

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. - 6834

DATE 7/18/22
 UNIT # 3362

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <i>Grand Mesa Operating</i>	LEASE <i>G. Anderson</i>	WELL NO. <i>1-26</i>
ADDRESS	FIELD	STATE <i>Ks.</i> COUNTY <i>Logan</i>
CITY	LOCATION <i>26-12s-32w</i>	TBG. SIZE
STATE	CASING SIZE & WT. <i>5 1/2"</i>	TYPE OF JOB <i>Perf</i>

ORDERED BY		TITLE			SERVICE SUPV.	
PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT	
<i>70-210-1000</i>	<i>Service Charge</i>					
<i>75-805-0065</i>	<i>Perf 4" Slick Guns</i>					
	<i>4226-28 8 shots</i>					
	<i>4162-66 16 shots</i>					

CALLED OUT	ON LOCATION	COMPLETED	TOTAL SERVICE & MATERIALS
_____ Time	<i>11:30</i> Time	<i>1:15</i> Time	DISCOUNT
_____ Date	<i>7/18/22</i> Date	<i>7/18</i> Date	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
<i>Gottschalk</i>	<i>4</i>	

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 *Dan Gottschalk*

X _____
 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.

- 6836

DATE 7/22/22
UNIT # 3362

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <u>Grand Mesa Optg,</u>	LEASE <u>G. Andersen</u>	WELL NO. <u>1-26</u>
ADDRESS	FIELD	STATE <u>Ks.</u> COUNTY <u>Logan</u>
	LOCATION <u>26-12s-32W</u>	
CITY	CASING SIZE & WT. <u>5 1/2"</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>5 1/2" CIBP</u>

ORDERED BY	TITLE	SERVICE SUPV.			
PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<u>70-210-1000</u>	<u>Service Charge</u>				
<u>75-820-0055</u>	<u>Set 5 1/2" CIBP @ 4368'</u>				

CALLED OUT _____ Time _____ Date	ON LOCATION <u>9:00</u> Time <u>7/22/22</u> Date	COMPLETED <u>11:00</u> Time <u>7/22</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>4.75</u>	
<u>Warren</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 Dea Gottschalk

X _____
CUSTOMER REPRESENTATIVE

White - Main Canary - Customer Pink - Field

Pro-Stim Chemicals LLC

Acidizing Report

Date 7/18/22

Customer <u>Grand Mesa</u>		Pro-Stim Chemical Yard <u>Dighton</u>		Pro-Stim Number <u>A-26</u>	
Well Name & Number <u>6 Anderson</u>			Formation <u>1-26</u>		
County		State <u>KS</u>		Interval <u>4162-66</u>	
Well Type:	Completion <input type="checkbox"/>	Recompletion <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Oil <input type="checkbox"/>	Gas <input type="checkbox"/>
	Water <input type="checkbox"/>	Disposal <input type="checkbox"/>	Perf <input checked="" type="checkbox"/>	OH <input type="checkbox"/>	
Job Pumped Via: Tubing <input checked="" type="checkbox"/>				Casing <input type="checkbox"/>	Annulus <input type="checkbox"/>
				CTU <input type="checkbox"/>	Combination <input type="checkbox"/>
				Plug Depth <u>4203</u>	Packer Depth <u>4138</u>
Casing Size: <u>5 1/2</u>	GRD	WT	Depth	Tubing Size: <u>2 7/8</u>	Spot <u>4170</u>
Casing Vol.	Tbg Vol	Ann Vol	OH Vol	Total Displacement <u>25</u>	

500 1590 MCR
5 Mus-10
25 BBLs 270

Customer Representative Signature _____

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
1	Spotted		4	0 BBLs			Safety Meeting
11	Acid	2.5		6.0	0	0	Prs Test to _____ psi
13	Acid	2.5		9.0	0	0	Acid Done
15	Acid	2.5		12.0	0	0	
16	Flush	2.5		14.0	0	0	Well Loaded
18	Flush	2.5		21	0	0	
19	Flush	2.5		25	0	0	
22	Flush	2.5		26	100	0	
24	Flush	1.3		26.5	100	0	
27	Flush	1.6		28	100	0	
29	Flush	1.75		30	100	0	
30	Flush	1.0		34	50	0	
33	Flush	1.0		36.5	50	0	

Treatment Synopsis

Avg Inj Rate	Fluid BPM <u>75</u>	Total Injected			H2O <u>25</u>	Acid <u>12</u>	Oil
Treating Prs	Max <u>100</u>	Final <u>50</u>	Avg. <u>75</u>	ISIP <u>0</u>	5'SI	10'SI	15'SI
AR-CU					20	25	30

