



Confidentiality Requested:

☐ Yes ☐ No

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

1252279

Form ACO-1

August 2013

**Form must be Typed
Form must be Signed**

All blanks must be Filled

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

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer

☐ Commingled Permit #: _____
☐ Dual Completion Permit #: _____
☐ SWD Permit #: _____
☐ ENHR Permit #: _____
☐ GSW Permit #: _____

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West_____ Feet from ☐ North / ☐ South Line of Section_____ 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: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☐ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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
☐ Confidentiality Requested

Date: _____

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution
ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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 (Attach Additional Sheets)	☐ Yes ☐ No	☐ Log	Formation (Top), Depth and Datum	☐ Sample
Samples Sent to Geological Survey	☐ Yes ☐ No	Name	Top	Datum
Cores Taken	☐ Yes ☐ No			
Electric Log Run	☐ Yes ☐ No			
List All E. Logs Run:				

CASING RECORD ☐ New ☐ 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
☐ Perforate				
☐ Protect Casing				
☐ Plug Back TD				
☐ Plug Off Zone				

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

TUBING RECORD:	Size:	Set At:	Packer At:	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
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DISPOSITION OF GAS:

☐ Vented ☐ Sold ☐ Used on Lease

(If vented, Submit ACO-18.)

METHOD OF COMPLETION:

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
(Submit ACO-5) (Submit ACO-4)
☐ Other (Specify) _____

PRODUCTION INTERVAL:

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	SMITH 3-15
Doc ID	1252279

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	11	7	17	40	Portland	8	None
Production	6.125	2.875	6.5	768	50/50 Pozmix	124	2%Gel,5% Salt

Summary of Changes

Lease Name and Number: SMITH 3-15

API/Permit #: 15-045-22242-00-00

Doc ID: 1252279

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	03/09/2015	05/15/2015
Method Of Completion - Other	No	Yes
Method Of Completion - Other Detail		T/A 5/11/2015
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1245067	../../../../kcc/detail/operatorEditDetail.cfm?docID=1252279
Temporarily Abandoned	No	Yes

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1245067

Form ACO-1

August 2013

Form must be Typed

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CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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
- ☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer
- ☐ Commingled Permit #: _____
- ☐ Dual Completion Permit #: _____
- ☐ SWD Permit #: _____
- ☐ ENHR Permit #: _____
- ☐ GSW Permit #: _____

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

_____ Feet from ☐ North / ☐ South Line of Section

_____ 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: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☐ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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

☐ Confidentiality Requested

Date: _____

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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 <i>(Attach Additional Sheets)</i>	☐ Yes	☐ No	☐ Log	Formation (Top), Depth and Datum	☐ Sample
Samples Sent to Geological Survey	☐ Yes	☐ No	Name	Top	Datum
Cores Taken	☐ Yes	☐ No			
Electric Log Run	☐ Yes	☐ No			
Geologist Report / Mud Logs	☐ Yes	☐ No			
List All E. Logs Run:					

CASING RECORD ☐ New ☐ 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
☐ Perforate				
☐ Protect Casing				
☐ Plug Back TD				
☐ Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No (If No, skip questions 2 and 3)
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No (If No, skip question 3)
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)

Date of first Production/Injection or Resumed Production/Injection:		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: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom	

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	SMITH 3-15
Doc ID	1245067

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	688-697	175gals 15% HCL Acid	688-697
		300# 16/30 Brown Sand	
		3700# 12/20 Brown Sand	
		6,000gals City Water	

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	SMITH 3-15
Doc ID	1245067

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	11	7	17	40	Portland	8	None
Production	6.125	2.875	6.5	768	50/50 Pozmix	124	2%Gel,5% Salt

**Operator:**

Grand Mesa Operating Co.
Wichita, KS

Smith #3-15

Douglas Co., KS
23-14S-20E
API: 045-22242

Spud Date: 11/11/2014**Surface Casing:** 7.0"**Surface Length:** 40.0'**Surface Cement:** 8 sx**Longstring:** 2 7/8 EUE - New Ltd. Service**Surface Bit:** 11.0"**Drill Bit:** 6.125"**Longstring:** 768.40'**Longstring Date:** 11/14/2014**Driller's Log**

Top	Bottom	Formation	Comments
0	28	Soil & clay	
28	36	Shale	
36	45	Lime	
45	56	Shale	
56	70	Lime	
70	73	Shale	
73	77	Lime	
77	79	Bl. Shale	
79	86	Shale	
86	92	Lime	
92	97	Shale	
97	100	Lime	
100	114	Sandy shale	
114	124	Shale	
124	133	Lime	
133	151	Sandy shale	
151	171	Lime	
171	224	Shale	
224	228	Lime	
228	242	Shale	
242	258	Lime	
258	272	Shale	
272	275	Red Bed	
275	291	Lime	

