

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 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 SWGPS 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 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 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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 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)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

266845

TICKET NUMBER 49055

LOCATION Thayer

PO BOX 884 STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

9-3

FIELD TICKET

Mississippi

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
3-19-14	3372	Blythe					BIB	Dolomite
CHARGE TO			OWNER					
MAILING ADDRESS			OPERATOR					
CITY & STATE			CONTRACTOR					

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE
5102B	1	PUMP CHARGE 1300 Combo 2 nd well	Spec
5111	1	FRAC MONITORING VAN	
1268	16,500	Thayer + Bronson city (21,300 actual)	
1231	300 #	Frac gel	
1215A	16 gal	KELSUB (30 Act)	
1205A	15 #	Biocide	
1208	1 1/4 gal	Breaker	
1219B	30 gal	StimOil - OTF	
5107	1	Flow metered Chem pump	
5604	1	Frac valve	
5115	1	Ball injector	
4326	75	135G 7/8" Ballseders	
5109	65	TON-MILES	Min.
5108	65	STAND BY TIME	
5501F	15	MILEAGE Mobilization X3 P.T.V Min. Reduced (A.B.)	
2104A	18,600 #	WATER TRANSPORTS - 5	
		VACUUM TRUCKS	
		FRAC SAND 16-30	
Additional 5% discount available if paid within 10 days of invoice date WAC			7.15 SALES TAX

Revin 2790

ESTIMATED TOTAL

Thank you VERY MUCH!
We appreciate your business!!
CUSTOMER or AGENTS SIGNATURE Brett Busby COWS FOREMAN

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE 3-19-14

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 services on the back of this form are in effect for services identified on this form.

Summary of Changes

Lease Name and Number: BLYTHE 9-3

API/Permit #: 15-011-24403-00-00

Doc ID: 1199737

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	03/18/2014	04/15/2014
Fracturing Question 1	No	Yes
Fracturing Question 2		No
Perf_Depth_2		662-682'
Perf_Material_2		3/19/14 - Frac. 16,500gal City water &
Perf_Material_3		15,000gals Lease produced water
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1194689	../../../../kcc/detail/operatorEditDetail.cfm?docID=1199737

Summary of Attachments

Lease Name and Number: BLYTHE 9-3

API: 15-011-24403-00-00

Doc ID: 1199737

Correction Number: 1

Attachment Name

Frac Job ticket Enclosed



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1194689
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
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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: _____

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) (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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Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	BLYTHE 9-3
Doc ID	1194689

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	662-682'	1100gals 15% HCL Acid	662-682'

McGOWN

DRILLING, INC.

Operator:
Grand Mesa Operating
Wichita, KS

Blythe 9-3
Bourbon Co., KS
20-25S-22E
API: 011-24403

Spud Date:	1/22/2014	Surface Bit:	11"
Surface Casing:	8.625"	Drill Bit:	6.75"
Surface Length:	21.95'	Longstring:	748.85'
Surface Cement:	5 sx	Longstring Date:	1/30/2014
Longstring:	4 1/2" 10.5 lb.		

Driller's Log

Top	Bottom	Formation	Comments
0	11	Soil & clay	
11	86	Shale	
86	91	Lime	
91	95	Shale	
95	107	Lime	
107	117	Shale	
117	120	Red Bed	
120	122	Shale	
122	126	Red Bed	
126	138	Shale	
138	140	Lime	
140	180	Shale	
180	181	Lime	
181	186	Shale	
186	212	Lime	
212	257	Shale	
257	275	Lime	20'
275	280	Shale	
280	283	Lime	5'
283	286	Shale	Sandy - No Show
286	306	Shale	
306	344	Sandy Shale	No Show
344	431	Shale	
431	439	Sandy Shale	

Blythe 9-3
Bourbon Co., KS

439	440	Coal	
440	449	Shale	
449	451	Shale	Limey
451	458	Sandy Shale	
458	472	Shale	
472	478	Bl. Shale	
478	532	Shale	
532	536	Shale	Limey
536	538	Shale	
538	540	Coal	
540	551	Shale	
551	561	Sandy Shale	
561	562	Lime	
562	584	Shale	
584	604	Sandy Shale	
604	606	Coal	
606	620	Shale	
620	622	Coal	
622	648	Shale	
648	650	Coal	
650	654	Shale	
654	662	Lime	Miss; Good oil shows: 662-669; 682-684
662	762	Lime	Fair oil show 692-702; good bleed to pit
762		TD	