Pro-Stim Chemicals LLC

Date 7/18/22

Acidizing Report

Customer <u>Grand Mesa</u>		Pro-Stim Chemical Yard <u>Dighton</u>		Pro-Stim Number	
Well Name & Number <u>G. Anderson 1-26</u>			Formation		
County		State <u>KS</u>		Interval <u>4226-28</u>	
Well Type:	Completion <input type="checkbox"/>	Recompletion <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Oil <input type="checkbox"/>	Gas <input type="checkbox"/>
	Water <input type="checkbox"/>	Disposal <input type="checkbox"/>	Perf <input checked="" type="checkbox"/>	OH <input type="checkbox"/>	
Job Pumped Via:	Tubing <input checked="" type="checkbox"/>	Casing <input type="checkbox"/>	Annulus <input type="checkbox"/>	CTU <input type="checkbox"/>	Combination <input type="checkbox"/>
	Plug Depth <u>4244</u>		Packer Depth <u>4203</u>		
Casing Size: <u>5 1/2</u>	GRD	WT	Depth	Tubing Size: <u>2 7/8</u>	Spot <u>4230</u>
Casing Vol.	Tbg Vol	Ann Vol	OH Vol	Total Displacement	

250 15% MCA
3 Gal Rus-10
25 BBLs 270

Customer Representative Signature _____

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
1	Acid		SPOTTED		2	BBLs	Safety Meeting
10	Acid	2.5		4.0	0	0	Prs Test to _____ psi
11	Acid	2.5		6.0	0	0	Acid Gone
13	Flush	2.5		12.5	0	0	
15	Flush	2.5		16.0	0	0	
19	Flush	2.5		21	0	0	
21	Flush	2.5		24.8	0	0	Well Loaded
23	Flush	0		24.9	500	0	
25	Flush	1.25		25.3	1200	0	
27	Flush	1.25		26	100	0	
29	Flush	1.90		29	100	0	
31	Flush	1.3		31	100	0	
32	Flush	1.3		32	100	0	

Treatment Synopsis

Avg Inj Rate	Fluid BPM <u>1.75</u>	Total Injected		H2O <u>25</u>	Acid <u>4</u>	Oil
Treating Prs	Max <u>1200</u>	Final <u>100</u>	Avg. <u>150</u>	ISIP <u>0</u>	5'SI	10'SI
AR-CU					20	25
					30	

Pro-Stim Chemicals LLC

Acidizing Report

Date 7-20-22

Customer GRAND MESA Pro-Stim Chemical Yard DIGHTON Pro-Stim Number A-25

Well Name & Number G. ANDERSON 1-26 Formation _____

County LOGAN State KS Interval 4162-66

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

Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth _____ Packer Depth 4138

Casing Size: 5 1/2 GRD _____ WT _____ Depth _____ Tubing Size: 2 7/8 Spot _____

Casing Vol. 166 Tbg Vol 23.95 Ann Vol _____ OH Vol _____ Total Displacement 25

1250 20% MUD 25/25 12.5-ONE-PT
 DSE 5-AID-25
 12.5-RAS-10
 12.5-ACETIL
 7-RAS-2R 15 GAHS

25 DBL 2% KCL

Customer Representative Signature _____

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbbls	Cum Vol Bbbls	Pressure		Observations
					Tubing	Casing	
0	ACID	3.95		.14	0		Safety Meeting START ACID
4	"	4.6		13.10	50		Prs Test to _____ psi
6	"	2.8		23.43	70		LOADED
8	"	4.75		30	30		ACID IN
8	FLUID	4.75		30.1	30		ON FLUSH
10	"	4.66		36.38	390		
11	"	4.98		40.15	430		
13	"	5.06		45.10	500		
15	"	5.09		55	440		JOB COMPLETE
15	0	-		55.32	VAC		ISIP

Treatment Synopsis

Avg Inj Rate	Fluid BPM <u>4.5</u>	Total Injected			H2O <u>25</u>	Acid <u>30</u>	Oil _____
Treating Prs	Max <u>500</u>	Final <u>440</u>	Avg. <u>450</u>	ISIP <u>VAC</u>	5'SI _____	10'SI _____	15'SI _____
AR-CU					20 _____	25 _____	30 _____

Pro-Stim Chemicals LLC

Acidizing Report

Date 7-20-22

Customer	GRAND MESA	Pro-Stim Chemical Yard	DIATON	Pro-Stim Number	A-23
Well Name & Number	G. ANDERSON 1-26		Formation		
County	LOGAN	State	KS	Interval	4226-28

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

Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth Packer Depth 4203

Casing Size: 2 7/8 5 1/2	GRD	WT	Depth	Tubing Size: 2 7/8	Spot
Casing Vol. .6	Tbg Vol 24.33	Ann Vol	OH Vol	Total Displacement	25

1250 20% MOB 25/25
SAFE
25BBL 2% KCL
12.5-208-95
5-AID-25
12.5 RAS-10
12.5-ACCTIL
7-RAS-92 KE-C19165

Customer Representative Signature

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
0	ACID	2.73	.44		60		START ACID
3	"	4.19	12.12		60		Safety Meeting
6	"	2.58	24.73		60		Prs Test to _____ psi
8	"	4.39	30		420		LOADING
8	FLUSH	4.39	30.1		420		ACID IN
11	"	4.42	40.42		440		ON FLUSH
14	"	4.42	55.31		500		SOB COMPLETE
14	+		55.98		40		ISIP / VALVE IS SEC.

Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected	H2O	Acid	Oil		
	4		25	30			
Treating Prs	Max	Final	Avg.	ISIP	5'SI	10'SI	15'SI
	500	500	450	40			
AR-CU				20	25	30	