



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: _____



1263980

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

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: _____ _____
--	---	---

Summary of Changes

Lease Name and Number: Hund 1-9

API/Permit #: 15-063-21890-00-01

Doc ID: 1263980

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	03/08/2012	09/11/2015
Fracturing Question 1		No
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=9&toMorrow	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=9&toJohnson
Producing Formation		
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1075968	../..kcc/detail/operatorEditDetail.cfm?docID=1263980
TopsDatum1		0
TopsDepth1		0



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
-----------------------------------	-----------------	---

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
--	---

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
---	---	------------------------------------

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	Hund 1-9
Doc ID	1075968

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4578-4582; 4587-4594	800gals. 15% HC-1 Acid, w/additives	4578-4594
4	4578-4582	250gals 15% RWR-1, w/additives	4578-82
		400 gals. 15% RWR-1, w/additives	4578-82
4	4578-4582; 4587-4594	250# Salt; 5 bbls gelled water,	4578-4594
		800gals 15% Acid, w/additives	

JOB LOG

SWIFT Services, Inc.

DATE: Oct 12 PAGE NO. 1

CUSTOMER: Grand Mesa

WELL NO. 1-9

LEASE Hund

JOB TYPE perf squeeze

TICKET NO. 21567

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
							150	
								250 sks STD cement 2 7/8" 5 1/2"
								perfs 4576-485 4587-494 4619-4635
	1100							on loc TRK 114
	1220		66				500	load backside to 500 psi - close in
	1235	4 1/2	30				∅	inj effe - never caught pressure
	1240	2 7/8	31				∅	mix STD cement @ 15.6 bpm 1295
								break thru line
	1300	3					∅	Displace
		1 1/2	5				800	catch pressure
	1310		66				200	kick out { 9 bbl - 48 sks behind pipes }
	1330	1 1/2	30				1200	Reverse out
								cement out of tubing
								pull 2 stands
	1400						500 500	press to 500 psi - wait
								wash truck
	1530						600 600	release pressure
								Back up
	1550							job complete
								Flunks
								Done Brandon Isaac & Brian

**Pro-Stim
Chemicals LLC**

P.O. Box 25 - Cheyenne Wells, CO 80810
(719) 767-8071 Fax: (719) 767-5925
149 S. Longhorn Drive - Dighton, KS 67839
(620) 397-2333

ACID TICKET
Emergency Response
1-800-535-5053

61882

Date: 2-1-12

Customer: Good Mesa

County: _____

Lease: Highway 1-9

Truck #: 46
Driver: [Signature]

Quantity	Description	Amount
800	gal. RW-1 15%	
27.5	barrel flash	
3	hrs. Truck Time	

Job Summary Spotted 2 barrel acid
pumped whole job at 2.8 bpm at 50'

TSIP VAC

Received by: _____

Pro-Stim Chemicals, LLC

P.O. Box 25
 Cheyenne Wells, CO 80810

Invoice

Date	Invoice #
2/16/2012	61882

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

Ship To

Requested By	Terms	Sales Rep.	Ship	Lease
	Net 30	TP	2/1/2012	HUND 1-9

Quantity	Item Code	Description	Price Each	Amount
800	15% HCl ACID	GALLONS	1.78	1,424.00
23	S-3000	GALLONS	23.56	541.88
10	RENAB	GALLONS	17.89	178.90
3	AC-307	GALLONS	18.61	55.83
3	S-262	GALLONS	14.36	43.08
2	AI-150	GALLONS	20.15	40.30
20	KCL BIOCIDE - 2%	BRLS	3.16	63.20
1	DUMP JOB		158.00	158.00T
3	TRUCK TIME	HOURS	95.00	285.00T
		SPOTTED 2 BRL ACID, PUMPED REST OF JOB @ 2.8 BPM @ 50 PSI ISIP VAC Sales Tax - GOVE CO.	8.05%	35.66

Total			\$2,825.85
--------------	--	--	------------

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

Acidizing Report

PRO-STIM CHEMICALS

Date 2-9-12

Customer <u>Grand Mesa</u>	Pro-Stim Chemical Yard <u>Dighton</u>	Pro-Stim Number <u>A6</u>
Well Name & Number <u>Hand 1-9</u>	Field	Formation <u>Spot 1 barrel</u>
County <u>Cove</u> State <u>KS</u>	BHT	YD
Interval		

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:	GRD	WT	Depth	Tubing Size:	GRD	WT	Spot
Casing Vol.	Tbg Vol		Ann Vol	OH Vol	Total Displacement		
Maximum Pressure	Tubing		Casing	Proposed Pump Time	AOL	Leave Loc	

Special Instructions:

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
<i>minutes</i>							Pre Test to _____ psi
1	Acid		<u>Spot</u>	1			<u>spot 1 barrel</u>
14	Acid	2.8		2.0	40		
16	Acid	2.8		6.0	40		acid gone
23	Flush	0		27.3	100		hole sealed
23	Flush	0		27.4	300		
1:58	Flush	0		29.1	600		
2:50	Flush	0		28.6	900		max
4:05	Flush	0		29.1	900		
5:31	Flush	0		30.4	900		
5:37	Flush	0.2		31	850		brake
5:39	Flush	17		31.7	400		
5:40	Flush	1		32.8	200		
9:43	Flush	1		35.3	150		done

Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected	H2O <u>29.5</u>	Acid <u>6</u>	Oil
Treating Pres.	Max <u>900</u>	Final <u>150</u>	Avg.	ISIP <u>VAC</u>	5'SI
Customer Representative				10'SI	15'SI
				Pro-Stim Supervisor <u>Shannon M</u>	

Pro-Stim Chemicals, LLC

P.O. Box 25
 Cheyenne Wells, CO 80810

Invoice

Date	Invoice #
2/16/2012	62015

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

Ship To

Requested By	Terms	Sales Rep.	Ship	Lease
	Net 30	T P	2/9/2012	HUND 1-9

Quantity	Item Code	Description	Price Each	Amount
250	RWR-1 15%	GALLONS	2.82	705.00
5	RENAB	GALLONS	17.89	89.45
30	KCL BIOCID - 2%	BRLS	3.16	94.80
1	DUMP JOB		158.00	158.00T
8	TRUCK TIME	HOURS	95.00	760.00T
		Sales Tax - GOVE CO.	8.05%	73.90

Total			\$1,881.15
--------------	--	--	-------------------

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

**Pro-Stim
Chemicals LLC**

P.O. Box 25 - Cheyenne Wells, CO 80810
(719) 767-8071 Fax: (719) 767-5925
149 S. Longhorn Drive - Dighton, KS 67839
(620) 397-2333

ACID TICKET
Emergency Response
1-800-535-5053

62038

Date: 2-10-12

Customer: Grand Mesa

County: Cove

Lease: Hand 1-9

Truck #: A6
Driver: Shannon H.

Quantity	Description	Amount
400	gal Ruk-1 15%	
275	barrel 2% KLL Flush	
2.5	hrs Truck Time	

Job Summary sumed All AT 2:8 PM
ON VAC

Received by: _____

Pro-Stim Chemicals, LLC

P.O. Box 25
 Cheyenne Wells, CO 80810

Invoice

Date	Invoice #
2/16/2012	62038

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

Ship To

Requested By	Terms	Sales Rep.	Ship	Lease
	Net 30	TP	2/10/2012	HUND 1-9

Quantity	Item Code	Description	Price Each	Amount
400	RWR-1 15%	GALLONS	2.82	1,128.00
30	KCL BIOCID - 2%	BRLS	3.16	94.80
1	DUMP JOB		158.00	158.00T
3	TRUCK TIME	HOURS	95.00	285.00T
		Sales Tax - GOVE CO.	8.05%	35.66

Total			\$1,701.46
--------------	--	--	-------------------

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

Pro-Stim Chemicals U.L.C

P.O. Box 25 - Cheyenne Wells, CO 80810
(719) 767-8071 Fax: (719) 767-5925
149 S. Longhorn Drive - Dighton, KS 67839
(620) 397-2333

ACID TICKET
Emergency Response
1-800-535-5053

Date: 2-15-12

Customer: Grand Mesa

County: Gar

Lease: Hund 1-9

Truck #: A6
Driver: Shannon M.

62/161

Quantity	Description	Amount
5	barrel gelled water	
250	lbs. salt	
800	gallon 15% RWR-1	
15	gallon Re-nob	
28	barrel 2% KCL Flush	
40	Pro balls	
3	hrs. Truck Time	

Job Summary pumped salt & gel water
pumped acid & bio balls
pumped flush
all went on VAC

Received by: _____

Pro-Stim Chemicals, LLC

P.O. Box 25
Cheyenne Wells, CO 80810

Invoice

Date	Invoice #
2/23/2012	62161

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

Ship To

Requested By	Terms	Sales Rep.	Ship	Lease
	Net 30	T P	2/15/2012	HUND 1-9
Quantity	Item Code	Description	Price Each	Amount
800	15% HCl ACID	GALLONS	1.78	1,424.00
26	S-3000	GALLONS	23.56	612.56
2.5	S-262	GALLONS	14.36	35.90
2.5	AC-307	GALLONS	18.61	46.53
2.5	AI-150	GALLONS	20.15	50.38
250	SALT	LBS.	0.18	45.00
40	BALLS - BIO-DEGRADEA...	EACH	7.00	280.00
1	BALL LAUNCHER		80.00	80.00
30	KCL BIOCID - 2%	BRLS	3.16	94.80
1	DUMP JOB		158.00	158.00T
3	TRUCK TIME	HOURS	95.00	285.00T
		Sales Tax - GOVE CO.	8.05%	35.66

Total \$3,147.83

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

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
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

March 08, 2012

Ronald N. Sinclair
Grand Mesa Operating Company
1700 N WATERFRONT PKWY BLDG 600
WICHITA, KS 67206-5514

Re: ACO1
API 15-063-21890-00-00
Hund 1-9
SW/4 Sec.09-14S-31W
Gove 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,
Ronald N. Sinclair