

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

8/17/10

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

OPERATOR: License # 9855
Name: Grand Mesa Operating Company
Address 1: 1700 N. Waterfront Pkwy, Bldg 600
Address 2: _____
City: Wichita State: KS Zip: 67206 + 5 5 1 4
Contact Person: Ronald N. Sinclair
Phone: (316) 265-3000

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APF No. 15 - 135-24931-00-00

CONTRACTOR: License # 33575
Name: W. W. Drilling, LLC
Wellsite Geologist: Robert Petersen
Purchaser: N/A

AUG 17 2009

Spot Description:
SW SE SE NE Sec. 4 Twp. 20 S. R. 22 East West
2535 Feet from North / South Line of Section
634 Feet from East / West Line of Section

KCC

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
(Core, WSW, Expl., Cathodic, etc.)

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County: Ness
Lease Name: J. Gross Well #: 1-4

Field Name: Wildcat
Producing Formation: None

Elevation: Ground: 2228' Kelly Bushing: 2233'

Total Depth: 4500' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 6 jts @ 253 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.

If Workover/Re-entry: Old Well Info as follows:
Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

_____ Deepening _____ Re-perf. _____ Conv. to Enhr. _____ Conv. to SWD

_____ Plug Back: _____ Plug Back Total Depth _____

_____ Commingled _____ Docket No.: _____

_____ Dual Completion _____ Docket No.: _____

_____ Other (SWD or Enhr.?) _____ Docket No.: _____

07/28/2009 08/03/2009 08/03/2009

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan PANJ 92209
(Data must be collected from the Reserve Pit)

Chloride content: 39,000 ppm Fluid volume: 1,500 bbls

Dewatering method used: Evaporation and Backfill.

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: [Signature] /RONALD N. SINCLAIR

Title: President Date: 08/14/2009

Subscribed and sworn to before me this 14th day of August

20 09

Notary Public: [Signature] /Phyllis E. Brewer

Date Commission Expires: July 21, 2011

PHYLLIS E. BREWER
Notary Public - State of Kansas
My Appt. Expires 7-21-11

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

AUG 17 2009

Well #: 1-4

Operator Name: Grand Mesa Operating Company

Lease Name: J. Gross

Sec. 4 Twp. 20 S. R. 22 East West

County: Ness

KCC

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy)

List All E. Logs Run:

DI Log, Comp. Den/Neutron PE Log

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Stone Corral	1469	+ 764
Heebner	3709	-1476
Lansing	3756	-1523
Hush Shale	4043	-1810
B/KC	4074	-1841
Pawnee	4197	-1964
Ft. Scott	4273	-2040
Mississippian	4382	-2149
Gilmore City	4499	-2266
LTD	4500	

CASING RECORD New 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
Surface	12 1/4"	8 5/8"	24#	253'	Common	175sxs	3%CC, 2% Gel

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 <input checked="" type="checkbox"/> Plug Well	4500'	60/40 Pozmix	230sxs	4% Gel, 1/4#sx Flocele

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
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TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., LLC. 038527

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

CONFIDENTIAL
SERVICE POINT:
AUG 17 2009
Great Bend

DATE <i>7-28-09</i>	SEC. <i>4</i>	TWP. <i>20</i>	RANGE <i>22</i>	CALLED OUT	LOCATION <i>KCC</i>	JOB START <i>5:30 pm</i>	JOB FINISH <i>6:00 pm</i>
LEASE <i>5 Gross</i>	WELL # <i>1-4</i>	LOCATION <i>Ness City SE 85</i>			COUNTY <i>Ness</i>	STATE <i>KS.</i>	
OLD OR <u>NEW</u> (Circle one)			<i>Winf</i>				

CONTRACTOR *W W Drilling Rig #6*

TYPE OF JOB *Surface Job*

HOLE SIZE *12 1/4* T.D. *254*

CASING SIZE *8 5/8* DEPTH *254.52*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *15'*

PERFS.

DISPLACEMENT *15.25661*

OWNER

CEMENT

AMOUNT ORDERED *175 60/40 32 CC*

22 Gel

COMMON	<i>105</i>	@	<i>13.65</i>	<i>1433.25</i>
POZMIX	<i>20</i>	@	<i>7.60</i>	<i>532.00</i>
GEL	<i>3</i>	@	<i>20.40</i>	<i>61.20</i>
CHLORIDE	<i>6</i>	@	<i>57.15</i>	<i>342.90</i>
HANDLING	<i>175</i>	@	<i>2.10</i>	<i>367.50</i>
MILEAGE	<i>mi</i>			<i>312.00</i>
TOTAL				<i>3048.85</i>

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EQUIPMENT

PUMP TRUCK CEMENTER *Steve*

181 HELPER *Wayne*

BULK TRUCK

J44-170 DRIVER *Galen*

BULK TRUCK

DRIVER

REMARKS:

Cement Cite

CHARGE TO: *Grand Masa*

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<i>999.00</i>
EXTRA FOOTAGE	@		
MILEAGE	<i>16</i>	@	<i>7.00</i>
MANIFOLD	@		
TOTAL <i>1,111.00</i>			

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
TOTAL			

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME *Sid Deutschen*

SIGNATURE *Sid Deutschen*

SALES TAX (If Any)

TOTAL CHARGES *1,111.00*

DISCOUNT *0.00* IF PAID IN 30 DAYS

ALLIED CEMENTING CO., LLC. 043649

REMIT TO P.O. BOX 31
 RUSSELL, KANSAS 67665

CONFIDENTIAL SERVICE POINT:

AUG 17 2009

Oakley

DATE <u>8-3-09</u>	SEC <u>4</u>	TWP. <u>20s</u>	RANGE <u>22W</u>	CALLED OUT	ON LOCATION <u>4:30 pm</u>	JOB START <u>6:00 pm</u>	JOB FINISH <u>7:00 pm</u>
LEASE <u>J Gross</u>	WELL # <u>1-4</u>	LOCATION <u>Ness city</u>			COUNTY <u>9E 8S</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)			LOCATION <u>W into</u>				

CONTRACTOR W-W Big 8
 TYPE OF JOB AW
 HOLE SIZE 2 7/8 T.D. 4500
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH 1500
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER same
 CEMENT AMOUNT ORDERED 230 SKS 6990 496 gal
V4* FLO-seal

COMMON <u>138 SKS</u>	@ <u>13.65</u>	<u>1883.20</u>
POZMIX <u>92 SKS</u>	@ <u>7.60</u>	<u>699.20</u>
GEL <u>8 SKS</u>	@ <u>20.40</u>	<u>163.20</u>
CHLORIDE _____	@ _____	_____
ASC _____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
<u>FLO-seal 50#</u>	@ <u>2.45</u>	<u>139.65</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>240 SKS</u>	@ <u>2.10</u>	<u>504.00</u>
MILEAGE <u>10 1/2 mile</u>		<u>384.00</u>
TOTAL		<u>3723.25</u>

EQUIPMENT

PUMP TRUCK # 423-281 CEMENTER Andrew HELPER Larene
 BULK TRUCK # 394 DRIVER Terry
 BULK TRUCK # _____ DRIVER _____

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REMARKS:

50 SKS @ 1500'
80 SKS @ 720'
50 SKS @ 300'
20 SKS @ 100'
30 SKS Rat hole

SERVICE

DEPTH OF JOB 1500
 PUMP TRUCK CHARGE _____ 1000.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 16 miles @ 7.00 112.00
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL 1112.00

CHARGE TO: Grand mfg operating
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Sid Dartschen

SIGNATURE

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS