



1277855



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](mailto: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
--	---

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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
---	--	------------------------------------

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:	
----------------	-------	---------	------------	--



## Summary of Changes

Lease Name and Number: SCHMIDT 12-14I

API/Permit #: 15-045-22276-00-00

Doc ID: 1277855

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	11/16/2015	01/15/2016
Date of First or Resumed Production or SWD or Enhr Producing Method Other	No	12/19/2015 Yes
Producing Method Other Detail		Injecting
Save Link	<a href="http://../kcc/detail/operatorEditDetail.cfm?docID=1271336">../kcc/detail/operatorEditDetail.cfm?docID=1271336</a>	<a href="http://../kcc/detail/operatorEditDetail.cfm?docID=1277855">../kcc/detail/operatorEditDetail.cfm?docID=1277855</a>



Confidentiality Requested:

Yes  No

# 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
-----------------------------------	-----------------	---

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: \_\_\_\_\_



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1267756  
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
-----------------------------------	-----------------	---

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:**  
Grand Mesa Operating Co.  
Wichita, KS

**Schmidt 12-14i**

Douglas Co., KS  
15-14S-20E  
API: 045-22276

<b>Spud Date:</b>	10/2/2015	<b>Surface Bit:</b>	11.0"
<b>Surface Casing:</b>	7.0"	<b>Drill Bit:</b>	5.875"
<b>Surface Length:</b>	42.8'	<b>Longstring:</b>	740.9'
<b>Surface Cement:</b>	8 sx	<b>Longstring Date:</b>	10/7/2015
<b>Longstring:</b>	2 7/8 EUE - new		

**Driller's Log**

<b>Top</b>	<b>Bottom</b>	<b>Formation</b>	<b>Comments</b>
0	16	Soil & clay	
16	18	Gravel	
18	37	Shale	
37	57	Lime	
57	65	Shale	
65	81	Lime	
81	90	Shale	
90	97	Lime	
97	102	Shale	
102	126	Lime	
126	152	Shale	
152	173	Lime	
173	200	Sandy Shale	
200	235	Shale	
235	240	Lime	
240	242	Shale	
242	260	Lime	
260	275	Shale	
275	290	Lime	
290	301	Shale	
301	302	Lime	
302	319	Shale	
319	326	Lime	
326	331	Shale	

331	333	Lime	
333	338	Shale	
338	366	Lime	
366	374	Bl. Shale	
374	404	Lime	
404	410	Shale	
410	417	Lime	
417	526	Shale	
526	536	Lime	
536	555	Shale	
555	557	Red Bed	
557	560	Lime	
560	566	Shale	
566	568	Lime	
568	570	Shale	
570	573	Sandy Shale	
573	575	Sand	Good oil show, good sand
575	585	Shale	
585	591.5	Lime	
591.5	613	Shale	
613	632	Sandy Shale	
632	634	Lime	
634	638	Shale	
638	657	Lime	
657	674	Shale	
674	679	Lime	
679	690	Shale	
690	703	Sand	See below
703	705	Sand & Sandy Shale	
705	762	Shale	
<b>762</b>		<b>TD</b>	

**Coring**

Run	Footage	Rec.
1	574-594	19'
2		

**Sand Detail**

690-692	Light show in samples, good odor
692-694	Sand w/ shale, rainbow to pit, good odor
694-696	Shaley, good odor, light show to pit
696-703	Good sand, good bleed, good odor
703-705	Sand & sandy shale, no show

NOTE: Ran 2 7/8 EUE used tubing in well, rat showed paraffin in pipe, ran GRN, logging tool could not make it to bottom, tripped used tubing,



Schmidt 12-14i  
Douglas Co., KS  
ran new 2 7/8 EUE in well and cemented in.



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 49849  
LOCATION Ottawa KS  
FOREMAN Fred Mader

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
10-7-15	3372	Schmidt * 12-14 I	SE 15	14	20	DG
CUSTOMER Grand Mesa			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 1700 N Waterfront Pkwy			712 Fre Mad			
CITY STATE ZIP CODE Wichita KS 67206			495 Har Bee			
			675 Kai Det			
			510 Kai Car			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 762 CASING SIZE & WEIGHT 2 7/8 EUE  
CASING DEPTH 740-70 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
DISPLACEMENT 4.3138 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 BPM

REMARKS: Hold safety meeting. Establish circulation. Mix & Pump 100# Gel Flush. Mix & Pump 110 SKS Poz Blend I-A cement 2% Gel 5% Salt 5# Kol Seal/sk. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 500# PSI. Monitor pressure for 30 min. MIT. Release pressure to set float valve. Show in casing.

McGown Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE		
CE0002	—	MILEAGE		
CE0700	2/3 minimum	Ten Miles Del Mar		
WE0653	1 hr	80 BBL Vac Truck		
		Sub Total		
CC5840	110 SKS	Poz Blend I-A Cement		
CC5965	285#	Bentonite Gel		
CC5326	213#	Granulated Salt		
CC6077	550#	Kol Seal		
CP 8176	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.

**TREATMENT REPORT**



**HURRICANE SERVICES INC**

Customer:	Grand Mesa	Date:	11/6/2015	Ticket #:	1634
Representative:					
Address:					
City, State:	Baldwin City, Kansas				
County, Zip:	Douglas				

Field Order No.:		Open Hole:		Perf Depths (ft)	Perfs	
Well Name:	Schmidt #12-141	Casing Depth:		693.0	703.0	21
Location:		Casing Size:	2 7/8			
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:				
				<b>Total Perfs</b>		<b>21</b>

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
			3,500.0		Do acid ball off ahead of frac			
					Line CK			
	12.0		1,100.0		Load/Est rate			
	16.0		1,500.0		Pump Pad	50.00		3.00
	16.0		1,400.0		.25# 16/30	10.00		0.95
	16.0		1,200.0		.5# 16/30	60.00		2.86
	16.0		1,400.0		1# 16/30 & 12/20	430.00		10.24
	16.0		1,900.0		Flush			5.00
					Surge			
	16.0		1,275.0		Over Flush			5.00
			550.0		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	1,900.0	1,536.1

**PRODUCTS USED**

Treater: Zach Hansen

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