

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> _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: Vesecky 2-3

API/Permit #: 15-045-22203-00-00

Doc ID: 1214689

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/11/2014	07/17/2014
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1213816	../../../../kcc/detail/operatorEditDetail.cfm?docID=1214689
Well Number	1-2	2-3



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1213816
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)</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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Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	Vesecky 1-2
Doc ID	1213816

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	675-684	75gals. 15% HCL Acid	675-684
		Frac-4,000# Sand, 6,300gals City	675-684
		Water - 125# Frac Gel	



Operator:
Grand Mesa Operating
Wichita, KS

Vesecky #1-2

Douglas Co., KS
23-14S-20E
API: 045-22203

Spud Date:	5/6/2014	Surface Bit:	11"
Surface Casing:	7.0"	Drill Bit:	6.25"
Surface Length:	45.0'	Longstring:	755.0'
Surface Cement:	8 sx	Longstring Date:	5/8/2014
Longstring:	2 7/8 EUE, New L/S		

Driller's Log

Top	Bottom	Formation	Comments
0	14	Soil & clay	
14	20	Gravel & Sand	
20	22	Shale	
22	34	Sand	
34	45	Lime	
45	54	Sandy Shale	
54	69	Lime	
69	77	Bl. Shale	
77	84	Lime	
84	89	Shale	
89	110	Lime	
110	122	Shale	
122	124	Lime	
124	142	Shale	
142	163	Lime	
163	227	Shale	
227	251	Lime	
251	268	Shale	
268	277	Lime	
277	308	Shale	
308	316	Lime	
316	320	Shale	
320	321	Lime	
321	329	Shale	

Craig 11-5
Douglas Co., KS

329	348	Lime	
348	350	Shale	
350	357	Lime	
357	363	Shale	
363	386	Lime	
386	391	Shale	
391	396	Lime	
396	399	Shale	
399	407	Lime	
407	413	Shale	
413	416	Coal	
416	432	Shale	
432	433	Coal	
433	442	Shale	Sandy
442	546	Shale	
546	548	Coal	
548	556	Shale	
556	560	Lime	
560	575	Shale	
575	581	Lime	
581	586	Shale	
586	593	Lime	
593	597	Shale	
597	603	Lime	
603	618	Shale	
618	621	Lime	
621	655	Shale	
655	657	Lime	
657	661	Red Bed	
661	665	Lime	
665	677	Shale	
677	685	Sand	Broken, some shale, good oil saturation
685	690	Sand	Laminated, mostly shale, poor oil sat.
690	719	Sandy Shale	
719	721	Coal	
721	1022	Shale	
1022		TD	

Run	Coring Footage	Rec.
1	678-698	18'



CONSOLIDATED
Oil Well Services, LLC

268012

TICKET NUMBER 47184

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
5-8-14	3372	Vesucky # 1-2	nw 23	14	20	DG.

CUSTOMER: Grand Mesa

MAILING ADDRESS: 1700 N Waterfront Pkwy

CITY: Wichita STATE: KS ZIP CODE: 67206

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mader		
495	Har Boc		
675	Kai Det		
548	Jas Ric		

JOB TYPE Longstring HOLE SIZE 6 7/8 HOLE DEPTH 802 CASING SIZE & WEIGHT 2 7/8

CASING DEPTH 755 DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug

DISPLACEMENT 4.39 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish circulation. Mix + Pump 100# Gel Flush. Mix + Pump 130 sks 50/50 Por Mix Cement 200 Gel 5% Salt 5# KOH Seal/sk. Cement

McGowan Drilling - Call

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00
5406	25	MILEAGE	495	1085.00
5402	755	Casing Footage		N/C
5407	Minimum	Ten Miles		365.00
5502C	2 hrs	80 BBL Vac Truck	675	200.00
1124	130 sks	50/50 Por Mix Cement	1475	1917.50
1118B	319#	Premium Gel	70.3	22416.47
1111	252#	Granulated Salt	98.25	24759.00
1110A	650#	KOH Seal	290.00	189000.00
		Material	1962.45	1962.45
		less 30%	588.74	1373.71
		Total		1373.71
11402	1	2 1/2" Rubber Plug		29.50
			7.15%	3892.39

