

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) (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

Date 4-6-22

Acidizing Report

Customer: <u>Grand Mesa</u>	Pro-Stim Chemical Yard: <u>WY 25</u>	Pro-Stim Number:
Well Name & Number: <u>GJM 1-25</u>	Formation:	
County: <u>Logan</u>	State:	Interval: <u>4592-4596</u>
Well Type: <input type="checkbox"/> Completion <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Workover <input type="checkbox"/> <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Disposal <input type="checkbox"/> Perf <input type="checkbox"/> OH <input type="checkbox"/>		
Job Pumped Via: <input checked="" type="checkbox"/> Tubing <input type="checkbox"/> Casing <input type="checkbox"/> Annulus <input type="checkbox"/> CTU <input type="checkbox"/> Combination <input type="checkbox"/>	Plug Depth:	Packer Depth:
Casing Size: GRD WT Depth Tubing Size Spot		
Casing Vol: Tbg Vol Ann Vol OH Vol Total Displacement		

Customer Representative Signature:

Neil Hutton

500 gals DSFE 20%
10 bbls 20% KCL water

Treatment Record

Observations/Descriptions	Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure	
						Tubing	Casing
<u>Pump Acid down tubing</u>		<u>HCL</u>	<u>1.5</u>	<u>12</u>	<u>12</u>	<u>0</u>	
<u>Pump Flush</u>		<u>KC</u>	<u>1.5</u>	<u>10</u>	<u>22</u>	<u>-20</u>	

Directions	Product	Qty	Product	Qty	Product	Qty
	<u>20% HCL</u>	<u>500</u>	<u>20% HCL</u>	<u>30</u>		
Operator Name: <u>Carlus Morrison</u>	<u>CHP-99</u>	<u>5</u>				
Unit #: <u>A-18</u>	<u>Acid 25</u>	<u>2</u>				
Hours: <u>6</u>	<u>BAS-10</u>	<u>10</u>				

Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected		H2O	Acid	Oil
Treating Pns	Max	Final	Avg.	ISIP	5'SI	10'SI 15'SI
UAR-1					20	25 30



ELI
WIRELINE SERVICES

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

FIELD TICKET No. - 6428

DATE 4-8-22
UNIT # 4818

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <u>Grand Mesa</u>	LEASE <u>G & M # 1-25</u>	WELL NO.
ADDRESS	FIELD	STATE <u>KS</u> COUNTY <u>Logan</u>
CITY	LOCATION <u>25-Ds-32w</u>	TBG. SIZE
STATE	CASING SIZE & WT. <u>5 1/2</u>	TYPE OF JOB <u>perf</u>
ZIP	ORDERED BY	TITLE
		SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
	<u>Service charge</u>				
<u>44 slick</u>	<u>min shots</u>		<u>12</u>		
	<u>4203' - 4206'</u>	<u>3x4</u>			

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ 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>Thomason-Brumgardt</u>	<u>5.25</u>	
<u>Fleener</u>	<u>2</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.

[Signature]

[Signature]
CUSTOMER REPRESENTATIVE

GENERAL TERMS AND CONDITIONS

Except to the extent provided otherwise in a separate, executed, written contract, if any, between ("Contractor") and Customer applicable to the services performed or equipment, products, or supplies provided by Contractor for Customer hereunder, by requesting or receiving any services, equipment, products, or supplies from Contractor, Customer agrees, acknowledges, and accepts that the following General Terms and Conditions are in effect and will apply to any and all activities arising from or related to services, equipment, products, or supplies provided by Contractor (and will supersede any conflicting terms and conditions contained in Contractor's published Price Book):

I. **Safety.** Contractor will comply with its own safety rules and regulations as well as all applicable state and federal safety standards and will comply with such safety rules as may be reasonably requested by Customer and provided to Contractor in advance of any services performed for Customer.

II. **Warranty.** Contractor warrants that its services will be performed according to generally accepted oilfield standards. Contractor makes no other warranties either express or implied. No warranty whatsoever is made regarding any equipment, products, goods, or materials supplied to Customer, including any warranties of quality, design, manufacture, maintenance, merchantability, fitness thereof for a particular purpose or otherwise.

III. **Payment Terms.** Upon approval of credit to Customer by Contractor, Contractor will invoice and Customer will pay within thirty (45) days after the date of said invoice all sums due Contractor for materials and services rendered. In the event Customer disputes any invoiced item(s), Customer will notify Contractor in writing of the item(s) disputed specifying the reason therefor and payment of the disputed portion of the invoice shall be withheld until the dispute is settled. Payment of the undisputed portion of the invoice shall be made in accordance with the terms set forth above. All payments are payable at P.O. Box 549 Hays, KS 67601. Any invoice not paid (or any portion of an invoice not paid) in accordance with its terms shall draw interest at the rate of 1-1/2% per month or at the maximum rate permitted under the law of the state in which the service was performed, whichever is less, from the due date until paid and, at Contractor's discretion, may have any discounts applicable to the unpaid portion of the invoice revoked. In the event an attorney is hired to enforce the provisions of this agreement, Contractor shall be entitled to recover from Customer all reasonable expenses, including attorney's fees and costs.

