



Confidentiality Requested:
 Yes No

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
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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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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				

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 <i>(Amount and Kind of Material Used)</i>	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

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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: VESECKY 1-6I

API/Permit #: 15-045-22246-00-00

Doc ID: 1261945

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
CasingNumbSacksUse dPDF_1	6	8
Save Link	../../kcc/detail/operatorEditDetail.cfm?docID=1261924	../../kcc/detail/operatorEditDetail.cfm?docID=1261945



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CONFIDENTIAL WELL COMPLETION FORM

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Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

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Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

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Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1255522
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM

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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.

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--	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
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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
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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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	VESECKY 1-6I
Doc ID	1255522

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	719-728	50gals 15% HCL acid	719-728
		200gals 7.5% Fe HCL acid	719-728
		dropped 25 balls	



Operator:
Grand Mesa Operating Co.
Wichita, KS

Vesecky #1-6i

Douglas Co., KS
23-14S-20E
API: 045-22246

Spud Date:	4/8/2015	Surface Bit:	11.0"
Surface Casing:	7.0"	Drill Bit:	5.875"
Surface Length:	43.70'	Longstring:	752.8'
Surface Cement:	6 sx	Longstring Date:	4/10/2015
Longstring:	2 7/8 EUE - New Ltd. Service		

Driller's Log

Top	Bottom	Formation	Comments
0	16	Soil & clay	
16	26	Gravel w/clay	
26	29	Clay	Platey
29	56	Shale	
56	67	Lime	
67	70	Shale	
70	87	Lime	
87	95	Bl. Shale	
95	102	Lime	
102	108	Shale	
108	147	Lime	
147	161	Shale	
161	188	Lime	
188	245	Shale	
245	249	Lime	
249	251	Shale	
251	270	Lime	
270	289	Shale	
289	298	Lime	
298	329	Shale	
329	336	Lime	
336	340	Shale	
340	342	Lime	
342	350	Shale	

Vesecky #1-6i
Douglas Co., KS

350	380	Lime	
380	383	Bl. Shale	
383	410	Lime	
410	414	Bl. Shale	
414	428	Lime	
428	439	Shale	
439	447	Lime	
447	475	Shale	
475	479	Lime	
479	606	Shale	
606	612	Lime	
612	617	Shale	
617	620	Lime	
620	632	Shale	
632	642	Lime	
642	656	Shale	
656	660	Lime	
660	664	Shale	
664	680	Lime	
680	694	Shale	
694	698	Lime	
698	706	Shale	
706	708	Lime	
708	720	Shale	
720	731	Sand	720-722 Mostly shale, odor, no show
731	762	Shale	722-729 Laminated sand, good odor
762		TD	Good show in samples
			729-731 Mostly shale, odor

Run **Coring**
Footage **Rec.**



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 50939
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/10/15	3372	Vescky # 1-6I	NW22	14	20	DG
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Grand Mesa			729	Carlson	✓ Safety Meeting	Meeting
MAILING ADDRESS			308	Alabad	✓	
1700 W Waterfront Drury			558	KaiCar	✓	
CITY	STATE	ZIP CODE	369	Mikhaa	✓	
Wichita	KS					

JOB TYPE log string HOLE SIZE 5 7/8" HOLE DEPTH 762' CASING SIZE & WEIGHT 2 7/8" EVE
 CASING DEPTH 752' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.36 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 3 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200# Gal followed by 5 bbls fresh water, mixed & pumped 110 sks 50/50 Pozmix cement w/ 2% gel, 5% salt, + 5# Kalseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.36 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, shut in casing.

PKH

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	25 mi	MILEAGE		
5402	753'	Casing footage		
5407	minimum	ton mileage		
5502	2 hr	80 Vac		
		trucks		
		Subtotal		
1124	110 sks	50/50 Pozmix cement		
118B	385 #	Gel		
1111	231 #	Salt		
1110A	550 #	Kalseal		
		materials		
		- 30%		
		Subtotal		
440	1	2 1/2" rubber plug		
			SALES TAX	
			ESTIMATED	
			TOTAL	

Ravin 3737

AUTHORIZATION No Co Rep on location TITLE _____ DATE _____

I warrant that the payment terms, unless specifically amended in writing on the front of the form or in the customer's

