



1139139

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: DBY 2-16

API/Permit #: 15-171-20832-00-01

Doc ID: 1139139

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
API	15-171-20832-00-00	15-171-20832-00-01
Approved Date	05/10/2013	05/13/2013



CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
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	DBY 2-16
Doc ID	1136710

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4607-4611	800gals 15% RWR-1 w/additives	4607-4611
4	4417-4422	600gals 15% RWR-2 w/additives	4417-4422
4	4415-4422	750gals 15% RWR-2 w/additives	4415-4422
4	4385-4390	600gals 15% RWR-1 w/additives	4385-4390
4	4330-4340	1000gals 15% HC-1 w/additives	4330-4340

Pro-Stim Chemicals LLC

Date 3-28-13

Acidizing Report

Customer <u>Grand Mesa</u>		Pro-Stim Chemical Yard <u>Dighton</u>		Pro-Stim Number <u>196</u>	
Well Name & Number <u>DBY 2-16</u>		Field		Formation Spot <u>1 Barrel</u>	
County <u>Scott</u>	State <u>KS</u>	BHT	YD	Interval <u>4417-22</u>	

Well Type: Completion Recompletion Workover Oil Gas Water Disposal Perf OH

Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth Packer Depth 4370

Casing Size: 5 1/2 GRD WT Depth Tubing Size: 2 7/8 GRD WT Spot 4425

Casing Vol. 1.2 Tbg Vol 25.3 Ann Vol OH Vol Total Displacement

Maximum Pressure Tubing Casing Proposed Pump Time AOL Leave Loc

Special Instructions: 600gals RWR-2 1590 w/ additives

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
<u>1</u>	<u>Acid</u>						Prs Test to _____ psi
<u>15</u>	<u>Acid</u>	<u>3.2</u>		<u>5</u>	<u>30</u>		
<u>18</u>	<u>Acid</u>	<u>3.2</u>		<u>14.2</u>	<u>30</u>		<u>Acid gone</u>
<u>22</u>	<u>Flush</u>	<u>0</u>		<u>26.4</u>	<u>100</u>		<u>loaded</u>
<u>23</u>	<u>Flush</u>	<u>0</u>		<u>26.5</u>	<u>400</u>		
<u>1 08</u>	<u>Flush</u>	<u>0</u>		<u>26.5</u>	<u>700</u>		
<u>1 31</u>	<u>Flush</u>	<u>0</u>		<u>26.6</u>	<u>900</u>		
<u>2 08</u>	<u>Flush</u>	<u>0</u>		<u>27.2</u>	<u>1000</u>		<u>max</u>
<u>2 09</u>	<u>Flush</u>	<u>.2</u>		<u>27.3</u>	<u>1000</u>		
<u>2 20</u>	<u>Flush</u>	<u>.2</u>		<u>29.5</u>	<u>880</u>		
<u>2 27</u>	<u>Flush</u>	<u>.2</u>		<u>31</u>	<u>900</u>		
<u>2 31</u>	<u>Flush</u>	<u>1.0</u>		<u>32.7</u>	<u>1000</u>		
<u>2 40</u>	<u>Flush</u>	<u>1.0</u>		<u>41</u>	<u>920</u>		<u>Total load</u>
							<u>30 min - 550</u>

Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected		H2O <u>26.8</u>	Acid <u>14.2</u>	Oil
Treating Prs	Max <u>1000</u>	Final <u>920</u>	Avg.	ISIP <u>850</u>	5'SI <u>700</u>	10'SI <u>660</u> 15'SI <u>630</u>
Customer Representative				Pro-Stim Supervisor <u>Shannon</u>		

Pro-Stim Chemicals, LLC

P.O. Box 25
Cheyenne Wells, CO 80810

APR - 4 2013

Invoice

Date	Invoice #
3/31/2013	78141

Bill To
Grand Mesa Operating Co. 1700 N. Waterfront Pkwy - Bldg 600 Wichita, KS 67206-6614

Ship To

Requested By	Terms	Ship	Lease
	Net 30	3/28/2013	DBY 2-16

Quantity	Item Code	Description	Price Each	Amount
800	RWR-1 15%	03/26 GALLONS		
3	AR-630	GALLONS		
13	RENAB	GALLONS		
30	KCL BIOCIDE - 2%	BRLS		
1	DUMP JOB			
3	TRUCK TIME	HOURS		
		SUBTOTAL		
600	RWR-2 15%	03/28 GALLONS		
2	AR-630	GALLONS		
30	KCL BIOCIDE - 2%	BRLS		
1	DUMP JOB			
5	TRUCK TIME	HOURS		
		SUBTOTAL		
		Sales Tax - SCOTT CO.		

			Total	
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Phone #	Fax #	E-mail
719-767-8071	719-767-5925	prostim@hotmail.com

pb.