IV. **RISK STRUCTURE.** SUBJECT TO ANY LIMITATIONS PROVIDED BY APPLICABLE LAW:

1. **LIENS.** CONTRACTOR AND CUSTOMER SHALL EACH DEFEND, INDEMNIFY, AND HOLD THE OTHER HARMLESS FROM ALL LIENS AND OTHER ENCUMBRANCES AGAINST PROPERTY AND EQUIPMENT OF THE INDEMNITEE ON ACCOUNT OF THE INDEMNITOR'S DEBT TO ANY PARTY.

2. **PATENTS.** CONTRACTOR AND CUSTOMER SHALL EACH DEFEND, INDEMNIFY, AND HOLD THE OTHER HARMLESS FROM AND AGAINST ANY AND ALL LOSS OR LIABILITY ARISING FROM THE INDEMNITOR'S INFRINGEMENT OR ALLEGED INFRINGEMENT OF ANY PATENTS COVERING EQUIPMENT, PROPERTY, METHODS, OR PROCESSES.

3. **PROPERTY AND EQUIPMENT.** EXCEPT AS PROVIDED IN ARTICLE VII BELOW, CONTRACTOR AND CUSTOMER SHALL EACH RELEASE, DEFEND, INDEMNIFY, AND HOLD THE OTHER HARMLESS FROM AND AGAINST ALL CLAIMS, DEMANDS, AND CAUSES OF ACTION OF EVERY KIND FOR DAMAGE TO OR LOSS OR DESTRUCTION OF THE INDEMNITOR'S EQUIPMENT AND THE PROPERTY AND EQUIPMENT OF ITS EMPLOYEES, CONTRACTORS, SUBCONTRACTORS, AND INDEMNITEES.

4. **EMPLOYEES.** CONTRACTOR AND CUSTOMER SHALL EACH RELEASE, DEFEND, INDEMNIFY, AND HOLD THE OTHER HARMLESS FROM AND AGAINST ALL CLAIMS, DEMANDS, AND CAUSES OF ACTION OF EVERY KIND FOR INJURY TO OR ILLNESS OR DEATH OF THE INDEMNITOR'S EMPLOYEES AND EMPLOYEES OF ITS RESPECTIVE CONTRACTORS, SUBCONTRACTORS, AND INDEMNITEES.

5. **LOSS OF HOLE, RESERVOIR DAMAGE, BLOWOUT, ETC.** CUSTOMER SHALL RELEASE, DEFEND, INDEMNIFY, AND HOLD CONTRACTOR HARMLESS FROM AND AGAINST ANY AND ALL LOSS OR LIABILITY FOR (I) DAMAGE TO OR LOSS OF ANY RESERVOIR OR PRODUCTION FORMATION; (II) INJURY TO, DESTRUCTION OF, OR LOSS OR IMPAIRMENT OF ANY PROPERTY RIGHT IN OR TO OIL, GAS, OR OTHER SUBSTANCE; (III) DAMAGE TO OR LOSS OF ANY WELL OR HOLE; (IV) POLLUTION AND OTHER DAMAGES RESULTING FROM CRATERING, BLOWOUT, OR LOSS OF CONTROL, INCLUDING CONTROL AND REMOVAL OF THE POLLUTANT INVOLVED; AND (V) COSTS AND EXPENSES OF KILLING OR BRINGING UNDER CONTROL ANY WILD WELL, AND THE COST OF REMOVAL OF DEBRIS ATTRIBUTABLE TO ANY SUCH WILD WELL.

6. **POLLUTION.** CUSTOMER AND CONTRACTOR AGREE THAT: (A) CONTRACTOR SHALL ASSUME ALL RESPONSIBILITY FOR AND SHALL RELEASE, DEFEND, INDEMNIFY, AND HOLD CUSTOMER HARMLESS FROM AND AGAINST ALL POLLUTION OR CONTAMINATION WHICH ORIGINATES ABOVE THE SURFACE OF THE LAND FROM SPILLS OF FUELS, LUBRICANTS, MOTOR OILS, FRACTURING FLUIDS, NORMAL WATER BASE DRILLING FLUID AND ATTENDANT CUTTINGS, PIPE DOPE, PAINTS, SOLVENTS, AND GARBAGE WHOLLY IN CONTRACTOR'S POSSESSION AND CONTROL AND DIRECTLY ASSOCIATED WITH CONTRACTOR'S EQUIPMENT AND FACILITIES. (B) CUSTOMER SHALL ASSUME ALL RESPONSIBILITY FOR AND SHALL RELEASE, DEFEND, INDEMNIFY, AND HOLD CONTRACTOR HARMLESS FROM AND AGAINST ANY AND ALL POLLUTION OR CONTAMINATION, OTHER THAN THAT DESCRIBED IN SUBSECTION (A) AND SECTION IV.5 ABOVE, WHICH MAY OCCUR DURING THE TERM OF THIS AGREEMENT OR AS A RESULT OF SERVICES PROVIDED OR OPERATIONS HERUNDER.

