700		Pressure Break
12:42		.55	15.93		800		Rate increase
12:47		.55	18.11		700		Pressure break
12:51		.55	20.81		700		Acid clear
12:52	flush	.00	21.31		600		Flush in, Job Complete

Thank you!
 Levy Ryan

Treatment Synopsis

Avg Inj Rate	Fluid BPM			Total Injected	H2O	Acid	OH
	Max	Final	Avg.				
Treating Pts				15IP	5'SI	10'SI	15'SI
AR					20 425	25	30 400

Pro-Stim Chemicals LLC

Acidizing Report

Customer: Grand Mesa Pro-Stim Chemical Yard: Russell Date: 2-5-21
 Well Name & Number: Besperat #1-33 Pro-Stim Number: A20 Levy
 County: Rush State: Kansas Interval: 3500-05
 Well Type: Completion Recompletion Workover Oil Gas Water Disposal Perf OH
 Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth: Packer Depth: 3492
 Casing Size: 4 1/2 GRD WT Depth Tubing Size: 2 3/8 Spot
 Casing Vol: 20 Tbg Vol 13.51 Ann Vol OH Vol Total Displacement 19.71

250 158 mca.
 2.5 mca 80
 14, KLL

Customer Representative Signature _____

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
10:53	acid	2.40			0		Start acid
10:56	Flush	2.40	6.00		0		Start flush
11:00	}	.00	13.29		0		Hole loaded
11:00		.20	13.35		500		PI
11:30		.20	13.49		700		PI
11:57		.20	13.68		800		PI
12:40		.20	14.24		300		PB
12:40	flush	.55	14.68		Vac		PB, went on vacuum
12:48		.00	19.71		Vac		flush in, Job complete

Thank You!
 Levy Ryan

Treatment Synopsis

Avg Inj Rate	Fluid BPM		Total Injected				
Treating Pts	Max	Final	Avg	H2O	Acid	Oil	
AR				ISIP	5'SI	10'SI	15'SI
				20	25	30	



Please Remit To:
 P.O. Box 549
 Hays, KS 67601
 Phone: (785) 628-6395
 Fax: (785) 628-3651

FIELD TICKET No.

5187

DATE 2/2/21

UNIT # 3362

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER <u>Grand Mesa Operating</u>		LEASE <u>Besperat</u>	WELL NO. <u>33-1</u>
ADDRESS		FIELD	STATE <u>Ks</u> COUNTY <u>Rush</u>
		LOCATION <u>33-185-17W</u>	
CITY		CASING SIZE & WT. <u>4 1/2"</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>Bond Log, CIBP, Perf</u>	

ORDERED BY	TITLE	REV. CODE	QTY.	UNIT PRICE	SERVICE SUPV.	AMOUNT
70-210-1000	Service Charge					
70-214-0700	Gamma CCL Bond Log Depth Charge 0-3750					
70-212-0700	Gamma CCL Bond Log Operations Charge 2500-3750					
75-820-0045	4 1/2" CIBP @ 3755					
75-805-0065	Perf Stick Guns					
	3653-57 16 shots					
	3500-05 20 shots					
	3479-86 28 shots					
	2 extra carriers					

CALLED OUT _____ Time _____ Date	ON LOCATION <u>2:30</u> Time <u>2/2/21</u> Date	COMPLETED _____ Time <u>2/2</u> Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX TOTAL CHARGES
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*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Employee Name (Print)	Hours	Initials
<u>Gottschalk</u>	<u>4.5</u>	
<u>Brungardt</u>		

CUSTOMER AGREES to pay (the "Company") on a net 45 day basis from date of invoice to avoid loss of discount. Invoices older than 45 days are subject to loss of discount on ticket. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

x Ron Gottschalk

x [Signature]
 CUSTOMER REPRESENTATIVE

White - Main Canary - Customer Pink - Field