# CORRECTION #2

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1261945

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 #			API No. 15	—			
Name:			Spot Description:	_			
Address 1:			SecTwpS. R	st			
Address 2:			Feet from North / South Line of Secti	on			
City: Sta	ite: Zip: _	+	Feet from East / West Line of Secti	on			
Contact Person:			Footages Calculated from Nearest Outside Section Corner:				
Phone: ()			□NE □NW □SE □SW				
CONTRACTOR: License #			GPS Location: Lat:, Long:, (e.qxxx.xxxxx)				
Name:			Datum: NAD27 NAD83 WGS84				
Vellsite Geologist:			County:				
Purchaser:			Lease Name: Well #:	_			
Designate Type of Completion:							
New Well Re-E	Entry	Workover	Field Name:  Producing Formation:				
□ Oil □ WSW	SWD	SIOW					
☐ Gas ☐ D&A	☐ ENHR	□ sigw	Elevation: Ground: Kelly Bushing:	—			
		Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	_		Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?				
Cathodic Other (Core,	Expl., etc.):						
f Workover/Re-entry: Old Well Info	as follows:		If yes, show depth set: Fe	et			
Operator:			If Alternate II completion, cement circulated from:	_			
Vell Name:			feet depth to: w/ sx co	mt.			
Original Comp. Date:	Original Total	Depth:					
Deepening Re-perf.	Conv. to ENHF	Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back	Conv. to GSW	Conv. to Producer	(Data must be collected from the Reserve Pit)				
Commingled	Permit #:		Chloride content:ppm Fluid volume:bl	ols			
Dual Completion			Dewatering method used:	—			
SWD	Permit #:		Location of fluid disposal if hauled offsite:				
ENHR							
GSW	Permit #:		Operator Name:				
			Lease Name: License #:	_			
Spud Date or Date Read	ched TD C	ompletion Date or	QuarterSecTwpS. R East We	est			
Recompletion Date	R	ecompletion Date	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** 

Confidentiality Requested:

Yes No

KCC Office Use ONLY				
Confidentiality Requested				
Date:				
Confidential Release Date:				
Wireline Log Received				
Geologist Report Received				
UIC Distribution				
ALT I I II Approved by: Date:				



# 

Operator Name:			Lease Name:			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	ing and shut-in pressu	ormations penetrated. Dures, whether shut-in pre ith final chart(s). Attach	ssure reached stati	c level, hydrosta	tic pressures, bott		
		tain Geophysical Data a r newer AND an image f		gs must be ema	iled to kcc-well-log	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional S		Yes No			n (Top), Depth an		Sample
Samples Sent to Geol	ogical Survey	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-o			on, 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 / SQL	JEEZE RECORD		1	
Purpose:	Depth	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Perforate Protect Casing Plug Back TD	Top Bottom						
Plug Off Zone							
	otal base fluid of the hydra	n this well? aulic fracturing treatment ex submitted to the chemical o		Yes [	No (If No, skip	o questions 2 and o question 3) out Page Three	
Shots Per Foot  PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)  Dep							
	эреспу го	botage of Each interval Pen	orated	(Ar	nount and Kind of Mat	eriai Used)	Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or ENH	Producing Meth		Gas Lift C	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf Wate	er Bl	bls. G	as-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS:		TETHOD OF COMPLE	TION:		PRODUCTIO	ON INTERVAL:
Vented Sold		Open Hole	Perf. Dually	Comp. Con	nmingled		ZIN IINI LI IVAL.
(If vented, Sub		Other (Specify)	(Submit )	ACO-5) (Subi	mit ACO-4)		

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	VESECKY 1-6I
Doc ID	1261945

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	11	7	17	43	Portland	8	None
Production	5.875	2.875	6.5	752	50/50 Pozmix	110	2%Gel,5% Salt

# **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/operatorE ditDetail.cfm?docID=12 61924	//kcc/detail/operatorE ditDetail.cfm?docID=12 61945

