KOLAR Document ID: 1570254

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 #	API No.:
Name:	Spot Description:
Address 1:	SecTwpS. R East West
Address 2:	Feet from
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx) Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	Leading of fleth diseased if headed offether
EOR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Canad Date on Date Decembed TD Completing Date on	Quarter Sec TwpS. R
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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 Approved by: Date:							

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Page Two

Operator Name:				Lease Name:			Well #:			
Sec Twp.	S. R.	Ea	st West	County:						
	lowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,		
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log		
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample		
Samples Sent to G	eological Surv	ey	Yes No	Na	me		Тор	Datum		
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No							
		Re			New Used	ion, etc.				
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives		
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l				
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used		Type and Percent Additives				
Protect Casi										
Plug Off Zon										
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,		
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>				
Estimated Production Per 24 Hours	on	Oil Bbls.			Water Bbls. Gas-Oil Ratio Gravity					
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION										
			Open Hole			mmingled mit ACO-4)	Тор	Bottom		
,	Submit ACO-18.)									
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At						
TUBING RECORD:	Size:	Set /	At:	Packer At:						
. 5513 1200 10.	5120.		···	. 30.0.71						

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		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	222	Common		3%CC, 2% Gel
Production	7.875	5.50	14	4454	Class "A"	195	w/additive s

Acidizin	g Report	P	ro-Sti			ical	SLLC	Date 1	
	Grand M	leca	Pro-Stim Clar	emikal Yard Ru			Pro-Silm Num	ber An -	12-21
Well Kame &	klambaa & S	- Annual Control of the Control of t		Form	ation			A20	Levy
County	York York		Annual Control of Cont	State //		Inten	/al //a/a		ACCOUNTS OF THE PARTY OF THE PA
	ian <u>e</u>			Kans			4069-	.7 <u>/</u>	
Well Type:	Completion 🗆	Recomplet	ion O Worko	ver D Oily	(Gast)	Water C		Perf ©	ОНП
Job Pumped V	Aa: Tubing j	d Casing D	Annuluss)	CINO	Combination (o Rugi	Depth	Packer De	4040
Casing Size:	5次	GRD_	WT Dep	aih	Tubing Siz	* 278	Spot	eter#9	
Casing Vol.	.73	Tog Vol	23.39 Ann	Vol	OH VAI	samely.	Total Di	splacement 80	0.00
Customer Rep.	resentative Signature			Trealment i			750 1 7.5 cm 3 gid	0% NE D 1699 21	DBLFE Dreig2 2 KCL
Time _	Type Fluid	Rate BMP	Increment Vol Bbis	Cun Vol Bbis	Tubing	escure Casing		Observation	18
2:03	Acid	2.80			0		Safety Meeting		
2:09	flush	2.80	18.00		0		Prs Tesi 10 S	tart flu	sh psi
2:18	flush	2.80	42.12	A MERCHANISMENT AND A MERCHANISMENT AND A MERCHANISMENT AND A MERCHANISMENT AND A MERCHANISM AND A MERCHANIS	0		Acid	clear	
2:25	flush	.00_	60.00		Vac		flush	in, Job	Complete
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wg inj Rate	Fluid 8PM			Total Inject			Acid	T03	
leating Pre	Max	Final	Avg.	* *********************************	ISIP		5'8'	10/84	15'8
R-CU					- 1		20	25	30

Pro-Stim Chemicalsuc Dale 4-14-21 **Acidizing Report** Pro-Stim Chemical Yard Pro-Som Number Mesa Kussell Grand Well Name & Number Formation County State interval 1052 Kansas Well Type: Completion D Recompletion D Workover [7] Gas □ WaterLi Perf Li OHO Disposal D Plug Depth Packer Depth 4040 Job Punwood Via: Tubing # Casine O Annulusta CTUD Combination (7) Casing Size: GRD Depth Tubing Size: 🥎 70 Spot Total Displacement 29, 86 Tbg Vol 23 39 Casing Vol. Ann Vol OH Vol 250 158 Mcg. 2.5 mca 80 Customer Representative Signature 24KCL Treatment Record 3 rgs10 increment Cum Pressure Time Type Fluid Rate BMP Vol Bbls Vol 854s Tuble Casing 11:36 Salety Meeting Start acid 6.00 11:46 Hole logical 11:47 500 11:52 20 300 11:53 PB to vaccum Vac Flush in, Job Complete Vac Thank You! Levy Ryan Treatment Synopsis Avg inf Rate Ruid 8PM Total injected H20 Acid Dil. Treating Pre Max Avg. Final ISIP 5'51 10'SI 15'61 AR-CU 20 25



Please Remit To: P.O. Box 549

Hays, KS 67601 Phone: (785) 628-6395 Fax: (785) 628-3651

FIELD TICKET No.

5477

DATE <u>4/-13-21</u>

P.O. NO. 15	-/	01-	-226	27-000	AFE NO.	
,		K	1-9		WELL NO.	
FIELD			S	TATE /	COUNTY 2 an	e
LOCATION	} _	16	< -	29W		
CASING SIZE	& W	ک ک <u>۲</u> .	1/2	,	TBG. SIZE	
TYPE OF JOE	0	49				
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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.

Mos /hora

CUSTOMER REPRESENTATIVE