KOLAR Document ID: 1660072

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:	
Address 2:	Feet from North / South Line of Section
City:	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
☐ CM (Coal Bed Methane)☐ Cathodic☐ Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to: 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)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR	·
GSW	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
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:

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Page Two

Operator Name:					Lease Nam	ne:			Well #:		
Sec Tw	pS	S. R	Eas	t West	County:						
	l, flowing an	d shut-in press	sures, wh	ether shut-in pre	ssure reached	static	level, hydrostat	ic pressures, bo		val tested, time tool erature, fluid recovery,	
Final Radioactivi files must be sub							gs must be emai	led to kcc-well-l	ogs@kcc.ks.gov	v. Digital electronic log	
Drill Stem Tests (Attach Addit	Taken tional Sheets)			Yes No		☐ Lo		n (Top), Depth a		Sample	
Samples Sent to	Geological	Survey		Yes No		Name			Тор	Datum	
Cores Taken Electric Log Run Geologist Report List All E. Logs F	t / Mud Logs	S		Yes No Yes No Yes No							
			Rep	CASING	RECORD [New		on, etc.			
Purpose of St	tring	Size Hole Drilled		ize Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
				ADDITIONAL	CEMENTING /	SQUE	EEZE RECORD		<u>'</u>		
Purpose: Perforate	Top Bottom			e of Cement	# Sacks Use	red Type and Percent Additives					
Protect Ca											
Plug Off Z											
Did you perform Does the volume Was the hydraul	e of the total I	base fluid of the	hydraulic f	racturing treatment		-	Yes S? Yes Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three		
Date of first Produ Injection:	iction/Injection	n or Resumed Pr	roduction/	Producing Meth	od:		Gas Lift O	ther <i>(Explain)</i>			
Estimated Product Per 24 Hours		Oil	Bbls.		Mcf	Water			Gas-Oil Ratio	Gravity	
DISPO	OSITION OF	GAS:		N	METHOD OF CO	MPLET	ΓΙΟΝ:			ON INTERVAL:	
Vented		Used on Lease		Open Hole		Dually (Submit A		nmingled	Тор	Bottom	
,	ed, Submit AC							·			
Shots Per Foot	Perforation Top	on Perfor Bott		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze and of Material Used)		
TUBING RECORI	D: S	ize:	Set At	:	Packer At:						

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	DOORNBOS 1-16
Doc ID	1660072

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	220	Common	165	3%CC, 2%Gel
Production	7.875	5.50	15.50	4840	EA-2	175	N/A



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

Phone: (785) 628-6395 Fax: (785) 628-3651

FIELD TICKET No. 8/2 /22

6838

DATE		
LINIT #	3362	

					ON	1 П наполностической			
INVOICE NO.			P.O. NO.					AFE NO.	
CUSTOMER Grand	Mesa Operati	ha	LEASE D	201	nb	05		4	16
ADDRESS		, ,	FIELD				ATE KS	COUNTY Sco	(¢)
			LOCATION /	<u> </u>	165	-33W	, -		•
CITY			CASING SIZE					TBG. SIZE	
STATE	ZIP		TYPE OF JOB	P	erf				
ORDERED BY			TITLE					SERVICE SUPV.	
PART NO.	DESCRI	PTION		F	REV. ODE	QTY.	UNIT PRICE	AMOUNT	
70-210-1000	Service Char	9 c							
7- 6-6-0015	0			·					-
75-805-0065	Perf 4"51,	2K ()	shots						•
	7/25-37	67	Sh07.5						-
				••••••				-07-333-443-884	
		***************************************							<u> </u>
									-
									-
				· · · · · · · · · · · · · · · · · · ·		**************************************			
		-							<u> </u>
									-
									\vdash
CALLED OUT	ON LOCATION	*	COMPLETED		TOTAL	SERVICE	& MATERIALS		:
Time	Time		Tìme	9			DISCOUNT		-
Date	Date		Date	•			TAX		
*ACCIDENT REPORT MUST BE ATTACH					тот	AL CHARGES			
WITH MY INITIALS, I CONFIRM TH	HAT THE TIME SHOWN IN THE								
"HOURS" COLUMN, ACCURATELY			▼						
Employee Name (Print)	Hou		itials						
Gollschalk Dollag Fi	Sher.								

