

JAN 12 2016

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

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: Michael J. Reilly, President

Phone: (316) 265-3000

CONTRACTOR: License # 30606

Name: Murfin Drilling Co., Inc.

Wellsite Geologist: Kent Matson

Purchaser: NCRA

Designate Type of Completion:

- New Well [] Re-Entry Workover
 Oil WSW SWD SLOW
 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: Doornbos #1-16

Original Comp. Date: 10/26/2011 Original Total Depth: 4845

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Plug Back Conv. to GSW Conv. to Producer
 Commingled Permit #:
 Dual Completion Permit #:
 SWD Permit #:
 ENHR Permit #: E-32,291
 GSW Permit #:

12/15/2015 Spud Date or 01/06/2016 Completion Date or
Recompletion Date Date Reached TD Recompletion Date

API No. 15 - 171-20833-00-0501

Spot Description:

SW SE NW SE Sec. 16 Twp. 16 S. R. 33 East West

1.387 1397 Feet from North South Line of Section

1.8 GPS 1806 Feet from East West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: Long:

(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: Scott

Lease Name: Doornbos Well #: 1-16

Field Name: Wildcat

Producing Formation: Atoka & Pleasanton

Elevation: Ground: 3069 Kelly Bushing: 3074

Total Vertical Depth: 4845 Plug Back Total Depth: 4819

Amount of Surface Pipe Set and Cemented at: 220 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 2438 Feet

If Alternate II completion, cement circulated from: 2438

feet depth to: 0 w/ 300 sx cm.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 18500 ppm Fluid volume: 1000 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: The original 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. If confidentiality is requested and approved, side two of this form will be held confidential for a period of 2 years. Rules 82-3-130, 82-3-106 and 82-3-107 apply. Drill Stem Test, Cement Tickets and Geological Well Report must be attached.

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: Michael J. Reilly
Title: President Date: 1/11/2016

KCC Office Use ONLY

- Confidentiality Requested Date: 1/12/2016
 Confidential Release Date: 1/13/2018
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NJ/KR Date: 4-20-2017

Operator Name: Grand Mesa Operating Company Lease Name: Doornbos Well #: 1-16
 Sec. 16 Twp. 16 S. R. 33 East West County: Scott

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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

List All E. Logs Run:

No new log information

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

No New top Information

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CASING RECORD <input checked="" 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
Surface	12.25	8.625	23	220	Common	165	3% CC, 2% Gel
Production	7.875	5.50	15.5	4840	EA-2	175	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	0-2438	SMD	300	

Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3)
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No (If No, skip question 3)
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, fill out Page Three of the ACO-1)

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	4662-4666	600gals 15% HC-1 Acid w/additives	4662-4666
4	4373-4377	600gals 15% RWR-1 Acid w/additives	4373-4377
		1000gals 20% RWR-1 Acid w/additives	4373-4377

TUBING RECORD: Size: 2.375 Set At: 4328 Packer At: 4350 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input checked="" type="checkbox"/> Other (Specify) <u>Injection</u>	PRODUCTION INTERVAL: <u>4662-4666; 4373-4377</u>
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