



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       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  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				

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---



## Summary of Changes

Lease Name and Number: ROLF 14-15

API/Permit #: 15-031-23883-00-00

Doc ID: 1230104

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	09/10/2014	10/30/2014
Date of First or Resumed Production or SWD or Enhr Method Of Completion - Perf	No	10/09/2014 Yes
Producing Method Pumping	No	Yes
Production - Barrels Oil		1
Production - Barrels of Water		1
Production - MCF Gas		0
Production Interval #1		1028-1038
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=122499">../..kcc/detail/operatorEditDetail.cfm?docID=122499</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1230104">../..kcc/detail/operatorEditDetail.cfm?docID=1230104</a>



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1222499  
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 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
--	---

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

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	ROLF 14-15
Doc ID	1222499

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	1028-1038	225gals 15% HCL Acid	1028-1038
		Frac - 300# 16/30 Sand	1028-1038
		3700# 12/20 Sand	"
		6,100 gals City Water	"





**Operator:**  
Grand Mesa Operating Co.  
Wichita, KS

**Rolf #14-15**  
Coffey Co., KS  
10-22S-16E  
API: 031-23863

<b>Spud Date:</b>	5/15/2014	<b>Surface Bit:</b>	11.0"
<b>Surface Casing:</b>	8.625"	<b>Drill Bit:</b>	6.25"
<b>Surface Length:</b>	42.90'	<b>Longstring:</b>	1075.80'
<b>Surface Cement:</b>	Consolidated	<b>Longstring Date:</b>	5/19/2014
<b>Longstring:</b>	2 7/8" EUE - Used GMOC	<b>Seat Nipple:</b>	

### Driller's Log

Top	Bottom	Formation	Comments
0	25	Soil & clay	
25	32	Gravel & Sand	
32	35	Shale	
35	44	Lime	
44	7071	Shale	
7071	237	Lime	
237	382	Shale	
382	369	Lime	
369	375	Shale	
375	435	Lime	
435	451	Lime	
451	463	Shale	
463	497	Lime	
497	500	Shale	
500	505	Lime	
505	512	Shale	
512	516	Red Bed	
516	548	Shale	
548	550	Coal	
550	638	Lime	
638	641	Shale	
641	658	Lime	
658	695	Shale	
695	700	Lime	

Rolf #14-15  
Coffey Co., KS

700	824	Shale	
824	826	Lime	
826	833	Shale	
833	856	Lime	
856	865	Shale	
865	868	Lime	
868	906	Shale	
906	910	Lime	
910	914	Shale	
914	916	Lime	
916	932	Shale	
932	938	Lime	
938	953	Shale	
953	962	Lime	
962	975	Shale	
975	978	Lime	
978	987	Shale	
987	993	Lime	5'
993	1027	Shale	
1027	1027.5	Sand	
1027.5	1028	Sand	Good oil saturation
1028	1029	Sand	Good oil saturation
1029	1033	Sand	Dark sand, light oil show
1033	1046	Sand	Dark sand, no oil show
1046	1056	Sandy Shale	
1056	1074	Shale	
1074	1076	Coal	
1076	1102	Sandy Shale	
<b>1102</b>		<b>TD</b>	

<b>Coring</b>		
<b>Run</b>	<b>Footage</b>	<b>Rec.</b>
1	1022-1042	16'



**CONSOLIDATED**  
Oil Well Services, LLC

268258

TICKET NUMBER 47225

LOCATION Ottawa

FOREMAN Alan 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
5-15-14	3372	Rolf 14-15	SE 10	22	16	CF
CUSTOMER <u>Grand Mesa</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>1700 N Waterfront Pkwy</u>			<u>730 Alan Mader Safety Meet</u>			
CITY STATE ZIP CODE <u>Wichita KS 67206</u>			<u>368 Arlen Mader</u>			
JOB TYPE <u>Surface</u> HOLE SIZE <u>11"</u> HOLE DEPTH <u>42'</u> CASING SIZE & WEIGHT <u>8 5/8</u>			<u>369 Mike Hays</u>			
CASING DEPTH <u>42'</u> DRILL PIPE _____ TUBING _____ OTHER _____			<u>548 Ke Det</u>			
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING <u>yes</u>			DISPLACEMENT <u>2 1/2</u> DISPLACEMENT PSI <u>100</u> MIX PSI _____ RATE <u>4 bpm</u>			
REMARKS: <u>Held meeting. Established rate. Mixed &amp; pumped 28 sk 50150 cement plus 2% gel, 2% calcium &amp; 1/4# floseal. Circulated cement. Displaced casing with clean water. Closed valve.</u>						

