

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

Confidentiality Requested:

 Yes  No

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  
Recompletion Date

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 DistributionALT  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 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 2-6I

API/Permit #: 15-045-22284-00-00

Doc ID: 1276019

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	<a href="http://../kcc/detail/operatorEditDetail.cfm?docID=1270047">../kcc/detail/operatorEditDetail.cfm?docID=1270047</a>	<a href="http://../kcc/detail/operatorEditDetail.cfm?docID=1276019">../kcc/detail/operatorEditDetail.cfm?docID=1276019</a>



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1270047  
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: \_\_\_\_\_

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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

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- NE       NW       SE       SW

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Datum:  NAD27       NAD83       WGS84

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Dewatering method used: \_\_\_\_\_

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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.

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- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

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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 2-6I
Doc ID	1270047

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	700-709	100gals 15% HCL acid	700-709
		w/30 bio balls	
		500# mixed 12/20&16/30 brown sand	
		4600gals Flush water	







**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 49861  
LOCATION Ottawa KS  
FOREMAN Fred Mad

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-21-15	3372	Vesucky # 2-6i	NE 22	14	20	OG
CUSTOMER Grand Mesa			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1700 N Water Front Hwy. Rt 600			712	Fred Mad		
CITY STATE ZIP CODE Wichita KS 67206			495	Harbor		
			675	Kel Dor		
			510	Tra Hor		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 762 CASING SIZE & WEIGHT 2 7/8 EUE  
CASING DEPTH 7520 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
DISPLACEMENT 4.37 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 48PM

REMARKS: Hold Safety meeting. Establish circulation. Mix & Pump 100# Gel Flush. Mix & Pump 100 sks Poz Blend I A Cement 2% Gel 5% salt 5# Kal Seal/sk. Cement to Surface. Flush pump & line clean. Displace 2 1/2" Rubber plug to casing TP. Pressure to 800# PSI. Monitor pressure for 30 minute MIT. Release pressure to set float valve. Shut in casing.

Mc Gown Drilling Fred Mad

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	
CE0002	25 mi	MILEAGE	495	
CE0710	1/2 minimum	Ton Miles Delivery	510	
WE0853	1 hr	80 BBL Vac Truck	675	
		Sub Total		
CB584D	100 SKS	Poz Blend I A Cement		
CC5965	265#	Bentonite Gel		
CC5326	193#	Granulated Salt		
CC6077	500#	Kal Seal		
CP8176	1	2 1/2" Rubber Plug		
		Sub Total		
			7.5%	
			SALES TAX	
			ESTIMATED	
			TOTAL	

Ravin 3737  
AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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



**Operator:**  
Grand Mesa Operating Co.  
Wichita, KS

**Vesecky #2-6i**

Douglas Co., KS  
23-14S-20E  
API: 045-22284

<b>Spud Date:</b>	10/16/2015	<b>Surface Bit:</b>	11.0"
<b>Surface Casing:</b>	7.0"	<b>Drill Bit:</b>	5.875"
<b>Surface Length:</b>	45.20'	<b>Longstring:</b>	751.65"
<b>Surface Cement:</b>	8 sx	<b>Longstring Date:</b>	10/19/2015
<b>Longstring:</b>	2 7/8 EUE - new		

**Driller's Log**

<b>Top</b>	<b>Bottom</b>	<b>Formation</b>	<b>Comments</b>
0	19	Soil & clay	
19	21	Gravel	
21	58	Shale	
58	63	Lime	
63	68	Sand	Grey
68	70	Shale	
70	88	Lime	
88	95	Bl. Shale	
95	103	Lime	
103	108	Shale	
108	129	Lime	
129	147	Sand	Grey, hard
147	163	Shale	
163	180	Lime	
180	190	Sandy Shale	
190	247	Shale	
247	250	Lime	
250	253	Shale	
253	268	Lime	
268	269	Bl. Shale	
269	273	Lime	
273	285	Shale	
285	290	Lime	Shaley
290	299	Lime	

Vesecky 2-6i  
Douglas Co., KS

299	331	Shale	
331	338	Lime	
338	342	Shale	
342	345	Lime	
345	353	Shale	
353	377	Lime	
377	381	Bl. Shale	
381	385	Shale	
385	408	Lime	
408	413	Shale	
413	417	Lime	
417	420	Shale	
420	425	Lime	
425	430	Shale	
430	440	Sand	Grey, hard
440	468	Shale	
468	570	Bl. Shale	
570	576	Red Bed	
576	581	Shale	
581	593	Sandy Shale	
593	601	Lime	
601	606	Shale	
606	610	Lime	
610	617	Shale	
617	621	Lime	
621	639	Shale	
639	641	Lime	
641	648	Shale	
648	659	Lime	Shaley
659	663	Lime	
663	683	Shale	
683	695	Lime	
695	705	Sand	See below
705	720	Sandy Shale	
720	762	Shale	
<b>762</b>		<b>TD</b>	

Run	Coring Footage	Rec.
1		
2		

**Sand Detail**

695-697	Sand & sandy shale, mostly shale, no show
697-699	Light show, mostly shale
699-705	Good bleed to pit, soft sand, best 702-704

**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 #2-6I	Casing Depth:		700.0	709.0
Location:		Casing Size:	2 7/8		19
Formation:		Tubing Depth:			
Type of Service:	Linear Gel Frac	Tubing Size:			
Well Type:	Oil/INJ	Liner Depth:			
Age of Well:	New	Liner Size:			
Packer Type:		Liner Top:			
Packer Depth:		Liner Bottom:			
Treatment Via:	CSG	Total Depth:			
				Total Perfs	19

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
			3,700.0		Do acid ball off ahead of frac			
					Line CK			
	12.0		2,100.0		Load/Est rate			
	16.0		1,400.0		Pump Pad	50.00		3.00
	16.0		1,300.0		.25# 16/30	10.00		0.95
	16.0		1,400.0		.5# 16/30 Drop 5 Balls	60.00		2.86
	16.0		1,700.0		1# 16/30 & 12/20 Drop 6 Balls	430.00		10.24
	16.0		3,000.0		Flush			5.00
					Surge			
	16.0		1,600.0		Over Flush			5.00
			600.0		ISIP			
<b>TOTAL:</b>						<b>550.00</b>	<b>-</b>	<b>27.05</b>

**SUMMARY**

Max FI Rate	Avg FI Rate	Max PSI	Avg PSI
16.0	15.4	3,000.0	1,866.7

**PRODUCTS USED**

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Treater: Jack Hansen

Customer: \_\_\_\_\_