KOLAR Document ID: 1655382

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 North / South Line of Section
City: State: Zip:+	Feet from
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	County:
Purchaser:	·
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
☐ Oil ☐ WSW ☐ SWD ☐ Gas ☐ DH ☐ EOR	Producing Formation: Kelly Bushing: Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	Multiple Stage Cementing Collar Used? Yes No
Cathodic Other (Core, Expl., etc.):	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from:
Operator:	•
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to EOR Conv. to SWD Plug Back Liner Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (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 Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	Quarter Sec TwpS. R East West
Spud Date or Date Reached TD Completion Date or 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: 1655382

Page Two

Operator Name:					Lease Na	ame: _			Well #:	
SecTwp	oS.	R	East	West	County: _					
open and closed, and flow rates if g	flowing and s gas to surface y Log, Final L	hut-in pressu test, along wi ogs run to ob	res, whe ith final c tain Geo	ther shut-in prechart(s). Attach	essure reache extra sheet i and Final Elec	ed stati if more ctric Lo	c level, hydrosta space is neede	tic pressures, d.		ral tested, time tool rature, fluid recovery, Digital electronic log
Drill Stem Tests To			Y	es No		L	og Formatio	on (Top), Dept	th and Datum	Sample
Samples Sent to	,	ırvey	Y	es 🗌 No		Nam	е		Тор	Datum
Cores Taken Electric Log Run Geologist Report List All E. Logs Ri	_		Y	es No es No es No						
			David		RECORD	☐ Ne				
	9	ize Hole	-	ze Casing	Weight		ermediate, product	Type of	# Sacks	Type and Percent
Purpose of Str		Drilled		t (In O.D.)	Lbs. / F		Depth	Cement	Used	Additives
	'			ADDITIONAL	. CEMENTING	3 / SQL	JEEZE RECORD	'	'	
Purpose:	To	Depth p Bottom	Туре	of Cement	# Sacks U	sed		Туре а	and Percent Additives	
Perforate Protect Cas Plug Back	sing	p Bottom								
Plug Off Zo										
Did you perform Does the volume Was the hydraulic	of the total bas	e fluid of the hy	draulic fra	acturing treatmen		•		No (If No	o, skip questions 2 and o, skip question 3) o, fill out Page Three o	
Date of first Produc	ction/Injection or	Resumed Prod	duction/	Producing Meth			0.1%	NI (5 ())		
,				Flowing	Pumping			other (Explain) _		
Estimated Product Per 24 Hours	tion	Oil Bl	bls.	Gas	Mcf	Wate	er B	bls.	Gas-Oil Ratio	Gravity
DISPO	SITION OF GA	S:		N	METHOD OF C	OMPLE	ETION:		PRODUCTIO	
Vented	Sold Us	ed on Lease		Open Hole	Perf.	_ ,		nmingled	Тор	Bottom
(If vented	d, Submit ACO-1	8.)				(Submit	ACO-5) (SUD	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforati Botton		Bridge Plug Type	Bridge Plug Set At		Acid,		, Cementing Squeeze Kind of Material Used)	Record
TUBING RECORD): Size.	:	Set At:		Packer At:					

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

Tops

Name	Тор	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

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

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	24	220	Common	165	3%CC; 2%Gel
Production	7.875	5.50	15.5	4315	EA-2	150	N/A



10

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

Fax: (785) 628-3651

FIELD TICKET No.

- 6511

DATE 6/8/23

INVOICE NO.		P.O. NO.					AFE NO.	
CUSTOMER Grad	Mesa Opene	LEASE	Phil	<i>إلا</i>	#4-	26	WELL NO.	
ADDRESS		FIELD			STA	ATE ES	COUNTY 600	2
		LOCATIO	N			•		
CITY		CASING S	SIZE & W	т.			TBG. SIZE	
STATE	ZIP	TYPE OF						
ORDERED BY		TITLE					SERVICE SUPV.	
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-5/2 Plus							-	
truestum.								
- <u>Seanday</u>								
Prinz			_					-
7-4039-323T								<u> </u>
-1 11/2								
CALLED OUT	ON LOCATION	COMPLET	red	TOTA	L SERVICE	& MATERIALS	****	
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Date	Date		Date		andamenta e esta electrica e en esta en en electrica e	TAX		
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	THAT THE TIME SHOWN IN THE LY REFLECTS MY COMPENSABLE T							
Employee Name (Print)	Hou	urs Initials						
Weeden								
Dunley								

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



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#	VP17

INVOICE NO.	P.O. NO.					AFE NO.		
CUSTOMER Grand	LEASE	LEASE Ph. 1/10 744-26			6	WELL NO.		
ADDRESS	FIELD		·/	STA	ATE AS	COUNTY GOL	<u>_</u>	
		LOCATION				, -	_	
CITY		CASING S	IZE & W	т.			TBG. SIZE	
STATE	ZIP	TYPE OF .	ЮВ					
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WITH MY INITIALS, I CONFIRM "HOURS" COLUMN, ACCURATE	THAT THE TIME SHOWN IN THE LY REFLECTS MY COMPENSABLE T	IME.						
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CUSTOMER REPRESENTATIVE

		Pro	o-Stir	n Ch	emi	cals	LLC	Data	/0 / 00
Acidizing								Date 6/	8/22
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Nell Name & N	umber Phillip	05 件(1-26	Formati		1	.//-6	- 175	
	000		St	tate K	<u> </u>	Interval	410	8-10	
Well Type:	Completion □	Recompletion	□ Workove	r Oil O	Gas□	Water □	Disposal □		HO
Job Pumped Vi		Casing □	Annulus □	CTU C	Combination □	Plug Der	oth	Packer Depth	4069
Casing Size:	51/2	GRD V	/T Depth		Tubing Size:	27/8	Spot	4/09	
Casing Vol.		Tbg Vol	Ann V	ol	OH Vol		Total Displa	~	3
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Oustomer Repr	resentative Signature					<u> </u>		3	NaS-10
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		Pro	o-Stir	n Ch	emi	cals	LLC	Date / / Q / -	
Acidizing	Report						D. Oliv Number	1 6/0/0	<u> メ </u>
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Job Pumped Via	a: Tubing 💢	Casing □	Annulus □	CTU 🗆 C	Combination □	Plug Dep	oth >	Packer Depth 3	970
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ounty G	oul	,		State	KS)	Interv	al L	1108-	10	
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