

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: SCHMIDT 2-16I

API/Permit #: 15-045-22278-00-00

Doc ID: 1277829

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	../../../../kcc/detail/operatorEditDetail.cfm?docID=1271343	../../../../kcc/detail/operatorEditDetail.cfm?docID=1277829
Tubing Set At		755
Tubing Size		2.875



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
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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: _____



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1268148
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: _____

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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 2-16i

Douglas Co., KS
22-14S-20E
API: 045-22278

Spud Date:	10/5/2015	Surface Bit:	11.0"
Surface Casing:	7.0"	Drill Bit:	5.875"
Surface Length:	40.25'	Longstring:	755.05'
Surface Cement:	8 sx	Longstring Date:	10/6/2015
Longstring:	2 7/8 EUE - new		

Driller's Log

Top	Bottom	Formation	Comments
0	22	Soil & clay	
22	25	Gravel	
25	35	Shale	
35	42	Lime	
42	53	Sand	Grey
53	58	Shale	
58	73	Lime	
73	82	Shale	
82	90	Lime	
90	95	Shale	
95	117	Lime	
117	133	Shale	Sandy, hard
133	148	Shale	
148	168	Lime	
168	178	Sandy Shale	
178	231	Shale	
231	234	Lime	
234	237	Shale	
237	255	Lime	
255	268	Shale	
268	272	Lime	
272	274	Red Bed	
274	284	Lime	
284	315.5	Shale	

Schmidt 2-16i
Douglas Co., KS

315.5	330	Lime	
330	337	Shale	
337	346	Lime	
346	349	Shale	
349	364	Lime	
364	371	Bl. Shale	
371	394	Lime	
394	399	Bl. Shale	
399	405	Lime	
405	409	Shale	
409	412	Lime	
412	416	Shale	
416	423	Sandy Shale	
423	554	Shale	
554	556	Lime	
556	564	Shale	
564	569	Lime	
569	572	Sand	Grey, no odor
572	582	Shale	
582	590	Lime	
590	594	Shale	
594	599	Lime	
599	605	Shale	
605	612	Lime	
612	626	Shale	
626	628	Lime	
628	637	Shale	
637	649	Lime	
649	672	Shale	
672	676	Lime	
676	683	Shale	
683	696	Sand	See below
696	762	Sandy Shale	
762		TD	

	Coring	
Run	Footage	Rec.
1		
2		

Sand Detail

683-688	Good sand, good oil show, good odor, good bleed to pit
688-690	Laminated w/shale, fair bleed to pit
690-692	More sand than above, better bleed to pit than above
692-694	Rainbow to pit, good odor in samples, shaley



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 49848

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 #2-16 I	NE 22	14	20	DG
CUSTOMER Grand Mesa			TRUCK #			
MAILING ADDRESS 1700 N Water Front Pkwy Ste 600			DRIVER			
CITY Wichita		STATE KS	ZIP CODE 67206		TRUCK #	
			DRIVER			
			712 Fre Mad			
			495 Hav Bec			
			675 Kai Det			
			510 Kai Car			

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 762 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 758.05 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.3713 B DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 B PM

REMARKS: Hold Safety meeting. Establish circulation. Mix & Pump 100*
Get Flush. Mix & Pump 110 SKS Por Blend I A Cement 2 7/8 Gal
5% Salt 5th Kol Seal/sk. Cement to Surface. Flush pump & lines
clean. Displace 2 7/8" Rubber plug to casing TD. Pressure to
800# PSI. Monitor pressure for 30 min MIT. Release pressure
to set float valve. Shut in casing.

Mc Gown Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450		PUMP CHARGE		
CE0002	25	MILEAGE		
CE0710	2/3 Minimum	Ten Miles Delivery		
WE0853	1 hr	80 BBL Vac Truck		
		Sub Total		
		less 39%		
CC5840	110 SKS	Por Blend I A Cement		
CC5965	285*	Bentonite Gel		
CC5326	213*	Granulated Salt		
CC6077	550*	Kol Seal		
CP8174	1	2 7/8" 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 #2-16I	Casing Depth:		683.0	692.0	19
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:				
				Total Perfs		19

TIME	INJECTION RATE FLUID	N2/CO2	PRESSURE S/T/P	ANNULUS	REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
			3,200.0		Do acid ball off ahead of frac			
			1,400.0		Line CK			
	12.0		1,400.0		Load/Est rate			
	16.0		1,300.0		Pump Pad	50.00		3.00
	16.0		1,300.0		.25# 16/30	10.00		0.95
	16.0		1,500.0		.5# 16/30	60.00		2.86
	16.0		1,700.0		1# 16/30 & 12/20	430.00		10.24
	16.0		2,000.0		Flush			5.00
					Surge			
	16.0		1,300.0		Over Flush			5.00
			550.0		ISIP			
TOTAL:						550.00	-	27.05

SUMMARY

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
16.0	15.4	2,000.0	1,583.3

PRODUCTS USED

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Treater: Fach Hansen

Customer: _____