

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	YORK 1-9
Doc ID	1570254

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	12.25	8.625	24	222	Common	165	3%CC, 2% Gel
Production	7.875	5.50	14	4454	Class "A"	195	w/additives

AR-CU

Pro-Stim Chemicals_{LLC}

Acidizing Report

Date 4-14-21

Customer Grand Mesa

Pro-Stim Chemical Yard *Russell*

Pro-SBin Number A20 Lev

Well Name & Number YORK 1-9

Formation

County Lane

State Kansas

interval 4052-60

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

Job Pumped Via: Tubing ☒ Casing ☐ Annulus ☐ CTU ☐ Combination ☐ Plug Depth — Packer Depth 4040

Casing Size:	5 1/2	GRD	-	WT	-	Depth	-	Tubing Size:	2 3/8	Spot	-
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Casing Vol.	47	Tbg Vol	23.39	Ann Vol	—	OH Vol		Total Displacement	29.86
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Customer Representative Signature

250 15% mca.
2.5 mca 80 24 KCL
3 rgs 10

Treatment Record

[illegible]

Treatment Synopsis

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



FIELD TICKET No.

5477

DATE 4-13-21
UNIT # 4818

INVOICE NO.	P.O. NO. 15-101-22627-0000	AFF NO.
CUSTOMER Grand Mesa Operating	LEASE YORK 1-9	WELL NO.
ADDRESS	FIELD	STATE KS COUNTY Lane
	LOCATION 9-165-29W	
CITY	CASING SIZE & WT. 5 1/2	TBG. SIZE
STATE ZIP	TYPE OF JOB perf-plug	

[illegible]

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

Employee Name (Print)	Hours	Initials
Thomas	2	
Burgardt	2	

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.

CUSTOMER REPRESENTATIVE

White – Main **Canary – Customer** **Pink – Field**