7. **CONSEQUENTIAL DAMAGES.** EXCEPT AS PROVIDED IN ARTICLE VII BELOW, UNDER NO CIRCUMSTANCES WILL CUSTOMER OR CONTRACTOR BE RESPONSIBLE TO THE OTHER FOR ANY SPECIAL, INDIRECT, OR CONSEQUENTIAL DAMAGES ARISING OUT OF SERVICES PROVIDED OR OPERATIONS CONDUCTED HEREUNDER, INCLUDING WITHOUT LIMITATION, LOSS OF PROFIT, BUSINESS INTERRUPTIONS, AND LOSS OR DELAY OF PRODUCTION, HOWSOEVER CAUSED.

8. **SCOPE OF INDEMNITIES.** EXCEPT AS OTHERWISE EXPRESSLY PROVIDED HEREIN, IT IS THE INTENT OF THE PARTIES THAT ALL INDEMNITY OBLIGATIONS AND/OR ALL AGREEMENTS HEREIN WITH REGARD TO THE ALLOCATION OR ASSUMPTION OF LIABILITIES BY THE PARTIES SHALL BE WITHOUT MONETARY LIMIT AND WITHOUT REGARD TO THE CAUSE OR CAUSES THEREOF (INCLUDING PRE-EXISTING CONDITIONS), STRICT LIABILITY, OR THE NEGLIGENCE OF THE INDEMNITEE (OR THE PARTY PROTECTED BY THE ALLOCATION OR ASSUMPTION OF LIABILITY), WHETHER SUCH NEGLIGENCE BE SOLE, JOINT OR CONCURRENT, ACTIVE, PASSIVE, OR GROSS, AND SUCH OBLIGATIONS AND/OR AGREEMENTS SHALL APPLY IRRESPECTIVE OF ANY BREACH OF CONTRACT OR BREACH OF WARRANTY OR REPRESENTATION (EXPRESS OR IMPLIED). THE INDEMNITIES PROVIDED HEREIN SHALL, WITHOUT LIMITATION, INCLUDE INDEMNIFICATION FOR ALL ATTORNEY'S FEES, PUNITIVE DAMAGES, AND OTHER COSTS REASONABLY INCURRED IN THE DEFENSE OF ANY CLAIMS TO WHICH SUCH INDEMNITIES APPLY.

V. **Insurance.** Contractor and Customer will each secure and maintain insurance coverages or self-insurance in equal amounts to protect against the liabilities/obligations assumed by each Party herein including but not limited to Workers' Compensation, Employers Liability, Vehicle Liability, General Liability, and Excess Liability Insurance. Liability coverages (Employers, Auto, and General) so acquired shall have limits of not less than \$1 million per occurrence and Excess Liability shall have limits of not less than \$4 million per occurrence. Where applicable, but only with respect to, and to the extent of liabilities expressly assumed herein by each Party and then only to the extent of the terms and conditions of such insurance, each Party will cause each of its respective underwriters to name the other Party as additional insured and to waive subrogation but not any right to a lien or credit against the proceeds of settlement or judgment against the other. In addition, Customer shall maintain OEE insurance in an amount of at least five times the AFE for drilling the well in connection with which services or equipment are provided under this agreement. Each Party agrees to furnish the other Party a certificate or certificates evidencing insurance coverage in accordance with the above requirements.

VI. **Invalidity.** These terms and conditions shall be governed by and enforced according to the laws of the state in which the services hereunder are performed or the equipment, products, or supplies provided. If any provision hereof is invalid under such applicable law for any reason, it shall be adjusted to the extent necessary in order to validly achieve as nearly as possible the intent of the Parties reflected in such invalid provision. In any event, all other provisions hereof shall remain valid, binding, and enforceable.

