

CONFIDENTIAL

□ og

Operator: _ Well Name: ___

Deepening

Plug Back;

Commingled

☐ SWD

ENHR

☐ GSW

Recompletion Date

02/27/2012

Spud Date or

Dual Completion

CM (Coal Bed Methane)

Cathodic Other (Core, Expl., etc.): ___

Re-perf.

03/09/2012

Date Reached TD

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

KANSAS CORPORATION COMMISSION Oil & Gas Conservation Division

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

API No. 15 - __ 15-171-20864-00-00 OPERATOR: License #_ **Grand Mesa Operating Company** Name: Address 1: 1700 N WATERFRONT PKWY BLDG 600 Address 2:__ City: WICHITA Zip: 67206 _ State: KS Contact Person: Ronald N. Sinclair Phone: (_316 265-3000 CONTRACTOR: License #_30606 Murfin Drilling Co., Inc. Name: __ Wellsite Geologist: Bob Schreiber Purchaser: N/A **Designate Type of Completion:** New Well Re-Entry Workover Oil ☐ wsw [] SWD SIOW ☐ Gas **Ø** D&A ☐ ENHR SIGW

☐ GSW

Original Comp. Date: _____ Original Total Depth: _____

Permit #: ___

Permit #: _

Permit #:

Permit #: ____

Completion Date or

Recompletion Date

Permit #: _____

Company	Spot Description: 1829' FNL & 2202' FWL
T PKWY BLDG 600	SW_NE_SE_NW_Sec. 14 Twp. 16 S. R. 33 ☐ East West
KS Zip: 67206 + 5514	2202 Feet from [] East / ☑ West Line of Section
r	Footages Calculated from Nearest Outside Section Corner:
	□ NE ☑ NW □ SE □ SW
	County: Scott
	Lease Name: SCHOWALTER Well #: 1-14
	Field Name: Wildcat
	Producing Formation: N/A
	Elevation: Ground: 3013 Kelly Bushing:3018
try [] Workover	Total Depth: 4820 Plug Back Total Depth: 0
¨] swd □ siow	Amount of Surface Pipe Set and Cemented at: 222 Feet
☐ ENHR ☐ SIGW	Multiple Stage Cementing Collar Used? Yes V No
GSW Temp. Abd.	If yes, show depth set: Feet
	If Alternate II completion, cement circulated from:
xpl., etc.):	feet depth to:w/sx cmt.
s follows:	
	Orifling Fluid Management Plan
	(Data must be collected from the Reserve Pit)
Original Total Depth:	Chloride content: 26000 ppm Fluid volume: 1000 bbls
Conv. to ENHR Conv. to SWD	Dewatering method used: Evaporated
Plug Back Total Depth	Location of fluid disposal if hauled offsite:
ermit #:	Operator Name:
ermit #:	Lease Name: License #:
ermit #:	Quarter Sec. Twp S. R. East West
ermit #:	County: Permit #:
2 03/10/2012	roman.
- 00/10/2012	

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and requlations 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
Letter of Confidentiality Received Date: 03/28/2012
Confidential Release Date:
☑ Wireline Log Received
✓ Geologist Report Received
UIC Distribution ALT I I II Approved by: NAOMI JAMES Date: 03/29/2012