Ravin 3737

OK'd by J Green

AUTHORIZATION No. Co. Rep on Site TITLE _____ DATE _____

SALES TAX ESTIMATED TOTAL 3261.50

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



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

TICKET NUMBER 58478
FIELD TICKET REF # 49235
LOCATION Thayer
FOREMAN Gay Wibel

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-29-14	3372	Vesucky #1-2	23	14	20	DG
CUSTOMER Grand Mesa			TRUCK #		DRIVER	
MAILING ADDRESS			476		Josh	
CITY			490		Larry	
STATE			482		Meads	
ZIP CODE			582		Matt	
			735/T91		George	

WELL DATA

CASING SIZE	24"	TOTAL DEPTH	
CASING WEIGHT		PLUG DEPTH	
TUBING SIZE		PACKER DEPTH	
TUBING WEIGHT		OPEN HOLE	
PERFS & FORMATION			
675-84	19		

76 balls
40 sks.

TYPE OF TREATMENT
Acid spot/fracture

CHEMICALS

C. H. Water	75 lbs. per stage
KIL Sub.	1 lb.
20 ⁺ lbs / Barrel	Stim. C. 1
Blocks	Stim. FLO OTF

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
Pad	20	-20				BREAKDOWN 1125
16/20				300		START PRESSURE
12/20				1700		END PRESSURE
12/20 413 balls (7)				1		BALL OFF PRESS
12/20				2000		ROCK SALT PRESS
Flush - 0	10					ISIP 500
Release						5 MIN
Overhead	5					10 MIN
						15 MIN
TOTALS	148			4000		MIN RATE
						MAX RATE
						DISPLACEMENT

REMARKS: spot acid to perforation - breakdown and stage

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.



CONSOLIDATED
Oil Well Services, LLC

268530

TICKET NUMBER **49235**

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

LOCATION Thayer

FIELD TICKET

DATE 5-29-14	CUSTOMER ACCT # 3372	WELL NAME Vesceky #12	QTR/QTR	SECTION 23	TWP 14	RGE 20	COUNTY DG	FORMATION
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
5102B	1	PUMP CHARGE 1300 HP (Combo) <i>Spec</i>	[REDACTED]	[REDACTED]
5302	1	Acid 200L	[REDACTED]	[REDACTED]
1275	75	15% HCL Acid	[REDACTED]	[REDACTED]
1202	.25	Inhibitor	[REDACTED]	[REDACTED]
1259B	5.5	Stim O.I. (5 in FAc FLUID)	[REDACTED]	[REDACTED]
1268	6,300	City Water	[REDACTED]	[REDACTED]
1215A	6	RIC Substitute	[REDACTED]	[REDACTED]
1231	125	Fractal	[REDACTED]	[REDACTED]
1208	.35	Breaker	[REDACTED]	[REDACTED]
1205A	3	Priorite	[REDACTED]	[REDACTED]
5104	1	Fract Value	<i>Reduce</i>	[REDACTED]
5115	1	Ball Injection	[REDACTED]	[REDACTED]
4326	7	7/8" Ball Seals	[REDACTED]	[REDACTED]
		BLENDING & HANDLING		
5109	90	TON-MILES Bulk Delivery	<i>Spec</i>	[REDACTED]
		STAND BY TIME		
5108	90	MILEAGE Mobilization 3 P.S.I	<i>Spec</i>	[REDACTED]
5501F	3	WATER TRANSPORTS	[REDACTED]	[REDACTED]
		VACUUM TRUCKS		
2104A	300	FRAC SAND 16/30	[REDACTED]	[REDACTED]
2102	3700	12/20	[REDACTED]	[REDACTED]
		Additional 5% discount available if paid within 10 days of invoice date		
			SALES TAX	[REDACTED]
ESTIMATED TOTAL				[REDACTED]

Thank you very much!

CUSTOMER or AGENTS SIGNATURE

C. McJannet

BOSS FOREMAN

Gary Wikel

We appreciate your business!

CUSTOMER or AGENT (PLEASE PRINT)

DATE

5-29-14

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.