KOLAR Document ID: 1659616

Confident	tiality Re	equested:
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: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Spud Date or Date Reached TD Completion Date or 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 III Approved by: Date:				

KOLAR Document ID: 1659616

Operator Name:	Lease Name: Well #:
Sec TwpS. R East 🗌 West	County:

Page Two

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 (Attach Additional Sh	acate)	Y	′es 🗌 No			og Formatio	n (Top), Depth a	and Datum	Sample
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c] Ne	w Used rmediate, productio	on. etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose:	Depth Top Bottom	Туре	e of Cement	# Sacks Use	d		Type and	Percent Additives	
Protect Casing Plug Back TD Plug Off Zone									
 Did you perform a hydra Does the volume of the Was the hydraulic fracture 	total base fluid of the	hydraulic fr	acturing treatment		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	MPLE	TION:		PRODUCTIC Top	DN INTERVAL: Bottom
Vented Sold (If vented, Subn	Used on Lease		Open Hole		-	·	nit ACO-4)	юр	Bollom
	foration Perform Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	MITCH 1-34
Doc ID	1659616

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	219	Common	165	3%CC, 2%Gel
Production	7.875	5.50	15.5	4624	EA2 w/additive s	175	N/A



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

FIELD	TICKET	No.
	DATE _	7/5/22

- 6623

UNIT # 3362

INVOICE NO.		P.O. NO.				AFE NO.	
CUSTOMER Grand	Mesa Dota, Co.	LEASE M	tch			WELL NO. 1-34	
ADDRESS		FIELD		STA	ATE KS	COUNTY Gove	
		LOCATION	34-125				
CITY		CASING SIZE		. /		TBG. SIZE	
STATE	ZIP	TYPE OF JOE	►	4 Plue	3	er o anni an an an Albert a chuir ann an ann an an ann an Anna	
ORDERED BY		TITLE)	SERVICE SUPV.	
PART NO.	DESCRI		REV. CODE	QTY.	UNIT PRICE	AMOUNT	
70-210-1000	Scruice Charg	د					
7.5 - 805 - 006 5	Perf 4" Size 4064-68 16	kGun shots					
75-820-0055	Set-51/2" CIB	2PC 4380'					
CALLED OUT	ON LOCATION	COMPLETED		SERVICE	& MATERIALS		
Time	<u>3:45</u> Time	<u>5:15</u> Tim	ie		DISCOUNT		
Date	7/5/22 Date	7/5 Dat	e		TAX		
ACCIDENT REPORT MUST BE ATTACKED WHEN NOT SIGNED				TOT	AL CHARGES		
WITH MY INITIALS, I CONFIRM T "Hours" column, accurately	HAT THE TIME SHOWN IN THE Y REFLECTS MY COMPENSABLE T						
Employee Name (Print)	Hou	urs Initials					
Gottschalk Guzman	60	5 4.15					

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 involcing.

X Day Sottechalk

CUSTOMER REPRESENTATIVE



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

FIE	LD	TICKET	No.
			DINO

- 6737

date <u>7/08/22</u> unit # <u>48/7</u>

INVOICE NO. CUSTOMER Grand	Mesa	LEASE M	the .	# 1.	-34	/	AFE NO. WELL NO.	
			FIELD Wildca-			1 12-		
ADDRESS	an an tha first a first a start of the start of the discharge in the start of the start of the start of the star		a ca	/	514	ALE YO	COUNTY GOU	<u> </u>
							TDO 0175	
		CASING SIZE					TBG, SIZE	
	ZIP							
ORDERED BY PART NO.	DESCRIP	TITLE	REV. CODE	- 0	TY.	UNIT PRICE	SERVICE SUPV. AMOUNT	
	Service Cha		CODE	=	1	PRICE		-
	Service Cra	rge			1			
	3×4 Yinch	gun			'			
	shot at an							
	3491-	3984						:
		ting ang ang ang ang ang ang ang ang ang a						
· · ·								
y y'Comer								
1020 222								
$\frac{-103}{-100}$								
CALLED OUT	ON LOCATION	COMPLETED	тс	DTAL SEI	RVICE	& MATERIALS		1
Time	Time	Tim	e			DISCOUNT		
Date	Date	Dat	e			TAX		
ACCIDENT REPORT MUST BE ATTAI	CHED WHEN NOT SIGNED				тот	AL CHARGES		- <u>;</u>
	THAT THE TIME SHOWN IN THE Ly reflects my compensable time	ие.					L	

 Employee Name (Print)
 Hours
 Initials

 Weeden
 i

 Town/ey

CUSTOMER AGR ES 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.

× Ju Ula

CUSTOMER REPRESENTATIVE

COSTOMER REPRESENTATIVE



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

FIELD TICKET No.

- 6826

DATE _______ UNIT # 3362

						•	
INVOICE NO.		P.O. NO.				AFE NO.	
CUSTOMER Grand	Mesa Opto.	LEASE	lifch			WELL NO. /	34
ADDRESS	<u> </u>	FIELD		ST	ATE KS.	COUNTY GO	ve.
		LOCATION	34-13	$r_s = 3/n$,		
CITY		CASING SIZ	E&WT. 5			TBG. SIZE	CARACILIZATION CONTRACTOR
STATE	ZIP		B 51/2				
ORDERED BY		TITLE				SERVICE SUPV.	N. Construction of the second
PART NO.	DESCR	IPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT	Ī
70-210-1000	Scrvite Char	ve_					·
		V					· ·
75-820-0055	Set 5,5" CI	<u>3P@ 4059</u>					
		1997 - Tarren Maria Maria Managaran Maria - Jawa Ingeria da Sana Sana Sana Sana Sana Sana Sana					<u> </u>
							<u> </u>
CALLED OUT	ON LOCATION	COMPLETED		SERVICE	& MATERIALS		
Time	<u>9:15</u> Time	<u> </u>			DISCOUNT		
Date	14 22 Date	7/12_D	ite		TAX		
*ACCIDENT REPORT MUST BE ATTACH	ED WHEN NOT SIGNED			TOT	AL CHARGES		
WITH MY INITIALS, I CONFIRM T "HOURS" COLUMN, ACCURATELY	HAT THE TIME SHOWN IN THE Y REFLECTS MY COMPENSABLE T	IME.				<u> </u>	
Employee Name (Print)	Hou						
Gottschelk	26	85					
(FUE MAIN	\square						

TUZMEN

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x Dan Gattachilk

CUSTOMER REPRESENTATIVE

Acidizing I	Report	Pro	o-Sti	m Ch	emic	als	LLC	Date 7/	6/22
Customer /		esa	Pro-Stim Che	mical Yard Dig	hton		Pro-Stim Number	AZG	
Well Name & Nu	mber Mitc		V	Formati	on			·· · ·	
County Go	UP	<u> </u>		State KS		Interval	4064	-68	
Well Type:	Completion D	Recompletion	Workov	ver 🗆 🛛 Oil 🗆	Gas□	Water D	Disposal 🗆	Perf □ C)H 🗆
Job Pumped Via	: Tubing 🗆	Casing D	Annulus 🗆	CTU 🗆 C	Combination □	Plug Dep	th	Packer Dept	h
Casing Size:	51/2	GRD W	T Dep	oth	Tubing Size:	27/8	Spot	406-	7
Casing Vol.		Tbg Vol	Anr	i Vol	OH Vol	n	Total Displa		
Customer Repre	sentative Signature			Treatment R	Record		500 5 30	gallons	MCA CL
Time	Type Fluid	Rate BMP	Increment	Cum	Press		-	Observations	
	11		Vol Bbls	Vol Bbls	Tubing	Casing	Safety Meeting		
1	AL	1LA	otted	Hell	0	0	Prs Test to		psi
10	And	9,0		12	0	0	Ac	id Go	snC
12	1700	4.0		12	0	0			,,
14	FILSH	4.0		21	0	0			
16	Flugh	4,0		241	0	0	10	011 1	ordal
10	Flush	10		24.3	1000	0			and the
70	FLUSH	130		25.5	0 1	0			
20	Flush	,50		27	650	0			
27	Plush	.80		29	400	0			
28	Flugh	1.0		30	300	0			
30	Flish	112		32	300	0			
32	Plush	1.4		36	200	0			
32	Plish	1,4		31	200	0			
13	110/1	/ (- \							
									1
				Treatment S					
Avg Inj Rate	Fluid BPM 19		~	Total Inje	0		Acid 12	Oil	45101
Treating Prs	Max 100	0 Final Q	O Avg.	250	ISIP (0	5'SI	10'SI	15'SI
AR-CU							20	25	30

Pro-Stim ChemicalsLLC

Date 7-11-22

Acidizing F	ceport	n abet a she				A State State			1-11-2			
Customer GR1	AND MESA Pro-Stim Chemical Yard CUNNING HAM Pro-Stim Number H-25											
Well Name & Nun	nber CH # 1	1.34			Format							
County		27		Sta	ate KS		Interval	1-84,3986-5	0. 3996-	4001		
Well Type:	Completion	Recompleti	on 🗆	Workover		Gas□	Water D		Perf			
						Combination □	Plug Dep	oth	Packer Depth			
Job Pumped Via:		1	Annulus				7/	Spot	3964	<u>+</u>		
Casing Size:	512	GRD	WT	Depth		Tubing Size: OH Vol	218					
Casing Vol.	188	Tbg Vol	23	Ann Vo		UH VOI	100.		a2.00	18-55 4-AN		
							1000 800 1	20% DS. SALT	5-50	A. 95-SRAS		
Customer Repres	sentative Signature _					<u> </u>	and an and the state of the	BBL 2%	KCI			
			Increr	ment	Treatment F		sure					
Time	Type Fluid	Rate BMP	Vol E		Vol Bbls	Tubing	Casing		Observations	Aew		
0	ARID	2.51			152	D						
2	1)	3.73			6	0	_			_psi		
2	PLUS	3.73			6.1	6		DN	PLUSI	(400#)		
3	PLUS	4.35			1).24	0		PLUS	10			
3	ALID	4.35			12	0		ON	ACID			
4	11	4,3			18.22	0		ACID IN				
4	PLUG	4,3			18.25	0		ON	PLUS2(406#)		
6	ALID	5.51			25	0		PLUS IN				
6	11	5.51			25,73	10		ON	ACID			
8	1(7.04			31.55	600		AL	DIN			
8	FLUSH	7.04			34.50	990		ON	FLUSH			
9	11	7.35			40,75	1140						
10	17	7.41			47.54	1200				and the second s		
11	11	7.46			54.62	1240						
12	11	7.43			58.57	1240	-					
12.5	11	7.43			62.39	1250		201	B COM	PLETE		
12.5	Ð	Ð			Ð	110		151	P			
			1		Treatment S	ynopsis						
Avg Inj Rate	Fluid BPM 5	-			Total Injected H20 39			Acid 24	Oil			
Treating Prs	Max 12.80	D Final	1250	Avg.	600		110		10'SI	15'SI		
AR-CU								20 2	5	30		