Coring		
Run	Footage	Rec.
1	292-312	16'
2	662-682	20'
3	682-702	20'



CONSOLIDATED
Oil Well Services, LLC

265782

TICKET NUMBER 45000

LOCATION Ottawa, KS

FOREMAN Casen Kennedy

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
1/30/14	3372	Blithe # 9-3	SE 20	25	22	BB
CUSTOMER <u>Grand Mesa</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>1700 N Waterfront Pkwy</u>			<u>729</u>	<u>Caskey</u>	<u>✓ Safety Meeting</u>	
CITY <u>Wichita</u>	STATE <u>KS</u>	ZIP CODE <u>67206</u>	<u>666</u>	<u>Ger Mon</u>	<u>✓</u>	
			<u>503</u>	<u>Mat Coc</u>	<u>✓</u>	
			<u>370</u>	<u>Kei Car</u>	<u>✓</u>	

JOB TYPE longstring HOLE SIZE 6 3/4" HOLE DEPTH 762' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 710 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 11.91 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 6 bbls dye marker, mixed + pumped 127 sks 50/50 Pozmix cement w/ 2% gel, 5% salt, + 5 # Kalseal per sk, dye marker to surface flushed pump clean, pumped 4 1/2" rubber plug to casing TD w/ 11.91 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

AKR

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	60 mi	MILEAGE		
5402	747'	casing footage		
5407A	354.33	ton mileage		
5502C	3 hr	80 Vac		
1124	127 sks	50/50 Pozmix cement		
118B	413 #	Premium Gel		
1111	245 #	Salt		
1110A	635 #	Kalseal		
4404	1	4 1/2" rubber plug		
			<input checked="" type="checkbox"/>	completed
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737

AUTHORIZATION _____ 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.



CONSOLIDATED
Oil Well Services, LLC

266067

TICKET NUMBER **48901**

PO BOX 884 STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

LOCATION Thayer, KS

FIELD TICKET

DATE 2-19-14	CUSTOMER ACCT # 3372	WELL NAME Blythe # 9-3	QTR/QTR	SECTION	TWP	RGE	COUNTY Boutwell	FORMATION Mississippi
CHARGE TO GRAND MESA				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5303	1	PUMP CHARGE Acid Pumping	Spec	[REDACTED]
5302	1	Acid Spotter	Spec	[REDACTED]
3107	1100 gal	15% HCL Acid		[REDACTED]
3166	3.25 gal	Inhibitor		[REDACTED]
3175B	6.50 gal	Stim Oil		[REDACTED]
3171	4.0 gal	Iron Control		[REDACTED]
3129	650 gal	CITY WATER		[REDACTED]
3172A	1.5 gal	KCl		[REDACTED]
3168A	1 gal	Bioicide		[REDACTED]
5604	1	FRAC VALVE	NC	[REDACTED]
5311	1	Ball Separator	NC	[REDACTED]
4326	90	Ball Seals		[REDACTED]
		BLENDING & HANDLING		
		TON-MILES		
		STAND BY TIME		
5306	58 min	MILEAGE mobilization (x2)	P. AP. Spec Min	[REDACTED]
5501a	3 hrs	WATER TRANSPORTS		[REDACTED]
		VACUUM TRUCKS		
		FRAC SAND		
			SALES TAX	[REDACTED]
			ESTIMATED TOTAL	[REDACTED]

Adds:
* Acid Spotter - 9.15
* 100 gal 15% HCL
* Mesa Ball Seals

Additional 5% discount available if paid within
10 days of invoice date WAC

[Signature]

CUSTOMER or AGENTS SIGNATURE

COWS FOREMAN

[Signature]

CUSTOMER or AGENT (PLEASE PRINT)

DATE

2-19-14

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 services on the back of this form are in effect for services identified on this form.