

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 Geologist Report / Mud Logs <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				

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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Summary of Changes

Lease Name and Number: Foos 5-36

API/Permit #: 15-135-25065-00-01

Doc ID: 1306961

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	10/13/2015	05/18/2016
Date of First or Resumed Production or SWD or Enhr Method Of Completion - Other	09/17/2015 No	Yes
Method Of Completion - Other Detail		T/A 5/11/16
Producing Method Pumping	Yes	No
Production - Barrels of Water	200	0
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1267199	../..kcc/detail/operatorEditDetail.cfm?docID=1306961
Temporarily Abandoned	No	Yes



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1267199
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 # _____

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: _____

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Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	Foos 5-36
Doc ID	1267199

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
		500gals 10% NE/FE Acid	4239-4254
		50sxs 20/40 Sand	4239-4254
		11,750gals of ProGel LG 250 Frac water	

BASIC

energy services, L.P.

TREATMENT REPORT

Customer <i>Grand Mesa Operating</i>	Lease No.	Date <i>9-14-15</i>	
Lease <i>F005</i>	Well # <i>5-36</i>		
Field Order # <i>124117</i>	Station <i>Pratt NS</i>	Casing <i>5 7/8</i>	Depth <i>4254</i>
Type Job <i>Progr 16 2500 Frac 15000</i>	Formallon <i>Missi</i>	County <i>NS</i>	State <i>NS</i>
Legal Description <i>2-1X3-22V</i>			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 7/8</i>	Tubing Size <i>2 3/8</i>	Shot/Ft <i>6</i>	<i>905025</i>	Acid <i>500 gallon 15% HCl/FR</i>	RATE	PRESS	ISIP	<i>2019</i>
Depth	Depth	From <i>4237</i>	To <i>4254</i>	Pre Pad	Max <i>12.1</i>	<i>4141</i>	5 Min.	<i>591</i>
Volume	Volume <i>26.78</i>	From	To	Pad <i>4600 gallon Royal 16 2500</i>	Min <i>11.7</i>	<i>2519</i>	10 Min.	<i>219</i>
Max Press	Max Press <i>2500</i>	From	To	Frac <i>5975 gallon Royal 16 2500</i>	Avg <i>11.8</i>	<i>2746</i>	15 Min.	<i>42</i>
Well Connection <i>2 3/8</i>	Annulus Vol. <i>61.2</i>	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>4190</i>	Facker Depth <i>4190</i>	From	To	Flush <i>1175 gallon Royal 16 2500</i>	Gas Volume		Total Load <i>298</i>	

Customer Representative <i>John Johnson</i>	Station Manager <i>Kevin Sordley</i>	Treater <i>Anthony Galley</i>
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Service Units	<i>3854</i>	<i>2157</i>	<i>72963</i>	<i>1976</i>	<i>1950</i>	<i>19892</i>	<i>75775</i>	<i>74868</i>	<i>83354</i>	<i>86531</i>
Driver Names	<i>Dryl</i>	<i>Chick</i>	<i>Arnon</i>	<i>Sperry</i>	<i>TOUL</i>	<i>BS</i>	<i>Adam</i>	<i>dabe</i>	<i>Justin</i>	<i>Miller</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>9:00</i>					<i>all location, safety meeting, setup</i>
<i>10:29</i>	<i>4350</i>				<i>Prime up & pressure test</i>
<i>10:32</i>	<i>14</i>			<i>9.7</i>	<i>start 500 gallon Acid</i>
<i>10:33</i>	<i>290</i>		<i>5</i>	<i>2</i>	<i>1620 loaded</i>
<i>10:35</i>	<i>2714</i>		<i>7</i>	<i>5</i>	<i>Establish rate</i>
<i>10:36</i>	<i>2615</i>		<i>12</i>	<i>5.1</i>	<i>start 4600 gallon Pad</i>
<i>10:45</i>	<i>2646</i>		<i>56</i>	<i>12.1</i>	<i>Increase rate</i>
<i>10:51</i>	<i>2522</i>		<i>122</i>	<i>11.9</i>	<i>start 2000 gallon .5 20/40</i>
<i>10:53</i>	<i>2578</i>		<i>148</i>	<i>11.9</i>	<i>.5 20/40 on bottom</i>
<i>10:55</i>	<i>2591</i>		<i>171</i>	<i>11.8</i>	<i>start 3000 gallon 1# 20/40</i>
<i>10:57</i>	<i>2563</i>		<i>197</i>	<i>11.9</i>	<i>1# 20/40 on bottom</i>
<i>11:03</i>	<i>2962</i>		<i>220</i>	<i>11.9</i>	<i>start 1175 gallon Flush</i>
<i>11:06</i>	<i>2019</i>		<i>298</i>	<i>0</i>	<i>shut down job complete</i>



TREATMENT REPORT - PAGE 1

Date: 14-Sep-15

Well Name: FOOS #5-36	Location: SEC 36-18S-22W	Customer Rep: JOHN JOHNSON	Field Order # 12811A
Stage: MISSISSIPPI CHERT	Formation: MISSISSIPPI CHERT	Treat Via: TUBING	Allowable Pressure Tbg: 3,500 Csg: OIL
County: NESS	State: KS	Well Age: REWORK	PackerType: PackerDepth: Csg Size: 4,190 5.5
Type Of Service: PROGEL LG 250 FRAC	Csg Depth: Tbg Size: Tbg Depth: Liner Size: 2,875		
Customer Name: GRAND MESA OPERTING	Liner Depth: Liner Top: Liner Bot: Total Depth:		
Address:	Open Hole: Csg Vol: BHT: 25.78		
Remarks:	Perf Depths: 4239	Perfs: 4254	TotalPerfs: 90

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	FOAM/FLD (lbs)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
10:29	0.0		4345		PSI TEST			
10:32	0.0		209		ST ACID 500 gal. 10% NEFC		500	12.0
10:33	0.0		988		HOLE LOADED			
10:35	3.9		2695		ESTABLISH RATE			
10:38	5.1		2677		ST PAD		4,600	110.0
10:38	6.3		2500		ACID ON BOTTOM			
10:43	4.2		2831		PAD ON BOTTOM			
10:46	11.5		2863		INCREASE RATE			
10:51	11.9		2518		ST .5#	1,000	2,000	49.0
10:53	11.8		2571		ON BOTTOM			
10:55	11.9		2589		ST 1#	4,000	3,975	89.0
10:57	11.9		2561		ON BOTTOM			
11:03	11.9		2955		ST FLUSH		1,175	28.0
11:08	0.0		1870		SHUT DOWN JOB COMPLETE			
11:11	0.0		595		5 MIN			
11:16	0.0		220		10 MIN			
11:21	0.0		42		15 MIN			
Total:						5,000	12,250	298.0

Summary

Max Fl. Rate 11.9 Avg Fl. Rate 9.0 Max Psi 4,366 Avg Psi 2,653

50SK | 11,750 gal.
20/40 | PROGEL LG 250
STAIN | GEL H2O

Customer Acknowledgement:	Service Rating: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Treater: JACOB ANTHONY	PRODUCTS USED
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