

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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Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	PHILLIP 4-26
Doc ID	1655382

Tops

Name	Top	Datum
Stone Corral	2351	+525
Bs/Stone Corral	2380	+496
Heebner	3892	-1016
Lansing	3935	-1059
Muncie Creek	4089	-1213
Stark	4177	-1301
Marmaton	4283	-1407
Excello	4436	-1560
Mississippian	4555	-1679
LTD	4642	N/A



ELI
WIRELINE SERVICES

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

FIELD TICKET No.

- 6511

DATE 6/8/22
UNIT # 4817

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <u>Grand Mesa Operating</u>	LEASE <u>Phillip #4-26</u>	WELL NO.
ADDRESS	FIELD	STATE <u>KS</u> COUNTY <u>Osage</u>
	LOCATION	
CITY	CASING SIZE & WT.	TBG. SIZE
STATE	ZIP	TYPE OF JOB

ORDERED BY	TITLE	SERVICE SUPV.
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PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
	<u>Service charge</u>		<u>1</u>		
	<u>5 1/2 Bridge Plug Set at 4156</u>		<u>1</u>		
	<u>4" Expandables</u>		<u>2</u>		
	<u>3x4 @ 4003-4006</u>				
<u>2-4" Conis</u>	<u>2x4 @ 4108-4110</u>				
<u>1-5 1/2 Plug</u>					
<u>1-true slug</u>					
<u>1-Secondary</u>					
<u>1-Primary</u>					
<u>20-4039-323T</u>					
<u>10-80, 1st Pktn</u>					
<u>2-A-140</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>Weeden</u>	<u>5</u>	
<u>Townley</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

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. - 6515

DATE 6/14/22
UNIT # 4817

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <u>Grand Mesa</u>	LEASE <u>Phillip #4-26</u>	WELL NO.
ADDRESS	FIELD	STATE <u>KS</u> COUNTY <u>Cowley</u>
CITY	LOCATION	
STATE	CASING SIZE & WT.	TBG. SIZE
ZIP	TYPE OF JOB	

ORDERED BY TITLE SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
	<u>Service charge</u>		<u>1</u>		
	<u>3x4 4" Expendable shotat</u>		<u>1</u>		
	<u>3810 - 3813</u>				

1-4' Corros 4"
1-A-140
6-Paper Patch
D-4039-323T

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>Weedgen</u>	<u>3.75</u>	
<u>Townley</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

White - Main Canary - Customer Pink - Field

Pro-Stim Chemicals LLC

Acidizing Report

Date 6/8/22

Customer <u>Grand Mesa</u>		Pro-Stim Chemical Yard <u>Dighton</u>		Pro-Stim Number <u>A26</u>	
Well Name & Number <u>Phillips # 4-26</u>			Formation		
County <u>GOUP</u>		State <u>KS</u>		Interval <u>4108-10</u>	
Well Type: Completion <input type="checkbox"/> Recompletion <input type="checkbox"/> Workover <input 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: Tubing <input type="checkbox"/> Casing <input type="checkbox"/> Annulus <input type="checkbox"/> CTU <input type="checkbox"/> Combination <input type="checkbox"/>				Plug Depth	
Casing Size: <u>5 1/2</u>		GRD	WT	Depth	Tubing Size: <u>2 7/8</u>
Casing Vol.		Tbg Vol	Ann Vol	OH Vol	Total Displacement <u>23</u>
				Packer Depth <u>4069</u>	
				Spot <u>4109</u>	

250 1596 MCA
3 RA5-10
25 BDL5290
KCL

Customer Representative Signature _____

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
1	Acid	Spotted		Acid			Safety Meeting
10	Acid	3.5		3.3	0	0	Prs Test to _____ psi
12	Acid	3.5		4.8	0	0	
15	Acid	3.5		6.0	0	0	Acid Cont
16	Flush	3.5		12.1	0	0	
18	Flush	3.5		16.3	0	0	
20	Flush	3.5		23.1	0	0	well loaded
21	Flush	.3		23.6	400	0	
23	Flush	.3		24.8	400	0	
25	Flush	.6		26	500	0	
27	Flush	1.0		27.5	400	0	
29	Flush	1.0		29.8	400	0	

Treatment Synopsis

Avg Inj Rate	Fluid BPM <u>.85</u>	Total Injected		H2O <u>24</u>	Acid <u>6</u>	Oil
Treating Prs	Max <u>500</u>	Final <u>400</u>	Avg. <u>450</u>	ISIP <u>300</u>	5'SI <u>10</u>	10'SI
AR-CU					20	25
						30

Pro-Stim Chemicals LLC

Date 6/8/22

Acidizing Report

Customer Grand Mesa Pro-Stim Chemical Yard Dighton Pro-Stim Number A26
 Well Name & Number Phillips # 4-26 Formation _____
 County Govt State KS Interval 4003-06
 Well Type: Completion Recompletion Workover Oil Gas Water Disposal Perf OH
 Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth ? Packer Depth 3970
 Casing Size: 5 1/2 GRD _____ WT _____ Depth _____ Tubing Size: 2 7/8 Spot 4007
 Casing Vol. _____ Tbg Vol _____ Ann Vol _____ OH Vol _____ Total Displacement 25

