



Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West      County: \_\_\_\_\_

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to [kcc-well-logs@kcc.ks.gov](mailto: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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
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:					

<div style="text-align: center;"> <b>CASING RECORD</b>      <input type="checkbox"/> New    <input type="checkbox"/> Used            Report all strings set-conductor, surface, intermediate, production, etc.         </div>							
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil      Bbls.	Gas      Mcf	Water	Bbls.	Gas-Oil Ratio      Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented    <input type="checkbox"/> Sold    <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole    <input type="checkbox"/> Perf.    <input type="checkbox"/> Dually Comp.    <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i>                      <i>(Submit ACO-5)</i>                      <i>(Submit ACO-4)</i></p>	<p>PRODUCTION INTERVAL:</p> <p>Top                      Bottom</p>	

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	GREGG A 1-19
Doc ID	1682534

#### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Conductor	30	20	52.73	40	10sxs grout	155	2% CC
Surface	17.5	13.375	48	314	60/40 Aserv lite	350	3%CC, 1/4#Cellfa lke
Production	7.875	5.50	15.5	5751	60/40 Pozmix AA2	185	3%gel, 1/4#flocel e, 10%Salt

Date 1-16-23

Customer	Grand Mesa	Pro-Stim Chemical Yard	Cunningham	Pro-Stim Number	425
Well Name & Number	Greaggs A # 1-19		Formation		
County	Comanche	State	Ks	Interval	5049-5072'
Well Type:	Completion <input type="checkbox"/>	Recompletion <input type="checkbox"/>	Workover <input checked="" 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 checked="" type="checkbox"/>	Casing <input type="checkbox"/>	Annulus <input type="checkbox"/>	CTU <input type="checkbox"/>	Combination <input type="checkbox"/>
	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

500 gal<sup>LP</sup> 15% DSFE  
15 gal IDE-23, 5 gal RAZ-10  
43 bbls 2% KCL Brine

### Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
	Acid	-		2.0	spot 2 bbl		Safety Meeting
	"	3.5		6.0			Prs Test to _____ psi
		4.0		10.0			
	Flush	4.0		12.0			
		4.0		16.0			
		<del>4.0</del>		20.0			loaded
		.3		21.0	1000		
		1.0		25.0	200		
		1.0		30.0	150		
		1.5		35.0	150		
		2.0		40.0	210		
		2.5		45.0	260		
		3.0		50.0	330		
		-		52.0	450		

### Treatment Synopsis

Avg Inj Rate	Fluid BPM 2.0	Total Injected		H2O 40	Acid 12	Oil
Treating Prg	Max 450	Final	Avg. 300	ISIP 456	5'SI 90	10'SI 0
AR-CU					20	25
						30

Date 1-18-22

Owner <b>Grand Mesa</b>	Pro-Stim Chemical Yard <b>Cunningham</b>	Pro-Stim Number <b>A-25</b>
Name & Number <b>Greagg A #1-19</b>	Formation	
County <b>Comanche</b>	State <b>Ks</b>	Interval

Type:	Completion <input type="checkbox"/>	Recompletion <input type="checkbox"/>	Workover <input checked="" 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"/>
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		Packer Depth	
ing Size:	GRD	WT	Depth	Tubing Size:		Spot			
ing Vol.	Tbg Vol		Ann Vol	OH Vol		Total Displacement			

Customer Representative Signature

## Treatment Record

[illegible]

### Treatment Synopses

ing Inj Rate	Fluid BPM <u>4.0</u>	Total Injected		H2O <u>21</u>	Acid <u>12</u>	Oil
ating Pres	Max <u>1000</u>	Final	Avg.	ISIP <u>1000</u>	5" SI <u>JAC</u>	10" SI <u>15" SI</u>
CU					20	25 30