



KANSAS CORPORATION COMMISSION 1096196
OIL & GAS CONSERVATION DIVISION

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 # _____

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: _____



1096196

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 489

Cell 785-324-1041

15-053-21275-0000

Date	Sec.	Twp.	Range	County	State	On Location	Finish
4-12-12	19	15	10	Fillmore	Kansas		1:32AM
Lease	Well No.		Location				
Branda A	1		Wilson 75 3/8 Nub				
Contractor	Type Job			Owner			
Southern Drilling Rigs	Surface			To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size	T.D.		Charge To				
12 1/4	435		Ducans Pumping Service				
Csg.	Depth		Street				
8 3/8 23A	432						
Tbg. Size	Depth		City				
			State				
Tool	Depth		The above was done to satisfaction and supervision of owner agent or contractor.				
Cement Left in Csg.	Shoe Joint		Cement Amount Ordered				
10-15	26 1/2 Bbl		225 Common Bell 26 1/2				
Meas Line	Displace						

EQUIPMENT

Pumptrk	No.	Cementor	Common
15		Helper Steve	225
Bulktrk	No.	Driver	Poz. Mix
10		Paul	
Bulktrk	No.	Driver	Gel.
		Len	5

JOB SERVICES & REMARKS

Remarks:	Calcium
Rat Hole	Hulls
Mouse Hole	Salt
Centralizers	Flowseal
Baskets	Kol-Seal
D/V or Port Collar	Mud CLR 48
	CFL-117 or CD110 CAF 38
	Sand
	Handling 138
	Mileage

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	SWAGE
	Pumptrk Charge Surface
	Mileage 29

X Signature	Tax
Walt Pfoff	Discount
	Total Charge

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 851

Cell 785-324-1041

15-053-21275-0000

Date	4-17-12	Sec.	19	Twp.	15	Range	10	County	ELS WORTH KANSAS	State		On Location		Finish	1:45 pm
Lease	BRANNA A			Well No.	#1			Location	WILSON TIME STOK RD - 3/4 mi E - N INTO						
Contractor	SOUTHWIND DETAILING RTG # 10							Owner	OWENS PUMPING SERVICE						
Type Job	PROD. - STRING							To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Hole Size	7 7/8"			T.D.	3330'			Charge To	OWENS PUMPING SERVICE						
Csg.	5 1/2" - 15 1/2" NEW			Depth	3327			Street	640 E. SUNSET AVE						
Tbg. Size				Depth				City	RUSSELL			State	KANSAS, 67665		
Tool				Depth				The above was done to satisfaction and supervision of owner agent or contractor.							
Cement Left in Csg.				Shoe Joint	21.666			Cement Amount Ordered	160 com 10% SALT - 5% GULSONITE						
Meas Line				Displace	179 BLS										

EQUIPMENT

Pumptrk #15	No.	Cementor	PAUL	Common	160
Bulktrk #10	No.	Helper	LOUNEE	Poz. Mix	
Bulktrk P/U	No.	Driver	CISCO	Gel.	

JOB SERVICES & REMARKS

Remarks:	Calcium
Rat Hole 30 SKS	Hulls
Mouse Hole	Salt 14
Centralizers 1, 2, 5, 8	Flowseal
Baskets 1, 2	Kol-Seal 800#
D/V or Port Collar	Mud CLR 48 500 GALLONS
	CFL-117 or CD110 CAF 38
	Sand
	Handling 174
	Mileage

ESTABLISHED CIRCULATION
CIRCULATED 1hr. - DUMPED 500 GALLONS
MUD-CLEAR-48-, PLUGGED RAT & MOUSE
HOLE, CEMENTED CASING, DISPLACED
DROPPED PLUG & DISPLACED, PLUG
LANDED & HELD.

THANK YOU!