Smith #3-15
Douglas Co., KS

291	293	Bl. Shale	
293	317	Shale	
317	329	Lime	
329	339	Shale	
339	367	Lime	
367	371	Shale	
371	378	Sandy shale	
378	391	Lime	
391	399	Bl. Shale	
399	403	Lime	
403	409	Shale	
409	413	Lime	
413	552	Shale	
552	557	Red Bed	
557	587	Shale	
587	598	Lime	
598	631	Shale	
631	646	Lime	
646	665	Shale	
665	668	Lime	
668	677	Shale	
677	679	Lime	
679	686	Shale	
686	687	Sand	Laminated, mostly shale, lens of oil sand
687	688	Sand	Very shaley, no oil
688	689	Sand	Dark sand, light oil show
689	697	Sand	Mostly shale, no show
697	708	Shale	
708	712	Sand	Light bleed to the pit
712	722	Sandy shale	Mucky, no show
722	750	Shale	
750	754	Bl. Shale	
754	758	Sand	No show
758	762	Sandy shale	Mucky, no show
762	776	Sand	Dark, dead oil
776	778	Coal	
778	782	Shale	
782		TD	

Coring		
Run	Footage	Rec.
1	682-686	20'
2	686-702	16'



FIELD TICKET & TREATMENT REPORT

CEMENT

TICKET NUMBER 50667
LOCATION HAWAII
FOREMAN CRANFORD

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/14/14	2372	Smith # 3-15	NE 22	14	20	DG
CUSTOMER Grand Mesa						
MAILING ADDRESS 1700 N Waterfront Pkwy						
CITY Windsor	STATE KS	ZIP CODE 67206				

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Cashen	✓ Safety	Heating
1066	Chamoo	✓	
558	Brubaker	✓	
370	Mik Fox	✓	

JOB TYPE <u>Logging</u>	HOLE SIZE <u>16 1/8"</u>	HOLE DEPTH <u>782'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>
CASING DEPTH <u>768'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT <u>4.45 bbls</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>4.56 gpm</u>
REMARKS: <u>Hold safety meeting, established circulation, mixed & pumped 200 # Premium</u> <u>Cel followed by 5 bbls fresh water, mixed & pumped 124' sks 5/8" Portex</u> <u>cement w/ 2" cel, 5% salt, + 5 # Kolcol per sk, cement to surface,</u> <u>flushed pump clean, pumped 2 1/2" plug to casing in w/ 4.45 bbls fresh</u> <u>water, pressured to 850 PSI, wellbore pressure, released pressure, shut</u> <u>in casing.</u>			

[illegible]

Bayin 3737

AUTHORIZTION

No Co. Rep. allocation

TITLE

DATE _____

SALES TAX	
ESTIMATED	
TOTAL	

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



#6

TICKET NUMBER 59927
FIELD TICKET REF # 50191
LOCATION TAYLOR, KS
FOREMAN LAWRENCE WESSLING

TREATMENT REPORT

FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-25-14	3372	Smyth 3-15				
CUSTOMER GRAND MOSE						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
524	TRAVIS	582	MATT
458	TAM		
521	CIL		
680 T221	STAN		
616 T20	TAM		

TRUCK #	DRIVER	TRUCK #	DRIVER
524	TRAMPIS	582	M 577-
458	TIM		
521	ERIC		
680 T221	STAN		
619 T80	JAMES		
735 T-91	GEORGE		

WELL DATA

WELL DATA	
CASING SIZE <i>2 7/8</i>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <i>2 1/2</i>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<i>688-92</i>	
	<i>19</i>

TYPE OF TREATMENT

SST - ABO - Fra

CHEMICALS

Acid	FrAc Gel
Inhib	Kcl
STm	Birdick
City Water	Brakir

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	15	14			BREAKDOWN 2150
11/20	300#				START PRESSURE
12/20	3700#				END PRESSURE
12/20					BALL OFF PRESS 300
					ROCK SALT PRESS
					ISIP 600
Build rates - near gas Chris					5 MIN
					10 MIN
					15 MIN
					MIN RATE
Flush	10				MAX RATE
Release Balls					DISPLACEMENT
Over Flush	10				4.0 BBL's
TOTAL WATER	130				

REMARKS:

Spurred to get on bus, good Bullseye.

2-0 Tolls in ABO per Chris

AUTHORIZATION _____ TITLE _____ DATE 11-25-14

Terms and Conditions are printed on reverse side.