KOLAR Document ID: 1646890

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:	
Address 2:	Feet from North / South Line of Section
City:	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)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
☐ CM (Coal Bed Methane)☐ Cathodic☐ Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to: 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)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR	·
GSW	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
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:

KOLAR Document ID: 1646890

Page Two

Operator Name: _				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	ast West	County:				
	flowing 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	. Digital electronic log
Drill Stem Tests Ta			Yes No		_	on (Top), Depth ar		Sample
Samples Sent to G	Geological 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					
		R			New Used	on, etc.		
Purpose of Strir		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / S	QUEEZE RECORD	I		
Purpose:		epth Ty	pe of Cement	# Sacks Used		Type and F	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:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			N INTERVAL: Bottom
	_	on Lease	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	Acid	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5213 (1200) 10.	JIEG.			. 30.0.71				

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	DBY 1-16
Doc ID	1646890

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	228	Common		3%CC, 2% Gel
Production	7.875	5.50	15.5	4896	EA-2	175	N/A



Please Remit To: P.O. Box 549 Hays, KS 67601

Phone: (785) 628-6395 Fax: (785) 628-3651

FIELD TICKET No.

6499

DATE 5/16/22

INVOICE NO.		P.O. NO					AFE NO.	MANAGE STATES OF THE STATES OF
CUSTOMER GRAND	Mesa Operation	1 LEASE	DB	1-#				6
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Peace								
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CUSTOMER AGREES to pay (the "Company") on a net 45 day basis from date of invoice to avoid loss of discount. Invoices older then 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 HEISHE 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.

1 Ta

CUSTOMER REPRESENTATIVE



Please Remit To: P.O. Box 549 Hays, KS 67601

Phone: (785) 628-6395 Fax: (785) 628-3651

FIELD TICKET No.

- 6500

INVOICE NO.		P.O. NO.				AFE NO.	
CUSTOMER Grand	Mesa	LEASE D	BY		WELL NO. / -/ &		
ADDRESS 7		FIELD W	i Idica	+ ST/	ATE KS	COUNTY SCO	#
		LOCATION	Pence 1				
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Employee Name (Print)	Hou	irs Initials					
Brung and	n	75					
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CUSTOMER AGREES to pay (the "Company") on a net 45 day basis from date of invoice to avoid loss of discount. Invoices older then 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

PEAK WIRELINE SERVICES, INC.

REMIT TO:

P.O. Box 864
Cheyenne Wells, CO 80810
Phone 719-767-8707

Control of the control

DATE 5-19-2022

Invoice

CHARGE	TO:	17	EAN		VESA	GERA?	MI				
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General Terms and Conditions All accounts are to be paid within the terms fixed by Peak Wireline Services invoices; and should these terms not be observed, interest at the rate of 1.5% per month will be charged from

Because of the uncertain conditions existing in a well which are beyond the control of Peak Wireline Services, it is understood by the customer that Peak Wireline Services cannot guarantee the results of their service and will not be held responsible for personal or property damage in the performance of their services.

Should any of Peak Wireline Services instruments be lost or damaged in the performance of the operation requested, the customer agrees to make every reasonable effort to recover same, and to reimburse Peak Wireline Services for the value of the items which cannot be recovered, or the cost of repairing damage to items recovered.

It is further understood and agreed that all depth measurements shall be supervised by the customer or its employees and customer hereby certifies that the zones, as shot were approved.

The customer certifies that it has the full right and authority to order such work on such well and that the well in which the work is to be done by Peak Wireline Services is in proper and suitable conditions for the performance of said work.

No employee is authorized to alter the terms or conditions of this agreement.

Acidizing Report			tim Ci			Date	5 M	· · · · · · · · · · · · · · · · · · ·
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Pro-Stim Chemicals LLC Acidizing Report Dyc 5-18-22 CHARGINGS Thank Misa PRESIDENT CONTROL YES Piko Stan Number Vacil Name & Normber Formation 1-16 County 768£L #Henra Med Type Completion C Resources; at 5 MONOSEL CO. 034 D Disposief 2 Job Primped Via Tutong & Carry o Plus Dept Offin, Combination () Packer Dephi Coverty See. GRC) Depth Tubing Sce Spot Casing Vol. Too Vol Am Wil OHAND Total Deplement 450 gals 15% mcA Acid, 5 galo RAS-10, Customer Representative Signature 30 bols 200 KCL Biocide Treatment Record Observations Descriptions Trm. Type Fluid Rate SMP increment Cern Pressure Voi Bols Tuting Val Bols Casing HAL Puna Acid 47 47 10 Duna Phosn KLL 2-0 3 La Move tooks Pump Acid 1-1 64 2.0 10 Pump Cissin K4_ 16 20 27.5 20 Brene down KcL -25 27 500 Well did not Dream Bin dulyn Utecloris Produc Qt. Process Qh, Product City 450 1416Ha 22/0 KK 30 Marko 5 Operation Name Carlos & Danis 'm1,315 Treatment Synopsis Avg In Rate Fluid BPM OSH, tetrajni colf Ow Acid Treating Pro Fmai Ava ggip 55 10 S 15'80 UAR-Y 20 25 36

Pro-Stim Chemicals LLC **Acidizing Report** Customer Mesa Pro-Stim Chemical Yard Grand Pro-Stim Number 19htor 42 Well Name & Number Formation County State Interval Well Type: Completion □ Recompletion Workover □ Oil Gas □ Water □ Perf 🗶 Disposal □ OH [] Job Pumped Via: Tubing Plug Depth Casing Annulus 🗆 CTU Combination □ Packer Depth Casing Size: GRD WT Depth Tubing Size: Casing Vol. Tbg Vol Ann Vol OH Vol Total Displacement 250 gals 15% MCA Acid, 3gals RAS-10 25bbls 2% KCL Biocide Customer Representative Signature **Treatment Record** Increment Cum Pressure Time Type Fluid Rate BMP Observations Vol Bbls Vol Bbls Tubing Casing 3,0 O 210 Safety Meeting 3,0 5,0 Prs Test to Con O 3,0 21 Well OShLoaded 0 400 ,30 400 130 140 400 O ,40 360 45 400 0 370 ,50 400 0 50 400 **Treatment Synopsis** Avg Inj Rate Fluid BPM Total Injected Acid Oil Final 400 Treating Prs Max 1811945 Avg. `50c 5'SI 10'SI 15'SI AR-CU VaC 20 25 30

Cushiner Grand Mrsa	anning to a support	Prod	Act Chamical Yard			en Number	⁶ 5-2,	122
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