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	5-5 1/2" TURBOS
Baskets	2-5 1/2" BASKETS
AFU Inserts	
Float Shoe	1-5 1/2"
Latch Down	1-5 1/2" WITH PLUG 1-5 1/2" LIMIT CLAMP
Pumptrk Charge	prod long string
Mileage	29

X Signature *Owen McDaniel*

MAY 15 2012

Tax	
Discount	
Total Charge	



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Owen's Pumping Service

19-15s-10w Ellsworth,KS

640 E Sunset Ave
Russell, KS 67665

Branda A 1

Job Ticket: 47482

DST#: 1

ATTN: Kitt Noah

Test Start: 2012.04.16 @ 08:09:15

GENERAL INFORMATION:

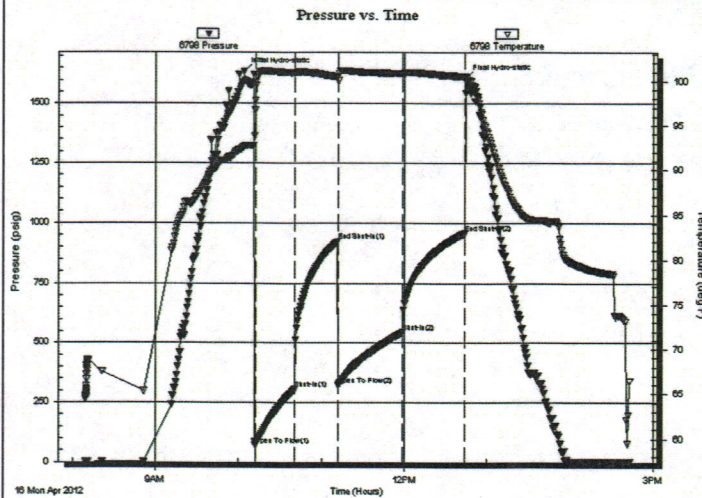
Formation: **Arbuckle**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 10:12:00
 Time Test Ended: 14:43:00
 Interval: **3279.00 ft (KB) To 3290.00 ft (KB) (TVD)**
 Total Depth: 3290.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Leal Cason
 Unit No: 45
 Reference Elevations: 1774.00 ft (KB)
 1765.00 ft (CF)
 KB to GR/CF: 9.00 ft

Serial #: 6798

Inside

Press@RunDepth: 544.54 psig @ 3280.00 ft (KB)
 Capacity: 8000.00 psig
 Start Date: 2012.04.16 End Date: 2012.04.16
 Last Calib.: 2012.04.16
 Start Time: 08:09:16 End Time: 14:43:00
 Time On Btm: 2012.04.16 @ 10:04:00
 Time Off Btm: 2012.04.16 @ 12:44:45

TEST COMMENT: IF: Strong Blow , BOB in 3 minutes
 IS: No Blow Back
 FF: Strong Blow , BOB in 3 minutes
 FS: No Blow Back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1636.03	92.59	Initial Hydro-static
8	72.23	96.74	Open To Flow (1)
37	305.29	100.91	Shut-In(1)
68	924.37	100.46	End Shut-In(1)
69	323.99	100.06	Open To Flow (2)
115	544.54	100.86	Shut-In(2)
160	957.95	100.51	End Shut-In(2)
161	1607.33	100.42	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
960.00	Water	13.47
120.00	MCW 40%M 60%W	1.68

