15-171-20863-00-00

CONFIDENTIAL

City: _WICHITA

Contact Person: Phone: (316

Purchaser: N/A

Oil

☐ Gas

OG

Operator: Well Name: _

Original Comp. Date: _

Deepening

Plug Back:

Commingled

SWD

☐ ENHR

☐ GSW

03/12/2012

Spud Date or Recompletion Date

☐ Dual Completion

New Well

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

OPERATOR: License # 9855	API No. 15
Name: Grand Mesa Operating Company	Spot Descript
Address 1: 1700 N WATERFRONT PKWY BLDG 600	SW_SW_SE
Address 2:	2650

_ State: KS

Re-Entry

☐ SWD

ENHR

☐ GSW

_____ Original Total Depth:

Permit #:

Permit #:

Permit #:

Permit #:

Permit #:

03/23/2012

Date Reached TD

Conv. to ENHR

Conv. to GSW

Ronald N. Sinclair

265-3000

CONTRACTOR: License # _ 30606 Murfin Drilling Co., Inc.

Wellsite Geologist: John Goldsmith

Ø D&A

Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows:

Re-perf.

Designate Type of Completion:

CM (Coal Bed Methane)

Zip: 67206

☐ Workover

Plug Back Total Depth

03/23/2012

Completion Date or

Recompletion Date

	API NO. 13
	Spot Description: 2650' FSL & 1413' FWL
)	SW_SW_SE_NW_Sec. 4 Twp. 16 S. R. 32 ☐ East West
	Feet from North / South Line of Section
6 + 5514	1413 Feet from East / West Line of Section
	Footages Calculated from Nearest Outside Section Corner:
	□ne □nw □se Øsw
	County: Scott
	Lease Name: HOEME Well #: 1-4
	Field Name: Wildcat
	Producing Formation: None
	Elevation: Ground: 2999 Kelly Bushing: 3004
rkover	Total Depth: 4780 Plug Back Total Depth: 0
slow	Amount of Surface Pipe Set and Cemented at: 220 Feet
SIGW	Multiple Stage Cementing Collar Used?
Temp. Abd.	If yes, show depth set: Feet
	If Alternate II completion, cement circulated from:
	feet depth to:w/sx cmt
	Drilling Fluid Management Plan
	(Date must be collected from the Reserve Pit)
oth:	Chloride content: 13500 ppm Fluid votume: 850 bbls
Conv. to SWD	Dewatering method used: Evaporated
Total Depth	Location of fluid disposal if hauled offsite:
	Operator Name:
	Lease Name: License #:
	Quarter Sec TwpS. R
	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
✓ Letter of Confidentiality Received Date: 04/19/2012
Confidential Release Date:
☑ Wireline Log Received
☑ Geologist Report Received
UIC Distribution
ALT I I II Approved by: NACHI JAMES Date: 05/15/2012