Mcbrown, Colts

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	368	<del>870.00</del>
5406	45	MILEAGE	368	<del>165.60</del>
5402	42'	Casing footage	368	<del>15456.00</del>
5407	mi	ten miles	548	<del>23520.00</del>
55026	2	80 gal	369	<del>738.00</del>
1124	28	50150 cement	<del>322.00</del>	<del>9016.00</del>
1118B	47#	gel	<del>10.34</del>	<del>485.98</del>
1102	47#	calcium	<del>31.65</del>	<del>1487.65</del>
1107	7#	floseal	<del>25.00</del>	<del>175.00</del>
		Material sub	<del>382.00</del>	<del>1485.98</del>
		Material total		<del>1485.98</del>
		<input checked="" type="checkbox"/> completed		<del>1485.98</del>
		SALES TAX		<del>1485.98</del>
		ESTIMATED TOTAL		<del>1485.98</del>

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

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

TICKET NUMBER 47238

LOCATION Ottawa KS

FOREMAN Fred Mader

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-19-14	3372	R o/F # 14-15	SE 10	22	16	CF
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Grand Mesa			712	Fred Mad		
MAILING ADDRESS			495	Har Bos		
1700 N Waterfront Pkwy			369	Mick Hae		
CITY	STATE	ZIP CODE	510	Mat Coe		
Wichita	KS					

JOB TYPE Long string HOLE SIZE 6"4 HOLE DEPTH 1102 CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 1075.0 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
 DISPLACEMENT 6.2538 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish circulation. Mix + Pump 100# Gel Flush. Mix + Pump 0/555ks 50/50 Por mix Cement 2% Gel 5% Salt. 5" Kol Seal/slc. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

McGowan Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	[REDACTED]
5406	45mi	MILEAGE	495	[REDACTED]
5402	1075	Casing Footage		[REDACTED]
5407A	324.84	Ten Miles	5.10	[REDACTED]
55020	4 hrs	80 BBL Vac Truck	369	[REDACTED]
1124	1555165	50/50 Por mix Cement		[REDACTED]
1118B	361#	Premium Gel		[REDACTED]
1111	300#	Granulated Salt		[REDACTED]
1110A	775#	Kol Seal		[REDACTED]
		Material		[REDACTED]
		Loss 30%		[REDACTED]
		Total		[REDACTED]
4402	1	2 1/2" Rubber Plug		[REDACTED]

**SCANNED**

Revin 3737

Old J. Green

AUTHORIZATION No Co Repair Site

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SALES TAX [REDACTED]  
ESTIMATED TOTAL [REDACTED]

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

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

*1st well*

TICKET NUMBER 59282  
FIELD TICKET REF # 49771  
LOCATION Thayer  
FOREMAN Greg J. Juhl

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-30-14	3372	Kolt # 14-15	10	22	16	CF
CUSTOMER <i>Grand Mesa</i>			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY		STATE	ZIP CODE	TRUCK #		
				DRIVER		
				524 <i>Trampas</i>		
				458 <i>Tim</i>		
				582 <i>Matt</i>		
				443 <i>Nemme</i>		
				620/7221 <i>Stan</i>		

**WELL DATA**

CASING SIZE <i>2 1/2</i>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<i>1028-38 (21)</i>	

**TYPE OF TREATMENT**  
*Acid / ABR / Fracture*

**CHEMICALS**

<i>6,100 gal Citric Acid</i>	<i>225 152 HCl Acid</i>
<i>Kill Sol.</i>	<i>Surf. Act.</i>
<i>20" ball packer</i>	<i>Stim Flo</i>
<i>P. 10. Lc</i>	
<i>Stim Flo</i>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<i>pad</i>	<i>20</i>	<i>-16</i>				BREAKDOWN <i>1600</i>
<i>16/30</i>				<i>300</i>		START PRESSURE
<i>12/20</i>				<i>1700</i>		END PRESSURE
<i>12/20 5x5+2 balls (12)</i>				<i>1</i>		BALL OFF PRESS <i>3000</i>
<i>8/12/20</i>				<i>2000</i>		ROCK SALT PRESS
<i>Fluid Over</i>	<i>10</i>					ISIP <i>550</i>
<i>10/10 - pump release</i>						5 MIN
<i>Overhook</i>	<i>5</i>					10 MIN
						15 MIN
<i>Totals</i>	<i>130</i>			<i>4000</i>		MIN RATE
	<i>114 H<sub>2</sub>O</i>					MAX RATE
						DISPLACEMENT

REMARKS: *Spot 75 used to parts - breakdown and stage -*  
*Establish rate 4 lpm - 150 and inj 31 balls - Check to parts -*  
*release - pump release - start pad*  
*No visible breaks in ball off*

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Terms and Conditions are printed on reverse side.