Confidentiality Requested: Yes No

Kansas Corporation Commission 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 WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License #			API No. 15					
Name:			Spot Description:					
Address 1:				East West				
Address 2:			Feet from North / South	Line of Section				
City: S	tate: Zip	):+	Feet from East / West	Line of Section				
Contact Person:			Footages Calculated from Nearest Outside Section Corner:	:				
Phone: ()			□NE □NW □SE □SW					
CONTRACTOR: License #			GPS Location: Lat:, Long:					
Name:			(e.g. xx.xxxxx) (e	e.gxxx.xxxxx)				
Vellsite Geologist:			Datum: NAD27 NAD83 WGS84					
Purchaser:			County:					
Designate Type of Completion:			Lease Name: Well #: _					
New Well Re	-Entrv	Workover	Field Name:					
		_	Producing Formation:					
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground: Kelly Bushing:					
☐ Gas ☐ D&A	☐ ENHR	☐ SIGW	Total Vertical Depth: Plug Back Total Depth:_					
OG CM (Cool Bod Mathana)	☐ GSW	Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet					
☐ CM (Coal Bed Methane) ☐ Cathodic ☐ Other (Core	e Evol etc.):		Multiple Stage Cementing Collar Used? Yes No					
f Workover/Re-entry: Old Well In			If yes, show depth set:	Feet				
-			If Alternate II completion, cement circulated from:					
Operator:			feet depth to:w/					
Vell Name:			leet deptil to:w/	SX CITIL.				
Original Comp. Date:	_							
	_	IHR Conv. to SWD	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)					
☐ Plug Back	Conv. to GS	SW Conv. to Producer						
Commingled	Permit #:		Chloride content: ppm Fluid volume:					
Dual Completion	Permit #:		Dewatering method used:					
SWD	Permit #:		Location of fluid disposal if hauled offsite:					
☐ ENHR	Permit #:		Operator Name:					
☐ GSW	Permit #:		Operator Name:					
			Lease Name: License #:					
•	ached TD	Completion Date or	Quarter Sec TwpS. R					
Recompletion Date		Recompletion Date	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:					



Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1255522

Form ACO-1
August 2013
Form must be Typed
Form must be Signed
All blanks must be Filled

# CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15				
Name:	Spot Description:				
Address 1:	SecTwpS. R 🔲 East 🗌 West				
Address 2:	Feet from North / South Line of Section				
City:	Feet from _ East / _ West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)  Datum: NAD27 NAD83 WGS84				
Wellsite Geologist:					
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:  Producing Formation:				
☐ Oil ☐ WSW ☐ SWD ☐ SIOW					
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:				
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet				
Operator:	If Alternate II completion, cement circulated from:				
Well Name:	feet depth to:w/sx cmt.				
Original Comp. Date: Original Total Depth:					
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)				
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls				
Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:					
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West				
Recompletion Date Recompletion Date	Countv: 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** 

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Confidentiality Requested				
Date:				
Confidential Release Date:				
Wireline Log Received				
Geologist Report Received				
UIC Distribution				
ALT I II III Approved by: Date:				

KOLAR Document ID: 1255522

### Page Two

Operator Name: _				Lease Name:			Well #:	
Sec Twp.	S. R.	E	ast West	County:				
	flowing and shu	ut-in pressures, v	vhether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample
Samples Sent to 0	Geological Surv	/ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		B	CASING eport all strings set-c		New Used	ion, etc.		
Purpose of Strir		Hole illed	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	UEEZE RECORD			
Purpose:		epth T Bottom	ype of Cement	# Sacks Used		Type and F	Percent Additives	
Perforate Protect Casi Plug Back T								
Plug Off Zor								
Did you perform a     Does the volume     Was the hydraulic	of the total base f	fluid of the hydrauli		_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Product Injection:	tion/Injection or R	esumed Production	Producing Meth	nod:	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			DN INTERVAL: Bottom
	Sold Used	I on Lease	Open Hole			mmingled mit ACO-4)	Тор	BOROTT
,	,			B.11 B1				
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	: Size:	Set	Δ+-	Packer At:				
TODING RECORD:	. 3126.	Set	n.	i donei Al.				

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	

Form	ACO1 - Well Completion				
Operator	Grand Mesa Operating Company				
Well Name	VESECKY 1-6I				
Doc ID	1255522				

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	11	7	17	43	Portland	6	None
Production	5.875	2.875	6.5	752	50/50 Pozmix	110	2%Gel,5% Salt



# 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	<b>Bottom</b>	<b>Formation</b>	Comments
0	16	Soil & clay	
16	26	Gravel w/cla	у
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

		Dougla	as 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
	Coring		
_		_	

Run Footage Rec.



