

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1076174

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #			API No. 15				
Name:			Spot Description:				
Address 1:			Sec.	TwpS. R	East _ West		
Address 2:			F6	eet from	South Line of Section		
City: S	tate: Zi	p:+	Fe	eet from East / V	West Line of Section		
Contact Person:			Footages Calculated from	Nearest Outside Section Co	orner:		
Phone: ()			□ NE □ NV	V □SE □SW			
CONTRACTOR: License #			GPS Location: Lat:	, Long:			
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)		
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84			
Purchaser:			County:				
Designate Type of Completion:			Lease Name: Well #:				
New Well Re	-Entry	Workover	Field Name:				
	_	_	Producing Formation:				
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground: Kelly Bushing:				
☐ OG	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total De	epth:		
CM (Coal Bed Methane)	dow	iemp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet		
Cathodic Other (Con	e. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No		
If Workover/Re-entry: Old Well In			If yes, show depth set:		Feet		
Operator:			If Alternate II completion, of	cement circulated from:			
Well Name:			feet depth to:	w/	sx cmt.		
Original Comp. Date:	Original To	otal Depth:					
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Manageme	nt Plan			
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from t				
O constitued and	D		Chloride content:	ppm Fluid volume:	bbls		
CommingledDual Completion			Dewatering method used:				
SWD			Location of fluid disposal if	f haulad offsita:			
☐ ENHR			Location of fluid disposal fi	nauled offsite.			
GSW			Operator Name:				
_			Lease Name:	License #:			
Spud Date or Date Reached TD Comple		Completion Date or	QuarterSec	TwpS. R	East _ West		
		Recompletion Date	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 III Approved by: Date:

Page Two

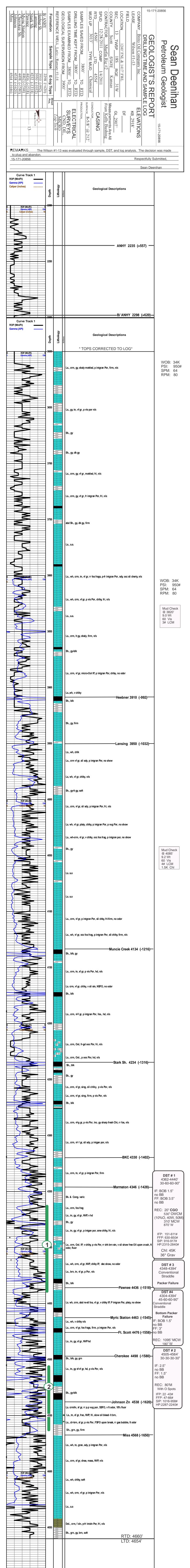


Operator Name:				_ Lease N	lame: _			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ing and shut-in pressu	ires, whe	ther shut-in pre	ssure reach	ned stati	c level, hydrostat	tic pressures, bott			
Final Radioactivity Log files must be submitte						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital el	ectronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No		L		n (Top), Depth an			mple
Samples Sent to Geol	ogical Survey	_ Ye	es No		Nam	е		Тор	Da	tum
Cores Taken Electric Log Run		Y€								
List All E. Logs Run:										
			CASING		Ne					
				onductor, su	rface, inte	rmediate, producti			T	
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
			ADDITIONAL	CEMENTIN	IG / SQL	EEZE RECORD				
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used		Type and P	ercent Additives		
Perforate Protect Casing	Jop Zollow									
Plug Back TD Plug Off Zone										
1 ag on zono										
Did you perform a hydrau	ılic fracturing treatment o	n this well?	•			Yes	No (If No, ski	o questions 2 ar	nd 3)	
	otal base fluid of the hydra		J	,	0		_ , , ,	p question 3)		
Was the hydraulic fractur	ing treatment information	submitted	to the chemical o	disclosure reç	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1	<i>)</i>
Shots Per Foot			D - Bridge Plug Each Interval Perf				cture, Shot, Cement		d	Depth
	. ,					,		,		
TUBING RECORD:	Size:	Set At:		Packer At	:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or ENH	IR.	Producing Meth Flowing	od: Pumping	e 🗆	Gas Lift O	ther <i>(Explain)</i>			
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er Bl	ols. G	as-Oil Ratio		Gravity
DISDOSITIO	ON OF GAS:			1ETHOD OF	COMPLE	TION		PRODUCTIO	N INTEDVA	
Vented Sold			Open Hole	Perf.	Dually	Comp. Com	nmingled	THODOGHC	ZIA IIA I ELIAN	
(If vented, Sub			Other (Specify)		(Submit)	ACO-5) (Subr	mit ACO-4)			

Form	ACO1 - Well Completion
Operator	Brito Oil Company, Inc.
Well Name	Wilson 1-13
Doc ID	1076174

Tops

Name	Тор	Datum
Ahny	2282	+636
B/Ahn	2299	+619
Heebner	3909	-991
Lansing	3950	-1031
Stk	4235	-1317
BKC	4312	-1394
Marm	4345	-1427
Fort Scott	4477	-1559
Chero	4498	-1580
Miss	4566	-1648



