



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
- 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: _____



1094247

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Bratco Operating Company
Well Name	Kincaid Trust 1
Doc ID	1094247

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Tyep and Percent Additives
Surface	12.25	8.625	24	565	Class A	230	2% Cal Chloride
Surface	12.25	8.625	24	565	Class A	230	2% Gel
Production	7.875	5.5	17.5	1796	Class A OWC	240	2% Cal Chloride
Production	7.875	5.5	17.5	1796	Class A OWC	240	4% Gel

7/27/2012



2550000239

CEMENT FIELD TICKET AND TREATMENT REPORT



Customer	Bratco	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Customer Acct #	surf	Section	1	Excess (%)	50
Well No.	0	TWP	15	Density	14.5
Mailing Address	Kincaid Trust #1	RGE	35	Water Required	0
City & State	0	Formation	0	Yeild	1.45
Zip Code	0	Hole Size	12 1/4	Slurry Weight	0
Contact	0	Hole Depth	0	Slurry Volume	0
Email	0	Casing Size	8 5/8INCH,	Displacement	35
Cell	0	Casing Depth	0	Displacement PSI	0
Office	0	Drill Pipe	0	MIX PSI	0
Dispatch Location	BARTLESVILLE	Tubing	0	Rate	0

REMARKS

Ran six sks of gel established curculation. Ran 230sks of class A o.w.c. cement. Displaced with water leaving 20 foot in pipe.
 Shut in and washed up. Cement curculated to surface.

SAFTY MEETING

8/3/2012

#251851



Well Site

3390000487

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	BRATCO	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	LS	Section	15	Excess (%)	30
Customer Acct #	1339	TWP	35S	Density	13.8
Well No.	KINCADE TRUST 1	RGE	13E	Water Required	
Mailing Address		Formation		Yield	1.75
City & State		Hole Size	7 7/8	Slurry Weight	
Zip Code		Hole Depth	1796	Slurry Volume	
Contact		Casing Size	5 1/2	Displacement	41.7
Email		Casing Depth	1795	Displacement PSI	1500
Cell		Drill Pipe		MIX PSI	400
Dispatch Location	BARTLESVILLE	Tubing		Rate	5
Quantity	Description	Quantity	Unit	Price per Unit	Total
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,030.00	\$ 1,030.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	25	PER MILE	\$4.00	\$ 100.00
5407	MIN. BULK DELIVERY (WITHIN 80 MILES)	1	PER LOAD	\$350.00	\$ 350.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
5402	FOOTAGE	1,795	PER FOOT	0.22	\$ 394.90
				EQUIPMENT TOTAL	\$ 1,874.90
1126A	THICK SET CEMENT (8LB OWC 4% GEL 2% CAL. CHLORIDE)	240.00	0	\$19.20	\$ 4,608.00
1110A	KOL SEAL (60 # SK)	1,150.00	0	\$0.46	\$ 529.00
1118B	PREMIUM GEL/BENTONITE (50#)	250.00	0	\$0.21	\$ 52.50
1107A	PHENOSEAL	120.00	0	\$1.29	\$ 154.80
1123	CITY WATER (PER 1000 GAL)	12.60	0	\$16.50	\$ 207.90
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				CHEMICAL TOTAL	\$ 5,552.20
5501C	WATER TRANSPORT (CEMENT)	2	TER TRANSPORT (CEME	\$112.00	\$ 224.00
5501C	WATER TRANSPORT (CEMENT)	3	TER TRANSPORT (CEME	\$112.00	\$ 336.00
5501C	WATER TRANSPORT (CEMENT)	3	TER TRANSPORT (CEME	\$112.00	\$ 336.00
				TRANSPORT TOTAL	\$ 896.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
4406	6 1/2" RUBBER PLUG	1	PER UNIT	\$70.00	\$ 70.00
0			0	\$0.00	\$ -
				CEMENT FLOATING EQUIPMENT TOTAL	\$ 70.00
				SUB TOTAL	8,398.10
				SALES TAX 8.30%	696.05
				TOTAL	9,094.15
				10% (-DISCOUNT)	909.42
				DISCOUNTED TOTAL	\$ 7,973.77

674 Donnie
 419 JAMES N
 412 TRS MATT M
 435 TRS JEFF F
 403 TRS ROB D
 TP MURNLEY

AUTHORIZATION
 DATE

TITLE
 FOREMAN

8/3/2012



3390000487

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	BRATCO	State, County	Chautauqua , Kansas	Cement Type	CLASS A
Customer Acct #	LS	Section	15	Excess (%)	30
Well No.	0	TWP	35S	Density	13.8
Mailing Address	KINCADE TRUST 1	RGE	13E	Water Required	0
City & State	0	Formation	0	Yield	1.75
Zip Code	0	Hole Size	7 7/8	Slurry Weight	0
Contact	0	Hole Depth	1796	Slurry Volume	0
Email	0	Casing Size	5.5	Displacement	41.7
Cell	0	Casing Depth	1796	Displacement PSI	1500
Office	0	Drill Pipe	0	MIX PSI	400
Dispatch Location	BARTLESVILLE	Tubing	0	Rate	5

REMARKS

ARRIVE ON LOC AT 12PM. WASH 1 JOINT WITH GEL AND H2O. RIG UP CMT HEAD AND REESTABLISH CIRC WITH H2O. THEN RUN 240 SX THICK SET WITH 5# KOL AND .25# PHENO. WASH OUT PUMP AND LINES AND RELEASE PLUG. DISP 41.7 BBLs TO LAND PLUG. PLUG DOWN AT 2:15PM @ 1700# FLOAT HELD. SHUT IN MANIFOLD AND LEFT. CMT TO SURF. THANK YOU

*Subly Inte
JF
MM*