CORRECTION #1

Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

Form ACO-1 November 2016 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.:				
Name:	Spot Description:				
Address 1:					
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.xxxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:				
□ Oil □ WSW □ SWD	Producing Formation:				
☐ Gas ☐ DH ☐ EOR	Elevation: Ground: Kelly Bushing:				
☐ OG ☐ GSW	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?				
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 EOR ☐ Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)				
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls				
☐ Commingled Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
EOR 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	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 ☐ Drill Stem Tests Received					
Geologist Report / Mud Logs Received					
UIC Distribution					
ALT I II Approved by: Date:					

CORRECTION #1

Operator Name: Lease Name: _ Well #: _ 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). No **Drill Stem Tests Taken** Yes Loa Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes Yes No Cores Taken ☐ No Electric Log Run _ Yes Geolgist Report / Mud Logs Yes List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom 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? No (If No, fill out Page Three of the ACO-1) Producing Method: Date of first Production/Injection or Resumed Production/ Injection: Flowing Pumping Gas Lift Other (Explain) **Estimated Production** Water Bbls. Bbls Gas Mcf Gas-Oil Ratio Gravity Per 24 Hours DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL: **Bottom** Sold Used on Lease Open Hole Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Bridge Plug Shots Per Bridge Plug Perforation Perforation Acid, Fracture, Shot, Cementing Squeeze Record Foot Top **Bottom** Type Set At (Amount and Kind of Material Used) TUBING RECORD: Size: Set At: Packer At:

Form	ACO1 - Well Completion		
Operator	Grand Mesa Operating Company		
Well Name	VESECKY 1-4I		
Doc ID	1276025		

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	11	7	17	42	Portland	8	None
Production	5.875	2.875	6.5	752	Pozblend IA	100	2%Gel,5% Salt

Summary of Changes

Lease Name and Number: VESECKY 1-4I

API/Permit #: 15-045-22283-00-00

Doc ID: 1276025

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	11/12/2015	01/08/2016
Date of First or Resumed Production or SWD or Enhr		12/30/2015
Producing Method Other	No	Yes
Producing Method Other Detail		Injecting
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 70053	//kcc/detail/operatorE ditDetail.cfm?docID=12 76025

KOLAR Document ID: 1270053

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

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

Form ACO-1
January 2018
Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	SecTwpS. R □East □ West
Address 2:	Feet from North / South Line of Section
City: State: 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. xxx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ Gas ☐ DH ☐ EOR	Elevation: Ground: Kelly Bushing:
	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
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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 EOR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
_	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	QuarterSecTwpS. R East West
Spud Date or Date Reached TD Completion Date or 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 Drill Stem Tests Received					
Geologist Report / Mud Logs Received					
UIC Distribution					
ALT I II III Approved by: Date:					

KOLAR Document ID: 1270053

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	e of Cement # Sacks Used Type and 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 1-4I		
Doc ID	1270053		

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	685-695	100gals 15% HCL acid	685-695
		500# of mixed 16/30 & 12/20 brown sand	
		2,725gals of Flush water	

Form	ACO1 - Well Completion		
Operator	Grand Mesa Operating Company		
Well Name	VESECKY 1-4I		
Doc ID	1270053		

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	11	7	17	42	Portland	8	None
Production	5.875	2.875	6.5	752	Pozblend IA	100	2%Gel,5% Salt



Operator:

Grand Mesa Operating Co. Wichita, KS

Vesecky #1-4i

Douglas Co., KS 23-14S-20E API: 045-22283

 Spud Date:
 10/19/2015
 Surface Bit:
 11.0"

 Surface Casing:
 7.0"
 Drill Bit:
 5.875"

 Surface Length:
 42.8"
 Longstring:
 752.25'

 Surface Cement:
 8 sx
 Longstring Date:
 10/20/2015

Longstring: 2 7/8 EUE - new

Driller's Log

		D 111101 0	9
Тор	Bottom	Formation	Comments
0	18	Soil & clay	
18	25	Gravel	
25	36	Shale	
36	43	Lime	
43	55	Sand	Grey, har
55	58	Shale	
58	74	Lime	
74	83	Bl. Shale	
83	90	Lime	
90	95	Shale	
95	117	Lime	
117	130	Sand	Grey, hard
130	149	Shale	
149	169	Lime	
169	188	Shale	
188	194	Sandy Shale	
194	232	Shale	
232	236	Lime	
236	239	Shale	
239	253.5	Lime	
253.5	255	Shale	
255	257	Lime	
257	268	Shale	
268	270	Red Bed	

Vesecky 1-4i							
270	274	Douglas (Co., KS				
270	274	Shale					
274	283	Lime					
283	313	Shale					
313	325	Lime					
325	335	Shale					
335	360	Lime					
360	362	Shale					
362	369	Bl. Shale					
369	393	Lime					
393	397	Shale					
397	402	Lime					
402	405	Shale					
405	411	Lime					
411	414	Shale					
414	423	Sand	Grey, hard				
423	455	Sandy Shale					
455	459	Sand					
459	519	Shale					
519	533	Lime					
533	557	Shale					
557	559	Red Bed					
559	564	Shale					
564	566	Sandy Shale					
566	581	Shale					
581	586	Lime					
586	594	Shale					
594	597	Lime					
597	599	Coal					
599	604	Shale					
604	612	Lime					
612	637	Shale					
637	639	Lime					
639	681	Shale					
681	685	Sandy Shale					
685	695	Sand	Good quality, good oil show & bleed				
695	762	Sandy Shale	Slightly laminated starting at 690				
762		TD					
	Coring						
Run	Footage	Rec.					

