

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

FIELD TICKET No. - 6423

DATE 5/10/22  
 UNIT # 3362

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <u>Grand Mesa Operating</u>	LEASE <u>DBY</u>	WELL NO. <u>2-16</u>
ADDRESS	FIELD	STATE <u>Ks.</u> COUNTY <u>Scott</u>
	LOCATION <u>16-165-33W</u>	
CITY	CASING SIZE & WT. <u>5 1/2"</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>Perf</u>

ORDERED BY	TITLE	SERVICE SUPV.			
PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<u>70-210-1000</u>	<u>Service Charge</u>				
<u>75-805-0065</u>	<u>Perf 4" Slick Gun</u> <u>4294-97 12 shots</u>				

CALLED OUT _____ Time _____ Date	ON LOCATION <u>8:45</u> Time <u>5/10/22</u> Date	COMPLETED <u>10:00</u> Time <u>5/10</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>5.5</u>	
<u>Guzman</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 Don Gottschalk

x Joe Guzman  
 CUSTOMER REPRESENTATIVE

White - Main    Canary - Customer    Pink - Field



**ELI**  
WIRELINE SERVICES

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

FIELD TICKET No.

- 6601

DATE 5/12/22

UNIT # 3362

<b>INVOICE NO.</b>		P.O. NO.	AFE NO.
CUSTOMER <u>Grand Mesa</u>		LEASE <u>DRY</u>	WELL NO. <u>2-16</u>
ADDRESS		FIELD	STATE <u>Ks.</u> COUNTY <u>Scott</u>
CITY		LOCATION <u>16-16s-33w</u>	TBG. SIZE
STATE	ZIP	CASING SIZE & WT. <u>5 1/2"</u>	TYPE OF JOB <u>5 1/2" CIBP</u>

ORDERED BY		TITLE	SERVICE SUPV.			
PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT	
<u>70-240-1000</u>	<u>Service Charge</u>					
<u>75-820-0055</u>	<u>Set 5.5" CIBP @ 4322</u>					

CALLED OUT _____ Time _____ Date	ON LOCATION <u>3:15</u> Time <u>5/12/22</u> Date	COMPLETED <u>4:15</u> Time <u>5/12</u> Date	TOTAL SERVICE & MATERIALS
			DISCOUNT
			TAX
*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED			TOTAL CHARGES

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>5</u>	
<u>Fischer</u>		

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X D. Gottschalk \_\_\_\_\_ X \_\_\_\_\_  
 CUSTOMER REPRESENTATIVE

White - Main    Canary - Customer    Pink - Field

# Pro-Stim Chemicals LLC

## Acidizing Report

Date: 5-11-20

Customer: Grand mesa Pro-Stim Chemical Yard Well Name & Number: Dby 2-16 Formation: Wylene  
 Country: Scottsboro Interval: 4294-4297  
 Well Type: Completion  Recompletions  Workover  Gas  Water  Disposal  Perm  OH   
 Inj. Pumped via: Tubing  Casing  Annulus  CTD  Combination  Plug Depth: \_\_\_\_\_ Pack-off Depth: \_\_\_\_\_  
 Casing Size: \_\_\_\_\_ GRC: \_\_\_\_\_ WT: \_\_\_\_\_ Length: \_\_\_\_\_ Tubing Size: \_\_\_\_\_ Spd: \_\_\_\_\_  
 Casing Vol: \_\_\_\_\_ Tub vol: \_\_\_\_\_ Ann Vol: \_\_\_\_\_ CH Vol: \_\_\_\_\_ Total Displacement: \_\_\_\_\_

Customer Representative Signature: Jim 250 gals 15% MCA acid, 3 gals RAS-10, 25 bbls 2% KCL Biocide

### Treatment Record

Observations/Descriptions	Time	Type Fluid	Rate BPM	Incremental Vol Ebb	Cali. Vol Ebb	Pressure	
						Tubing	Casing
Rig up							
pump Acid		Acid 15%	1.0	250 gals		✓	
		3 gal MCA					
		3 gal Ras 10					
pump flush		2% KCL	2.0	25 bbls			
pump up 100 psi							1000 psi
Adjust to pump							800 psi
1/2 bbl per min							
Rig down							

Directions	Product	Qty	Product	Qty	Product	Qty
	15% MCA	250				
	MCA	3 gals				
Operator Name: Pro-Stim Chemicals	Ras 10	3 gals				
Unit #: A18	2% KCL	30 bbls				
Hours: 5 1/2						

### Treatment Synopsis

Arg. Inj. Rate	Fluid BPM	Total injected	H2O	Acid	Gas	
Treating Pts	Min	Final	ISIP	500	1000	155
UAR-1				20	25	30

# Pro-Stim Chemicals LLC

## Acidizing Report

Date 5-11-22

Customer: Grand Mesa Pro-Stim Chemical Yard: UL 10502 Pro-Stim Number: \_\_\_\_\_  
 Well Name & Number: D-17 2-16 Formulation: \_\_\_\_\_  
 Grant: 5000- State: NE Interval: 4294 - 4297  
 Well Type:  Completion  Re-completion  Workover  OIL  Gas  Water  Disposal  Part  Oil   
 Job Purposed Via:  Taping  Casing  Annulus  CTU  Combustion  Plug Depth: \_\_\_\_\_ Parker Depth: \_\_\_\_\_  
 Taping Size: \_\_\_\_\_ GRD: \_\_\_\_\_ WT: \_\_\_\_\_ Depth: \_\_\_\_\_ Tubing Size: \_\_\_\_\_ Spool: \_\_\_\_\_  
 Casing Vol: \_\_\_\_\_ Tbg Vol: \_\_\_\_\_ Ann Vol: \_\_\_\_\_ OH Vol: \_\_\_\_\_ Total Displacement: \_\_\_\_\_

Customer Representative Signature: Jim  
 1250 gals 20% NEFE acid, 13 gals RAS-10, 5 gals RAS-92,  
 125 gals acetic acid - raw, 30 bbls 2% KCL Biocide

### Treatment Record

Observations/Descriptions	Time	Type Fluid	Rate BPM	Increment Vol Bbls	Cum Vol Bbls	Pressure	
						Tubing	Casing
Load and go to loc R sup							
Inject Well Loaded		ACID	3.5	24.6	24.6	40	
		ACID	.3	2.0	26.0	1400	
		ACID	2.0	4.0	30.0	1000	
		FLUSH	3.0	10.0	40.0	1300	
			3.4	15.0	55.0	1300	

Directions	Product	Qty	Product	Qty	Product	Qty
	20% HCl	1250 gal	Pump Job	1		
	acetic	125 gal				
Operator Name: <u>John Casey</u>	RAS 92	25 gal				
Well # <u>C-125</u>	RAS 10	5 gal				
Hours <u>5 1/2</u>	2% KCL	30 bbls				

### Treatment Synopsis

Avg Inj Rate	FLW BPM <u>3.0</u>	Total Injctd	H2O <u>25</u>	Acid <u>30</u>	Oil
Treating Pts	Max <u>1500</u>	Final <u>1380</u>	Avg <u>1330</u>	ISIP <u>1000</u>	5SI <u>1600</u>
				10SI <u>140</u>	15SI <u>0</u>
UAR-1				25	30