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Owen's Pumping Service

19-15s-10w Ellsworth, KS

640 E Sunset Ave
Russell, KS 67665

Branda A 1

Job Ticket: 47482

DST#: 1

ATTN: Kitt Noah

Test Start: 2012.04.16 @ 08:09:15

Tool Information

Drill Pipe:	Length: 3292.00 ft	Diameter: 3.80 inches	Volume: 46.18 bbl	Tool Weight: 2100.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 50000.00 lb
			<u>Total Volume: 46.18 bbl</u>	Tool Chased ft
Drill Pipe Above KB:	33.00 ft			String Weight: Initial 40000.00 lb
Depth to Top Packer:	3279.00 ft			Final 44000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	11.00 ft			
Tool Length:	31.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut In Tool	5.00			3264.00	
Hydraulic tool	5.00			3269.00	
Packer	5.00			3274.00	20.00 Bottom Of Top Packer
Packer	5.00			3279.00	
Stubb	1.00			3280.00	
Recorder	0.00	6798	Inside	3280.00	
Recorder	0.00	8367	Outside	3280.00	
Perforations	7.00			3287.00	
Bullnose	3.00			3290.00	11.00 Bottom Packers & Anchor
Total Tool Length:	31.00				



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Owen's Pumping Service

19-15s-10w Ellsworth, KS

640 E Sunset Ave
Russell, KS 67665

Branda A 1

Job Ticket: 47482

DST#: 1

ATTN: Kitt Noah

Test Start: 2012.04.16 @ 08:09:15

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 52.00 sec/qt
Water Loss: 8.18 in³
Resistivity: ohm.m
Salinity: 2800.00 ppm
Filter Cake: 0.20 inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: deg API
Water Salinity: 40000 ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
960.00	Water	13.466
120.00	MCW 40%M 60%W	1.683

Total Length: 1080.00 ft Total Volume: 15.149 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments: RW was .17 @ 75 degrees