Run Footage Rec.
1
2

Sand Detail



CUSTOMER#

LOCATION OYLAWA KS
FOREMAN Fred Mader

RANGE

COUNTY

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

FIELD TICKET & TREATMENT REPORT CEMENT

WELL NAME & NUMBER

粈

SECTION

TOWNSHIP

10-21-15	3372 Vesech	<u> </u>	7.	ME aa	/ 4	30	<u> </u>
CUSTOMER	d Masa	<u> </u>	170	TRUCK#	DRIVER	TRUCK#	DRIVER
6 ran	iss in the same of		† 	7/2	Fremad	TROOK #	DINIYEIX
,		Bh 6m		495	Ner Bec		
CITY	Water Front Phus	ZIP CODE	1	675	Ki Day		
Wickit	ta KS	67204		<u>5</u> 76	Tratter		
JOB TYPE 人の	<u> </u>		_ HOLE DEPTH_		CASING SIZE & W	EIGHT 27/8	EUE
CASING DEPTH_	<i>n</i> - <i>n</i>		_TUBING			OTHER	
SLURRY WEIGH	T SLURRY VOL_		WATER gal/sk_		CEMENT LEFT in	CASING 2/4	Plu
DISPLACEMENT	H.YBBL DISPLACEMEN	IT PSI	MIX PSI		RATE 48PN	1	
REMARKS: /40	Id Safory med	-Ne Est	Lablish	circula	tion. Mi	ca Pump	100#
	Flush, mit + P	unto 10	0 5K5	Por Blan	d IACO	mest 27c	Cul
<u> 5%</u> S	alt 5# Kol Soal	15K. C.	ement 1	to Surto	ce I Flug	h pump	+ lines
clean	r. Displace 2/2" PSI. Monitor	* Rubba	er plug t	o casi	ng TO. F	réssure	10
				30 m	note MI	T. Rel	ease
pres	sure 40 sex f	loax Val	<i>υ</i> ε .				
						<u>-</u>	
					-/ ~		
<u> </u>	Gown Drilling.				Fuch	Moder	
ACCOUNT	<u> </u>	1				· 1	
CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT				UNIT PRICE	TOTAL
CEOHSO		PUMP CHARG	SE .				
C. E0002		MILEAGE					
OE OTIO	1/2 Minimum	Ton 1	Miles Da	elivery	<u> </u>		
WE 0863	/hr	675					
			S	ub Jodel	<u>'</u>		
				<u> </u>			
CQ 5840	100 SKS	Por BI	end IA	Cament			
CC5865	268#	Bent	onite be	1			
CC 5326	193	Grane	lated 5	alt			
CC 6077	J*0*						
CP 8176		25"	Rubber	Plucy			
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						[
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				10-			
		 					
Bavin 3737		1			<u> </u>		
						TOTAL	<u></u>
AUTHORIZTION	1my 25		TITLE			DATE	
•	that the payment terms, un	less specifica		n writing on t	he front of the fo	DATE	ustomer'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.



HURRICANE SERVICES INC

Customer:	Grand Mesa				Date:	11/6/201	5		Ticket #	1635
Representative:] -		111			
Address:					1					
City, State:	Baldwin C	ity, Kansas			1					
County, Zip:					1					
County, Eight	Dou	glas								
Field	d Order No.:			1						
1101	Well Name:	Vesech	ry #1-41		Open Hole:				pths (ft)	Perfs
	Location:	Veseci	y # 1-41	'	asing Depth: Casing Size:	2 7/8		685.0	695.0	21
	Formation:			,	ubing Depth:	2 1/0				
Type	of Service:	Linear (Gel Frac	1	Tubing Size:					
- 7/6-	Well Type:	OII/			Liner Depth:					
	Age of Well:	Ne			Liner Size:				 	
P:	acker Type:				Liner Top:					
Pa	cker Depth:			L	iner Bottom:					
Tre	atment Via:	CS	SG .		Total Depth:					1
								-	Total Perfs	21
		Will Wills	O-motion (dones of the						
TIME	FLUID	N RATE N2/CO ₂	PRES STP	SURE A _N NU _L US		054 040	TO MENT	PROP	HCL	FLUID
THE STATE OF THE S		AVERSEN &		- IM Faa	Do only ball off of	REMARKS	- 1	(lbs)	(gl _S)	(b ^{bl} s)
			3,000.0		Do acid ball off al Line CK	lead of frac				
	12.0		1,500.0		Load/Est rate					
	16.0		1,400.0		Pump Pad			50.00		
	16.0		1,200.0		.25# 16/30			10.00		_
	16.0		1,300.0		.5# 16/30	Drop 5	Balls	60.00		
	16.0		1,400.0		1# 16/30 & 12/20	Drop 6	100	430.00		
	16.0		1,500.0		Flush					
					Surge					_]
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<u> </u>										
							TOTAL:	550.00		
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-	Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI	Ė					
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Treater:	Fach de	ansen						Customer:		
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