Kansas Corporation Commission Oil & Gas Conservation Division 1082540

Form ACO-1

June 2009

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:	SecTwpS. R 🗌 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	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: sx cmt
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
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 #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: License #: Quarter Sec Twp S. R East West
ENHR Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or	. 5
Recompletion Date Recompletion Date	

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:	

CORRECTION #1

1082540

Operator Name:			Lease Name	e:		_ Well #:	
Sec Twp	S. R	East West	County:				
ime tool open and clo	sed, flowing and shut s if gas to surface tes	I base of formations pe -in pressures, whether st, along with final chart well site report.	shut-in pressure	reached static level	, hydrostatic press	sures, bottom h	ole temperature, fluid
Orill Stem Tests Taken (Attach Additional S	heets)	Yes No		Log Formatio	on (Top), Depth ar	nd Datum	Sample
Samples Sent to Geolo	ogical Survey	Yes No	N	lame		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	Electronically	Yes No Yes No Yes No					
ist All E. Logs Run:							
			RECORD	New Used intermediate, product	ion, 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
		ADDITIONA	L CEMENTING / S	SQUEEZE RECORD			
Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives	
Shots Per Foot	PERFORATION Specify F	ON RECORD - Bridge Plu ootage of Each Interval Pe	gs Set/Type rforated		acture, Shot, Cemen mount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed I	Production, SWD or EN	HR. Producing Me	thod:	Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water B	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS: Used on Lease mit ACO-18.)	Open Hole		ually Comp. Co	mmingled omit ACO-4)	PRODUCTIO	ON INTERVAL:

Form	ACO1 - Well Completion
Operator	Red Oak Energy, Inc.
Well Name	FS/Brenn Unit 1-26
Doc ID	1082540

All Electric Logs Run

CND		
DIL		
MEL		
SON		

Form	ACO1 - Well Completion
Operator	Red Oak Energy, Inc.
Well Name	FS/Brenn Unit 1-26
Doc ID	1082540

Tops

Name	Тор	Datum
Anhy	2834	483
Heebner	4126	-809
Lansing	4171	-854
ВКС	4442	-1145
Marmaton	4478	-1161
Cherokee Sh.	4622	-1305
Johnson	4660	-1343
Miss	4794	-1477

Summary of Changes

Lease Name and Number: FS/Brenn Unit 1-26

API/Permit #: 15-193-20847-00-00

Doc ID: 1082540

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	05/24/2012	02/15/2013
Ground Surface Elevation	3312	3313
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=10 82335	//kcc/detail/operatorE ditDetail.cfm?docID=10 82540