250 1500 MCA
3 Gallons Rus-10
25 BBLS 290

Customer Representative Signature _____

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
1	Acid	Spotted		Acid			Safety Meeting
15	Acid	3.5		4.0	0	0	Prs Test to _____ psi
16	Acid	3.5		6.0	0	0	Acid Gone
18	Flush	3.5		9.5	0	0	
21	Flush	3.5		20.0	0	0	
22	Flush	3.5		22.5	0	0	Well Loaded
24	Flush	0		22.8	500	0	
29	Flush	0		22.9	1000	0	
36	Flush	0		23	1250	0	
41	Flush	1.20		23.3	1250	0	
44	Flush	1.30		24.1	750	0	
47	Flush	1.50		25	750	0	
48	Flush	1.50		28	750	0	
50	Flush	1.50		29.5	750	0	

Treatment Synopsis

Avg Inj Rate	Fluid BPM <u>.4</u>	Total Injected		H2O <u>23</u>	Acid <u>6</u>	Oil
Treating Prs	Max <u>1250</u>	Final <u>750</u>	Avg. <u>850</u>	ISIP <u>600</u>	5'SI <u>400</u>	10'SI <u>300</u> 15'SI <u>300</u>
AR-CU					20	25 30

Pro-Stim Chemicals LLC

Acidizing Report

Date 6/9/22

Customer Grand Mesa Pro-Stim Chemical Yard Dighton Pro-Stim Number A26
 Well Name & Number Phillips # 4-26 Formation _____
 County Govt State KS Interval 4108-10

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

Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth _____ Packer Depth 4069

Casing Size: 5 1/2 GRD _____ WT _____ Depth _____ Tubing Size: 2 7/8 Spot _____
 Casing Vol. _____ Tbg Vol _____ Ann Vol _____ OH Vol _____ Total Displacement _____

Customer Representative Signature _____) 1250 2090 NE/FF
125 Acetic
13 Ras-10
5 Ras-92
24 bbls 2% KCl Biocide

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
1	Acid	4.0		511	0	0	Safety Meeting
5	Acid	4.0		11.0	0	0	Prs Test to _____ psi
7	Acid	4.0		22.0	0	0	
8	Acid	2.0		23.5	700	0	
10	Acid	2.0		26.5	640	0	
12	Acid	2.0		29	610	0	
14	Acid	3.3		30	600	0	Acid Conc
17	Flush	3.3		35	600	0	
21	Flush	3.3		39	600	0	
23	Flush	3.3		44	550	0	
25	Flush	3.3		48	530	0	
26	Flush	3.3		54	530	0	

Treatment Synopsis

Avg Inj Rate	Fluid BPM <u>30</u>	Total Injected		H2O <u>24</u>	Acid <u>30</u>	Oil
Treating Prs	Max <u>700</u>	Final <u>550</u>	Avg. <u>580</u>	ISIP <u>300</u>	5'SI <u>200</u>	10'SI <u>200</u> 15'SI <u>150</u>
AR-CU					20	25 30

Pro-Stim Chemicals LLC

Acidizing Report

Date 6/14/22
 Pro-Stim Number A-26

Customer Grand Mesa Pro-Stim Chemical Yard Dighton
 Well Name & Number Phillips - 4-26 Formation _____
 County Cooper State KS Interval _____
 Well Type: Completion Recompletion Workover Oil Gas Water Disposal Perf OH
 Job Pumped Via: Tubing Casing Annulus CTU Combination 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 75 bbls 2% KCL Biocide 80 BBLs 2% KCL

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
1							Prs Test to _____ psi
<u>1</u>	<u>2% KCL</u>	<u>4.8</u>	<u>0</u>	<u>80</u>			<u>Rolled Hole</u>

Treatment Synopsis

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

Pro-Stim Chemicals LLC

Acidizing Report

Date **6/15/22**

Customer: **Grand Mesa** Pro-Stim Chemical Yard: **01285525** Pro-Stim Number: _____

Well Name & Number: **Phillip 426** Formation: _____

County: **Goose** State: **KS** Interval: **3810—3813**

Well Type: Completion Recombination Workover Oil Gas Water Disposal Perf OH

Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth: _____ Packer Depth: **3750**

Casing Size: GRD _____ WT _____ Depth _____ Tubing Size _____ Spot: **3812**

Casing Vol: Tbg Vol _____ Ann Vol _____ OH Vol _____ Total Displacement: _____

Perfs - 3810 - 3813

Customer Representative Signature: *[Signature]* **250gals. 15% MCA Acid, 3gals RAS-10, 30bbls 2% KCL Biocide Scale Inhibitor**

Treatment Record

Observations/Descriptions	Time	Type Fluid	Rate BPM	Increment Vol Bbls	Cum Vol Bbls	Pressure	
						Tubing	Casing
Spot 6bbl Acid, 2bbl water Set tool		15% HCl					
Load well Broke @ 24 total, 1000 psi		2% KCl	3	15	15	1000	
Pump lost at flow		2% KCl	.6	6		400	

Directions	Product	Qty	Product	Qty	Product	Qty
	15% HCl	250	2% KCl	30		
	MCA 90	3				
	Ras 10	3				
Operator Name: Self KASH						
Unit #: A 23						
Hours: 8						

Treatment Synopsis

Avg Inj Rate	Fluid BPM: .6	Total Injected	H2O: 20	Acid: 250 gal	Oil	
Treating Pres	Max: 700	Final: 400	Avg	ISI: 200	10% SI: 20	15% SI: VAC
UAR-1				20	25	30