

CONFIDENTIAL

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

RECEIVED

OCT 20 2010

KCC WICHITA

Form ACO-1
June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

10/19/12

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
CONTRACTOR: License # 31985
Name: Gonzales Well Service, Inc.
Wellsite Geologist: Steven P. Carl
Purchaser: NCRA

Designate Type of Completion:

- ☐ New Well ☒ Re-Entry ☐ Workover
- ☒ Oil ☐ WSW ☐ SWD ☐ SIOW
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW
☐ OG ☐ GSW ☒ Temp. Abd.
☐ CM (Coal Bed Methane)
☐ Cathodic ☐ Other (Core, Expl., etc.): _____

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

Operator: Grand Mesa Operating Company
Well Name: M. Andersen #1-3
Original Comp. Date: 08/18/2010 Original Total Depth: 4700'
☐ Deepening ☒ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD
☐ Conv. to GSW
☐ Plug Back: _____ Plug Back Total Depth _____
☐ Commingled Permit #: _____
☐ Dual Completion Permit #: _____
☐ SWD Permit #: _____
☐ ENHR Permit #: _____
☐ GSW Permit #: _____

10/11/2010 10/14/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 109-20922-00-000
Spot Description: 2367' FNL & 1893' FWL
SE SW SE NW Sec. 3 Twp. 13 S. R. 32 ☐ East ☒ West
2,367 Feet from ☒ North / ☐ South Line of Section
1,893 Feet from ☐ East / ☒ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☒ NW ☐ SE ☐ SW
County: Logan
Lease Name: M. Andersen Well #: 1-3
Field Name: Wildcat
Producing Formation: Cherokee/Marmaton/Lansing Zones
Elevation: Ground: 3017' Kelly Bushing: 3022'
Total Depth: 4700' Plug Back Total Depth: 4682'
Amount of Surface Pipe Set and Cemented at: 208 Feet
Multiple Stage Cementing Collar Used? ☒ Yes ☐ No
If yes, show depth set: 2008 Feet
If Alternate II completion, cement circulated from: 2008
feet depth to: 0 w/ 300 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 19,000 ppm Fluid volume: 1,000 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West
County: _____ Permit #: _____

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.

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.

Signature: Ronald N. Sinclair RONALD N. SINCLAIR
Title: President Date: 10/19/2010

KCC Office Use ONLY

☐ Letter of Confidentiality Received
Date: 10/19/10 - 10/19/12
☐ Confidential Release Date: _____
☐ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution
ALT ☐ I ☐ II ☐ III Approved by: NS Date: 10-26-10

Operator Name: Grand Mesa Operating Company Lease Name: M. Andersen Well #: 1-3
 Sec. 3 Twp. 13 S. R. 32 ☐ East ☒ West County: Logan

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Previously submitted with ACO-1 on 09/16/2010	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum No changes to original log tops <div style="text-align: center; font-weight: bold; transform: rotate(-10deg);"> KCC OCT 19 2010 CONFIDENTIAL </div>
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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

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				

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
4	4116-4124'	500 Gals. 15% MCA Acid	4116-4124'

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.			Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>T & A</u>		
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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>4520-4523'; 4467-4474';</u> <u>4227-4234'; 4116-4124'</u>
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SWIFT Services, Inc.

TICKET NO. 19210

CHART NO.	TIME	RATE (BPM)	VOLUME (BBU) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0800							ONLOCATION 500 GAL 15% MCA 27x5 1/2 RJS 4170, JERS 4116-24, PAR 4100
	0815		0	✓				START ACID
			12	✓				" FLUSH
			24.2	✓				KCC LOADED OCT 19 2010
	0830		0	✓		300		STAGE HUCD CONFIDENTIAL
	0832			✓		500		JNC PSI HUCD
	0835			✓		600		" " "
	0838			-		800		" " LOST 25" IN 10 mins
	0850			-		900		" "
	0915			-		900		LOST 75# IN 25 mins
	0945			-		900		
	0955			-		1000		JNC PSI
	1000	.1	-			1100		" " LOST 100# IN 30 mins
	1010	.1	-			1200		" " " 75#
	1040	.1	-			1300		" " " 50"
	1100	.1	-			1400		
	1115	.1	-			1500		Release Psi, PSI Bump 1500
	1130	.1	-			1600		JNC PSI lost 50# in 15 mins
	1145	.1	-			1600		
	1300	.1	-			1600		CLOSE IN VALVE
								T.O.A. 2050
	1315							JOB COMPLETE
								THANK YOU! DAVE & JESSE

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THANK YOU!
DAVE & JESSIE

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