



KANSAS CORPORATION COMMISSION 1109130  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009

**CONFIDENTIAL**

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

OPERATOR: License # 9855  
Name: **Grand Mesa Operating Company**  
Address 1: **1700 N WATERFRONT PKWY BLDG 600**  
Address 2:  
City: **WICHITA** State: **KS** Zip: **67206 + 5514**  
Contact Person: **Ronald N. Sinclair**  
Phone: ( **316** ) **265-3000**  
CONTRACTOR: License # **30606**  
Name: **Murfin Drilling Co., Inc.**  
Wellsite Geologist: **Kent R. Matson**  
Purchaser: **NCRA**

API No. 15 - **15-063-22054-00-00**

Spot Description:  
**NE SW NW NE** Sec. **27** Twp. **13** S. R. **31**  East  West  
**757** Feet from  North /  South Line of Section  
**2013** Feet from  East /  West Line of Section

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

County: **Gove**  
Lease Name: **GLENNIS** Well #: **4-27**  
Field Name: **Wildcat**

Producing Formation: **Johnson**  
Elevation: Ground: **2860** Kelly Bushing: **2865**  
Total Depth: **4630** Plug Back Total Depth: **4616**  
Amount of Surface Pipe Set and Cemented at: **220** Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: **2340** Feet  
If Alternate II completion, cement circulated from: **0**  
feet depth to: **2340** w/ **250** sx cmt.

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:

Well Name:  
Original Comp. Date: Original Total Depth:  
 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 #:

10/31/2012	11/12/2012	01/01/2013
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content: **11100** ppm Fluid volume: **800** 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 #:

**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: **01/22/2013**

Confidential Release Date:

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT  I  II  III Approved by: **NAOMI JAMES** Date: **01/23/2013**