LOCATION OHOUSE, ES FOREMAN OSEY KENNESY

Box 884, Chan 0-431-9210 or	800-467-8676			MENT	TOWNSHIP	RANGE	COUNTY
	CUSTOMER#	WELL	NAME & NUMBER	SECTION			DG
DATE	23-7	Vesector	# 1-10I	11023	14	20	
110175	53 + 0 _	Very		Strain of Vance	DRIVER	TRUCK#	DRIVER
USTOMER Grand	llesa			TRUCK#_	Codo	Safety	yesting
AILING ADDRESS	3 ^			729	Alc had	1	
	Waterfrom	+ PEWY		3(08	KeiCar	1	
ITY	S	STATE	ZIP CODE	558	1.7 400		
Wichita		KS	-5/3	369	ALCUIC CITE !	WEIGHT 2 18	" EVE
OB TYPE long	etrino H	OLE SIZE	HOLE	DEPTH 762'	_ CASING SIZE &	OTHER	
ASING DEPTH_	752'	ORILL PIPE	TUBIN	G	CEMENT LEFT		
LURRY WEIGHT,		SLURRY VOL_	WATE	R gal/sk	21 19	3 bon	
ISPLACEMENT	7.36 bbs	DISPLACEMENT	r PSI MIX PS	1 1 .	RATE TO	naped 20	o# Gol
EMARKS hel	d safety	neet s	· COUNTRY CO	Newlation , K	TES	50/50 POF	eurix_
Mowed by	205 665	Heshin	ster wixed	tamped	st celine	wit to suc	Face
BU BUT	0/ 2% 6	el. 5%	salt + 5 4	Kolseal Per	0 -	D 41/ 43	Sla Abic
Judiod B	vup de	n pum	oed 2/2 0	obber plus To	casing f	= 30 42	LIM
Dest was	TO DESSU	red to	800 PSI,	well held f	recsure 4	20 00	
oleged a	rossure, s		Casing.				
everen la	,				(-)-	14	
					1		
						(E)	
ACCOUNT	QUANITY	or UNITS	DESCRIP	TION of SERVICES or F	RODUCT	UNIT PRICE	TOTAL
CODE	QUARITI	OI GIVITO	PUMP CHARGE				
5401	25.		MILEAGE A				
5406	200	<u>u</u>	11	fac a		, , , , ,	
5402	783		11 / 100				
5407	ninin	uu	80 Vac	,			
550x	2 /	<u> </u>	80 Vac	truck			
				/ · O- h	-3		
			-		Subtotal		
			12 -		1		
1124	110	JKS	3/50 FOR	ank cellely			
1188	385	*	Gel,			<del></del>	
1111	231	#	Salt				-
	550	#	Kolseal		. /-		-
LUOA	0,0			mat	viels		
				teri e	30%	1	
			1		Subtota		<del></del> -
1	1		26 0000	rplug		_	-
111/10				V /			
440							-
440	-				_	SALES TA	. 1
440							1
	,					ESTIMATE	D
Savin 3737	N. 6 F			E		ESTIMATE TOTAL	D



## **HURRICANE SERVICES INC**

Customeri	Grand Mesa			014838	Date:	6/11/2015			Ticket #	6631
Representatives	Jared Hoehn									
Addresss					1					
City, State:	Baldwin	City, KS			]					
County, Zip:	Dou	glas			1					
							_			
Fiel	d Order No.1				Open Holes		1 -	Perf De	pths (ft)	Perfs
	Well Name:	Veseck	y_#1-61		asing Depth:		- L	719.0	728.0	19
	Locations				Casing Size:	2 7/8				
	Formation				ubing Depth:		-			
Туре	of Service:		all Off		Tubing Size:					
	Weil Type: Age of Weil:		ew IJ		Liner Depth: Liner Size:		1 -			
	acker Type:	- 1	800		Liner Top:		1			
	cker Depth:			L	ner Bottom:		1 -			
	atment Via:	C	SG .		Total Depth:		1			
							_		Total Perfs	19
						NAME OF TAXABLE PARTY.				
TIME	INJECTIO FLUID	ON RATE N2/CO2	PRES STP	SURE ANNULUS		REMARKS		PROP (Ibs)	HCL (g <sup>l</sup> s)	FLUID (bbls)
2:40 PM				7.1.101.515	RIGUP	REMARKS		(103)	(9.3)	(0013)
2:50 PM	1.0		1,050.0		Load and Break	With Water			-0.000	
	1.0		500.0		Pump 15% Hcl					
	1.5		650.0		SP ot On Bottom					
2:53 PM			500.0		Soek 15min					
3:13 PM	5-8		750.0		Est Rate					,
	5.8		700.0		PumP 2009al 7.5	% Fe HCL Drop 25 Balls				
3:15 PM	5.8		700.0 2.100.0		Flush					
3:15 PM	3.8		2,100.0		PSI UP Ball OFF					
	5.8		700.0		Over Flush					
3:17 PM			550.0		ISIP					
			500.0		1 Min					
				·			-			
							TOTAL:			
							TOTAL:		_	
		SUMI		***	ī	PRODUCTS USED				
1	Max Fl. Rate	Ave Fl. Rate	2 100.0	AV9 PSI 790.9						
,										
					1					
										-
							And American			NOTE OF THE OWNER.