Pro-Stim Chemicals LLC

Date 4-2-13

Acidizing Report

Customer <u>Grand Mesa</u>	Pro-Stim Chemical Yard <u>Aighton</u>	Pro-Stim Number <u>A6</u>
Well Name & Number <u>DBY 2-16</u>	Field	Formation <u>Spot 1 barrel</u>
County <u>Scott</u> State <u>KS</u>	BHT	YD
		Interval <u>4415-22</u>

Well Type: Completion Recompletion Workover Oil Gas Water Disposal Perf OH

Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth _____ Packer Depth 4370

Casing Size: <u>5 1/2</u>	GRD	WT	Depth	Tubing Size: <u>2 7/8</u>	GRD	WT	Spot
Casing Vol.	Tbg Vol	Ann Vol	OH Vol	Total Displacement <u>26.5</u>			
Maximum Pressure	Tubing	Casing	Proposed Pump Time	AOL	Leave Loc		

Special Instructions: 750 gals 15% RWR-2; 2 gals AB-630

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
							Prs Test to _____ psi
<u>1</u>	<u>Acid</u>						
<u>12</u>	<u>Acid</u>	<u>3.2</u>		<u>3</u>	<u>40</u>		
<u>17</u>	<u>Acid</u>	<u>3.2</u>		<u>18</u>	<u>30</u>		<u>Acid gone</u>
<u>21</u>	<u>Flush</u>	<u>.3</u>		<u>31</u>	<u>90</u>		<u>loaded late</u>
<u>23</u>	<u>Flush</u>	<u>1.0</u>		<u>32</u>	<u>850</u>		
<u>24</u>	<u>Flush</u>	<u>1.0</u>		<u>33</u>	<u>900</u>		
<u>31</u>	<u>Flush</u>	<u>1.0</u>		<u>40</u>	<u>950</u>		
<u>35</u>	<u>Flush</u>	<u>1.0</u>		<u>44.5</u>	<u>980</u>		<u>max</u>
<u>38</u>	<u>Flush</u>	<u>1.0</u>		<u>48</u>	<u>980</u>		<u>3.5 over flush</u>

Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected		H2O <u>30</u>	Acid <u>18</u>	Oil
Treating Prs	Max <u>980</u>	Final <u>980</u>	Avg.	ISIP <u>950</u>	5'SI <u>810</u>	10'SI <u>750</u> 15'SI <u>680</u>
Customer Representative				Pro-Stim Supervisor	<u>Shannon M</u>	

30 min - 390

Pro-Stim Chemicals LLC

Date 4-4-13

Acidizing Report

Customer Grand Mesa Pro-Stim Chemical Yard Nighton Pro-Stim Number 116
 Well Name & Number DBY 2-16 Field Nighton Formation Spot Spot 2 barrel
 County Scott State KS BHT YD Interval 4385-90

Well Type: Completion Recompletion Workover Oil Gas Water Disposal Perf OH
 Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth _____ Packer Depth _____
 Casing Size: 5 1/2 GRD _____ WT _____ Depth _____ Tubing Size: 2 7/8 GRD _____ WT _____ Spot 4385
 Casing Vol. _____ Tbg Vol _____ Ann Vol _____ OH Vol _____ Total Displacement _____
 Maximum Pressure _____ Tubing _____ Casing _____ Proposed Pump Time _____ AOL _____ Leave Loc _____

Special Instructions: 600 gals. 15% RWR-1

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
							Prs Test to _____ psi
<u>1</u>	<u>Acid</u>						
<u>16</u>	<u>Acid</u>	<u>3.2</u>		<u>3</u>	<u>50</u>		
<u>20</u>	<u>Acid</u>	<u>3.2</u>		<u>14.2</u>	<u>50</u>		<u>acid gone</u>
<u>25</u>	<u>Flush</u>	<u>3.0</u>		<u>30</u>	<u>50</u>		<u>never loaded</u>
<u>29</u>	<u>Flush</u>	<u>3.0</u>		<u>40.5</u>	<u>50</u>		<u>Total load</u>

Treatment Synopsis

Avg Inj Rate _____ Fluid BPM _____ Total Injected H2O 26.3 Acid 14.2 Oil _____
 Treating Prs Max 50 Final 50 Avg. _____ ISIP VAC 5'SI _____ 10'SI _____ 15'SI _____
 Customer Representative _____ Pro-Stim Supervisor Shannon M.

Pro-Stim Chemicals, LLC

P.O. Box 25
Cheyenne Wells, CO 80810

APR 25 2013

Invoice

Date	Invoice #
4/15/2013	78339

Bill To
Grand Mesa Operating Co. 1700 N. Waterfront Pkwy - Bldg 600 Wichita, KS 67206-6614

Ship To

Requested By	Terms	Ship	Lease
	Net 30	4/2/2013	DBY 2-16

Quantity	Item Code	Description	Price Each	Amount
750	RWR-2 15%	4/2/13 GALLONS	[REDACTED]	[REDACTED]
2	AR-630	GALLONS		
30	TREATED FLUSH WATER	BRLS		
1	DUMP JOB	HOURS		
5.5	TRUCK TIME	SUBTOTAL		
600	RWR-1 15%	4/4/13 GALLONS	[REDACTED]	[REDACTED]
30	TREATED FLUSH WATER	BRLS		
1	DUMP JOB	HOURS		
3	TRUCK TIME	SUBTOTAL		
1,000	15% HCl ACID	4/8/13 GALLONS		
25	S-3000	GALLONS		
17	RENAB	GALLONS		
4	AC-307	GALLONS		
4	S-262	GALLONS		
3	AI-150	GALLONS		
30	TREATED FLUSH WATER	BRLS		
1	DUMP JOB	HOURS		
3	TRUCK TIME	SUBTOTAL		
		Sales Tax - SCOTT CO.		

			Total	[REDACTED]
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Phone #	Fax #	E-mail
719-767-8071	719-767-5925	prostim@hotmail.com

AS

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

May 09, 2013

Michael J. Reilly/Phyllis E. Brewer
Grand Mesa Operating Company
1700 N WATERFRONT PKWY BLDG 600
WICHITA, KS 67206-5514

Re: ACO1
API 15-171-20832-00-00
DBY 2-16
SW/4 Sec.16-16S-33W
Scott County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Michael J. Reilly/Phyllis E. Brewer