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 Dan Hattuckelle	X
	CUSTOMER REPRESENTATIVE

Acidizing Report		0-0	tim Ch	CITIC	aijL		Date	8 7	3-22
Customer Grand meso	•,	Pro-Stim	Chemical Yard	45ses	Pr	o-Stim Numb	er	0-2) - 6- 6
Well Name & Number		1 - 11	Formation						
County	bos	1 10	State +		Interval	11	22	(17=	0
Scott Co.	Deservatation	m 14			11/	410	5-	4/3	74
Well Type: Completion □	Recompletion	U W	/orkover □ Oil □	Gas□	Water Danth	Disposal	Perf C		
Job Pumped Via: Tubing	Casing	Annulus	стию с	ombination .	Plug Depth		Pad	cker Depth	1703
Casing Size:	GRD V	VT	Depth	oth Tubing Size:					
Casing Vol.	Tbg Vol		Ann Vol	n Vol OH Vol Total Dis					
Customer Representative Signature	()im		12-3HF a	cid				
			Treatment R	lecord					
Observations/Descriptions		Time	Type Fluid	Rate BMP	Increr Vol B		Cum Vol Bbls	Pre Tubing	ssure Casing
Rigue									
0									
Load Tog			12.5% HU	1.5	8	5	8.5	20	
Treat well			125 HCL	1	L	t	12.5	910	
4			12.5 HCL	1	9.		22	880	
			12.5 HCL	1		0	28	850	
			12.5 HCL	2	{	3	36	1100	
Pump FIUSh			2% KCLL	2 TO 6	2	7	63	100	,
Pump Flush			270 KCL	.5		(64	280	
Rump Flush			200 KCL	.5		4	68	100	
Pump Flush			20,0 KCL	5		8	73	1000	
Pump Flush			2°18 KCL	.5		3	76	200	
Rig DW									
Directions			Product	Qty	Product		Qty	Product	Qty
			12.5% HCL	1500gal					
1 1 1			hF9 626	70 gal					
Operator Name 1-ector Sono	loval		Cas: 87	15gal					
Unit#: A- 24	00		K1063	69a1					
Hours: 7 hrs	120	11 mi) 290 HCC	40665					
Ave Ini Rate Etuis BDM			Treatment Sy	-					
Avg Inj Rate Fluid BPM 's	-		Total Inject		Acid		Oil		
Treating Prs Max	Final	A	vg.	ISIP 150)() 5'SI	800	10'SI	740	15'SI

cidizing F	Report	FIO	-Stim C	, III CIIII C	aisli	Dat	82/22
stomer		lesa	Pro-Stim Chemical Yard	Dighton	Pro	-Stim Number	26
ell Name & Nur				Formation			
unty _	COTT	105 #		KS	Interval	4723-3	39
II Type:	Completion □	Recompletion □		Oil □ Gas □	Water □	Disposal □ Perf	_ OH _
Pumped Via:	: Tubing 🗆	Casing □ An	nulus □ CTU □	Combination □	Plug Depth	P	acker Depth 4703
sing Size:	5/2	GRD WT	Depth	Tubing Size:	27/8	Spot 47	35
sing Vol.	214	Tbg Vol	Ann Vol	OH Vol	0.0	Total Displacement	
						800	10\$3 HFG
stomer Repre	sentative Signature						F6-62C
				nent Record			BLS 270
Time	Type Fluid	Rate BMP	Increment Cum Vol Bbls Vol Bb		Casing Casing	Ob	oservations
1	Acid	5,	Rettod	Acid	Sa	afety Meeting	
12	Acid	2.5	16	50	O Pr	s Test to	psi
13	Acid	2.5	18	10 0	0		1
14	Alub	0	19	00	0	Acid/	well Load
15	Flish	125	19	5 500	0		
21	Flush	,30	2	3 1050	0		
26	Flush	150	20	6 1200	0.		
29	Flush	160	20	9 1275	0		
35	Flush	190	33	5 1330	0		
42	Flush	40	4/	1480	0		
45	Flush	1,0	45		0		
48	Flush	110	48	8 1500	0		
			Treat	ment Synopsis			
vg Inj Rate	Fluid BPM 65	5		otal Injected H2O) 7 Aci	d 19 Oil	
reating Prs	Max 1500		() Avg. 137	5 ISIP / C	200 5'S	1 550 10'5	SI () 15'SI ()
R-CU	, , ,	, , ,			20	Vac 25	30