VII. **Wireline.** If applicable, Customer agrees that it will be liable for meeting the requirements outlined in 10 CFR 39 § 15 of the Code of Federal Regulations covering Licenses and Radiation Safety Requirements for Well Logging, enacted by the Nuclear Regulatory Commission and applying to Agreements with well owners or operators. Customer shall also comply with Contractor's Radiation Procedures Policy which is incorporated herein by reference thereto. Customer agrees to pay for, or to reimburse ELI Wireline Services LLC for, any loss of or damage (which includes damage beyond repair) to ELI Wireline Services LLC tool(s) (i) that occurs while the ELI Wireline Services LLC tools are in the hole, or in the drill string below the level of the rotary table; (ii) that results from the flow or existence of any substance from or in the reservoir or well, or any well condition (including corrosion, erosion, embrittlement or abrasion); or (iii) that occurs while the ELI Wireline Services LLC tools are otherwise in the care, custody and control of any member of Customer Group (e.g., while being transported on, or being loaded or unloaded to/from, a conveyance provided or arranged for by any member of Customer Group). Unless the Parties stipulate a replacement price for ELI Wireline Services LLC tools or have entered into a separate, written agreement waiving Customer's responsibility for (or specifying the replacement values applicable to) the specific lost ELI Wireline Services LLC tool(s), Customer shall pay or reimburse ELI Wireline Services LLC for the Replacement Price (as defined below) of lost (or damaged beyond repair) ELI Wireline Services LLC tools, plus any applicable taxes, as well as the costs of shipping the replacement tools or equipment from the manufacturer thereof to the ELI Wireline Services LLC designated location. For purposes of the foregoing and these Terms and Conditions, the term "Replacement Price" shall mean ELI Wireline Services LLC's list purchase price of new replacement tools or equipment purchased from a Third Party. Save and except for damage occasioned by normal wear and tear, Customer shall reimburse ELI Wireline Services LLC for the cost of repairing damaged ELI Wireline Services LLC tools, including the costs of inspection and of shipping the damaged ELI Wireline Services LLC tools to and from the place of repair, not to exceed the Replacement Price thereof.

Pro-Stim Chemicals LLC

Acidizing Report

Date 4-8-22

Customer Grand Mesa Pro-Stim Chemical Yard Russell Pro-Stim Number A22 Josh

Well Name & Number G+M # 1-25 Formation

County Logan State KS Interval 4203-06

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

Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth Packer Depth 4174

Casing Size: 5 1/2 GRD WT Depth Tubing Size: 2 7/8 Spool 4206

Casing Vol. .71 Tbg Vol 21.18 Ann Vol OH Vol Total Displacement

Customer Representative Signature [Signature] 250 15% mca Biocide
25 bbls KCL 2% Water

Treatment Record

Time	Type Fluid	Rate BMP	Incremental Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
1:34	Acid	2.4	0	0	0	0	Safety Attention Start Acid to Spot
1:37	Flush	2.4	6	0	0	0	Pre Test In Start flush to Spot
1:38		0	7.25	0	0	0	Spot in, Wait 10 min
1:54		2.8	7.25	0	0	0	Start flush
2:00		0	24.54	0	0	0	loaded
2:04		Stage	24.7	500	500	500	Pressure up
2:06		.25	24.85	475	475	475	Break, Establish Rate
2:06		.25	24.97	400	400	400	Pressure Break
2:07		.25	25.15	375	375	375	Pressure Break
2:09		.25	26	325	325	325	Pressure Break
2:14		.25	27.55	375	375	375	Pressure Increase
2:19		.25	28.97	425	425	425	Pressure Increase
2:21		.25	29.65	475	475	475	Pressure Increase
2:22		.25	29.95 29.95	400	400	400	Pressure Break
2:23		.25	30.25	375	375	375	Pressure Break
2:25		.25	30.89	375	375	375	Acid clear
2:27	Flush	0	31.39	300	300	300	ISIP - Release Pressure after 15 min, Job Complete

Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected	H2O	Acid	OH
Treating Pres	Max	Final	Avg.	ISIP <u>300</u>	5'SI <u>175</u> 10'SI <u>125</u> 15'SI <u>75</u>
AR-CU				20	25 30



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

FIELD TICKET No. - 6476

DATE 4-11-2022
 UNIT # 4818

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <u>Grand Mesa Operating</u>	LEASE <u>G & M # 1-25</u>	WELL NO.
ADDRESS	FIELD <u>Wildcat</u> STATE <u>KS</u>	COUNTY <u>Layan</u>
CITY	LOCATION <u>9 S-Oakley</u>	TBG. SIZE
STATE	CASING SIZE & WT.	TYPE OF JOB <u>Set Plug</u>
ZIP	ORDERED BY	TITLE

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
	<u>Service Charge</u>		<u>1</u>		
	<u>5 1/2 plug x 1 set at 4420'</u>		<u>1</u>		

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ 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>Brandon</u>	<u>10</u>	
<u>Flora Trumbly</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 Paul Byrne _____ x _____
 CUSTOMER REPRESENTATIVE

White - Main Canary - Customer Pink - Field