Serial #: 6798

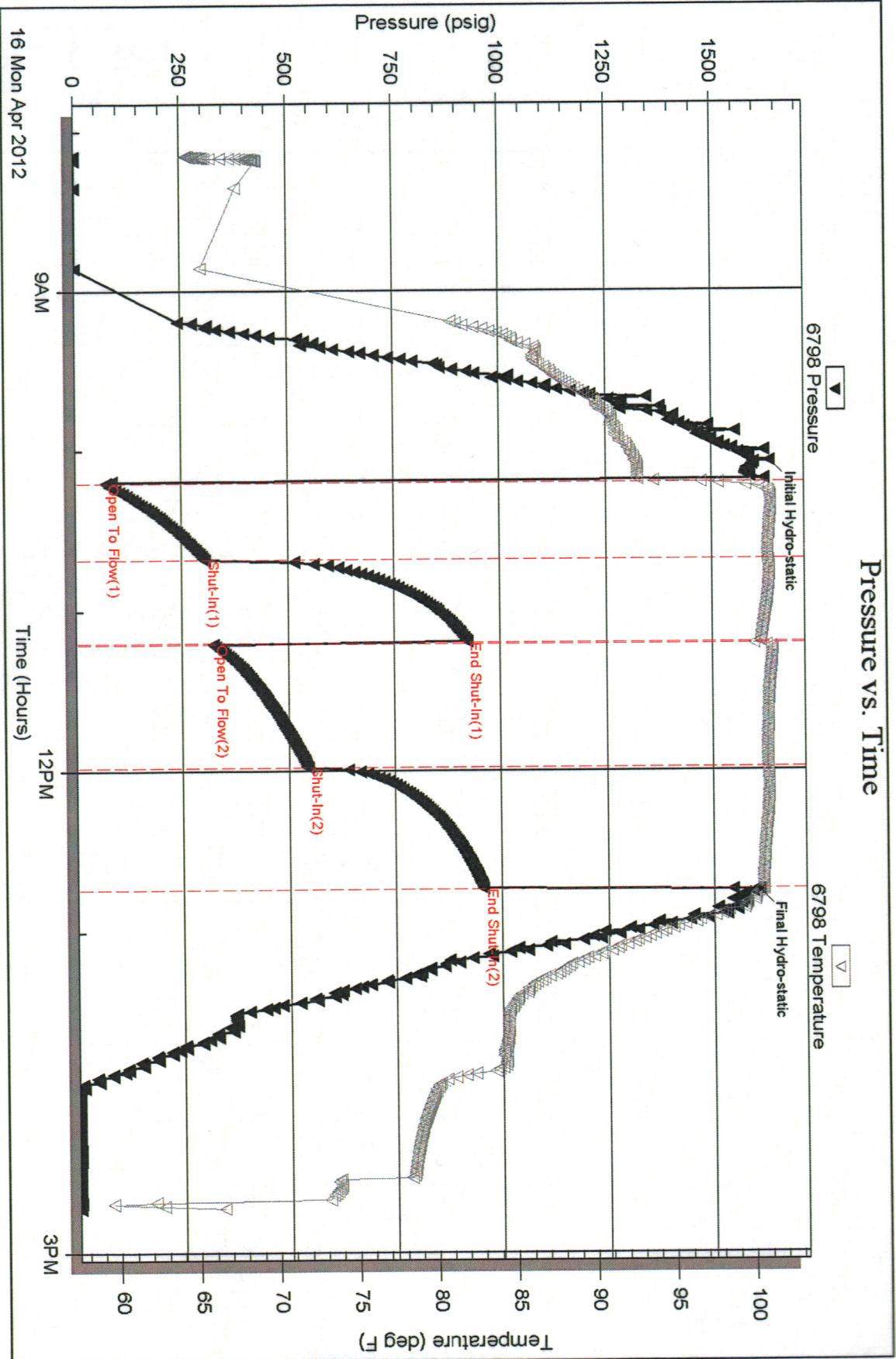
Inside

Owren's Pumping Service

Branda A 1

DST Test Number: 1

Pressure vs. Time





TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

RECEIVED

APR 17 2012

Test Ticket

NO. 47482

Well Name & No. Branda A-1 Test No. 1 Date 04/16/12
 Company Owen's Pumping Service Elevation 1774 KB 1765 GL
 Address 640 E Sunset Ave Russell, KS 67665
 Co. Rep / Geo. Kitt Noah Rig Southwind 6
 Location: Sec. 19 Twp. 15S Rge. 10W Co. Ellsworth State KS

Interval Tested 3279 - 3290 Zone Tested Arbuckle
 Anchor Length 11 Drill Pipe Run 3292 Mud Wt. 9.1
 Top Packer Depth 3274 Drill Collars Run 0 Vis 52
 Bottom Packer Depth 3279 Wt. Pipe Run 0 WL 2.2
 Total Depth 3290 Chlorides 2800 ppm System LCM 1 1/2

Blow Description IF: Strong Blow, BOB in 3 minutes
IST: NO Blow Back
FF: Strong Blow, BOB in 3 minutes
FST: NO Blow Back

Rec	Feet of	%gas	%oil	%water	%mud
<u>120</u>	<u>MCW</u>			<u>60%</u>	<u>40%</u>
<u>960</u>	<u>water</u>				

Rec Total 1080 BHT 100 Gravity N/C API RW .17 @ 75 °F Chlorides 40000 ppm

(A) Initial Hydrostatic 1136 Test 1150' T-On Location 06:45
 (B) First Initial Flow 72 Jars T-Started 08:09
 (C) First Final Flow 305 Safety Joint T-Open 10:12
 (D) Initial Shut-In 924 Circ Sub T-Pulled 12:44
 (E) Second Initial Flow 324 Hourly Standby T-Out 14:43
 (F) Second Final Flow 544 Mileage (170) 263.50 Comments _____
 (G) Final Shut-In 958 Sampler _____
 (H) Final Hydrostatic 1607 Straddle _____
 Shale Packer _____
 Shale Packer _____
 Extra Packer _____
 Extra Recorder _____
 Day Standby _____
 Accessibility _____
 Initial Open 30
 Initial Shut-In 30
 Final Flow 45
 Final Shut-In 45
 Sub Total 1413.50
 Total 1413.50
 MP/DST Disc't _____

Approved By Kitt Noah Our Representative [Signature]

Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any tests, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.