ALLIED CEMENTING CO., LLC. 035309

Federal Tax I.D.# 20-5975804 REMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665 SERVICE POINT: Dakley SEC.3 RANGE CALLED OUT ON LOCATION JOB START JOB FINISH DATE 1-4-12 10'30pm Mooph LEASE COUNTY LOCATION Grigston 1E 34N OLD OR NEW (Circle one) CONTRACTOR MUCE File OWNER Same TYPE OF JOB **HOLE SIZE** CEMENT **CASING SIZE** DEPTH 2/2 AMOUNT ORDERED 165 SES COM 38CC **TUBING SIZE** DEPTH 26 gel DRILL PIPE DEPTH TOOL DEPTH PRES. MAX COMMON 165365 MINIMUM MEAS. LINE **POZMIX** CEMENT LEFT IN CSG. 3 sks PERFS. CHLORIDE 655 DISPLACEMENT 12,54 ASC. **EQUIPMENT** @ @ @ **PUMP TRUCK** CEMENTER Andrew 4 4/22 @ HELPER Jerry BULK TRUCK 4 404 @ @ @ **BULK TRUCK** @ DRIVER HANDLING 1245 MILEAGE _// REMARKS: TOTAL 4538-40 SERVICE Cement circylote DEPTH OF JOB 2/2 PUMP TRUCK CHARGE 1125,00 **EXTRA FOOTAGE** MILEAGE 55 poiles 385,00 @7100 MANIFOLD hes 200,00 @ 4,00 CHARGE TO: Brito Oil company TOTAL 1930,00 TREET TTY_ STATE_ PLUG & FLOAT EQUIPMENT @ 0 To Allied Cementing Co., LLC. @ You are hereby requested to rent cementing equipment @ @ and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was lone to satisfaction and supervision of owner agent or TOTAL contractor. I have read and understand the "GENERAL SALES TAX (If Any)_ TERMS AND CONDITIONS" listed on the reverse side. TOTAL CHARGES. RINTED NAME DISCOUNT _ _ IF PAID IN 30 DAYS IGNATURE 1

ALLIED CEMENTING CO., LLC. 042359 Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665

SERVICE POINT:

Coccat Bund HS

DATE 1-17-12	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATI	ON JOB START	JOB FINISH
			LOCATION BO	1950n KS 18 3	lan Em	COUNTY	STATE
EASE WILSON		-1 2	LOCATION 100	Danie IC &	7/1	10 001.	
OLD OR NEW (Ci	ircle one)						
CONTRACTOR /	Muc Que To	on H	7-	OWNER B	rite Cil	00	
TYPE OF JOB 6		Solve		3			
	1/4	T.I	1.4659	CEMENT			
CASING SIZE &			PTH	AMOUNT OF	DERED _3	GUSZ 60/	10 4% gel
TUBING SIZE	-	DE	PTH	1/47/0300	1		
	12	DE	PTH 2280				
TOOL			EPTH				- 00
PRES. MAX			INIMUM	COMMON	180	<u>@ 16.25</u>	2925.00
MEAS. LINE		, SI	IOE JOINT	POZMIX	170	@ 8,50	1020.00
CEMENT LEFT I	N CSG. al	l		GEL	10	@ 21.25	212.50
PERFS.				CHLORIDE		@	
DISPLACEMENT	Freshw	ocho	/ Rice must	ASC		@	
		IPMEN'	()			@	
	DQU			75# Pla	5001		202.50
DID ID ITTE	CEMENTI	ED AT	R.			@ <u></u>	
PUMPTRUCK						@	
# 224	HELPER	WHAW	10.			@	
BULK TRUCK	DRIVER	T	,			@	_
# 344-170	DRIVER	Jen ir	1			@·	
BULK TRUCK	DRIVED					@	
 	DRIVER			HANDLING	313	@ 2.25	
				MILEAGE 3	313 4 45	X.11	1549.3
	RE	MARKS	:			TOTA	L 6.613.9
5 lugat 2280	1 1 475	N.					
Molne at 1476					S	ERVICE	
350 plugat 720	The Sol	~			D.	DATT ACE	
Harping at 240				DEPTH OF J	OB 7780		
Tolor at Go'r				PUMP TRUC			250.00
ZH mix 3050				EXTRA FOC			
14 mid 2050				MILEAGE		90 @ 7.00	630.00
			•	MANIFOLD	4-4		
				WANT OLD	um '	90 @4.00	360.00
				•		@	17.3
	0 1.0	100	4 4 7				,
CHARGE TO:	0) () ()	n co,				TOTA	L 2240.00
STREET						1012	22 70
CITY	S1	TATE	ZIP	 	PLUG & F	LOAT EQUIPMI	ENT
				` <u>.</u>			2.41.144
		1.	wst .		1 - 200 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	@	+
	2000					@	
To Allied Ceme	enting Co.,	LLC.					
You are hereby	requested	to rent c	ementing equipr	nent	64.5	@	
) to assist owner			@ <i></i>	
contractor to do	work as is	s listed	The above work	was			
			on of owner ager			TOTA	AL
			stand the "GENE	ERAL		*	
			ted on the revers		(If Any)		
TERMS AND	/ CONDITIO	MO IIS	e co on the levels	TOTAL CHA	_	853.60	
	1		' calle	TOTAL CHA	KOES _0.	00 5.	
PRINTED NAM	E	. 721	- حار سرا	DISCOUNT		IF P	AID IN 30 DAY
	111	. 7	-		71	150	
			- LO		20,1	JU	
SIGNATURE _0	L Sign	2			dis	Scount	
A	facility .	1				2.	
4	wall nie	. 1					

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/

Sam Brownback, Governor

Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner

March 12, 2012

Raul F. Brito
Brito Oil Company, Inc.
1700 N WATERFRONT PKWY
Bld. 300 Sute C
WICHITA, KS 67206

Re: ACO1 API 15-171-20856-00-00 Wilson 1-13 NW/4 Sec.13-18S-31W 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, Raul F. Brito