

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: 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 Producing Method Other	No	12/30/2015 Yes
Producing Method Other Detail		Injecting
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1270053	../kcc/detail/operatorEditDetail.cfm?docID=1276025

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs 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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TUBING RECORD:	Size:	Set At:	Packer At:	
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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	



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

Top	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
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	

Run	Coring Footage	Rec.
1		
2		

Sand Detail

TREATMENT REPORT



HURRICANE SERVICES INC

Customer:	Grand Mesa	Date:	11/6/2015	Ticket #	1635
Representative:					
Address:					
City, State:	Baldwin City, Kansas				
County, Zip:	Douglas				

Field Order No.:		Open Hole:		Perf Depths (ft)	Perfs	
Well Name:	Vesecky #1-4I	Casing Depth:		685.0	695.0	21
Location:		Casing Size:	2 7/8			
Formation:		Tubing Depth:				
Type of Service:	Linear Gel Frac	Tubing Size:				
Well Type:	OII/INJ	Liner Depth:				
Age of Well:	New	Liner Size:				
Packer Type:		Liner Top:				
Packer Depth:		Liner Bottom:				
Treatment Via:	CSG	Total Depth:				
				Total Perfs		21

TIME	INJECTION RATE FLUID	N ₂ /CO ₂	PRESSURE STP	ANNULUS	REMARKS	PROP (lbs)	HC _L (g/s)	FLUID (bbls)
			3,000.0		Do acid ball off ahead of frac			
			1,500.0		Line CK			
	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	60.00		
	16.0		1,400.0		1# 16/30 & 12/20	430.00		
	16.0		1,500.0		Flush			
					Surge			
	16.0		1,225.0		Over Flush			
			600.0		ISIP			
TOTAL:						550.00		

SUMMARY

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
16.0	15.4	1,500.0	1,458.3

PRODUCTS USED

Treater: Fach Hansen

Customer: _____