



**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: \_\_\_\_\_



1099266

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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# CEMENTING LOG

STAGE NO.

Date 06-12-12 District Med. Lodge #1 Ticket No. 38066  
 Company Brennwell Rig Harold #1  
 Lease Springer Hollow Farms Well No. 2  
 County Kingman State KS  
 Location \_\_\_\_\_ Field 01-306-09w

CEMENT DATA:  
 Spacer Type: Scavenger Cement  
 Amt. 20 Skys Yield 1.41 ft<sup>3</sup>/sk Density 14.1 PPG

CASING DATA: PTA  Squeeze   
 Surface  Intermediate  Production  Liner   
 Size 4 1/2 Type \_\_\_\_\_ Weight 10.8 Collar \_\_\_\_\_

LEAD: Pump Time \_\_\_\_\_ hrs. Type 60:40:40  
 Amt. 15 Skys Yield 1.41 ft<sup>3</sup>/sk Density 14.1 PPG

TAIL: Pump Time \_\_\_\_\_ hrs. Type Class A - ASC  
 Amt. 1.55 Skys Yield 1.57 ft<sup>3</sup>/sk Density 14.5 PPG  
 WATER: Lead 67 gals/sk Tail 7.23 gals/sk Total \_\_\_\_\_ Bbls.

Casing Depths: Top \_\_\_\_\_ Bottom OCT 01 2012

Pump Trucks Used 471-302  
 Bulk Equip. 421-252

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 WICHITA, KS

Drill Pipe: Size \_\_\_\_\_ Weight \_\_\_\_\_ Collars \_\_\_\_\_  
 Open Hole: Size 7 7/8 T.D. 4280 ft. P.B. to 4058 ft.

Float Equip: Manufacturer W-G  
 Shoe: Type AEV Flow + Shoe Depth \_\_\_\_\_

CAPACITY FACTORS:  
 Casing: Bbbls/Lin. ft. 0.0159 Lin. ft./Bbl. \_\_\_\_\_  
 Open Holes: Bbbls/Lin. ft. \_\_\_\_\_ Lin. ft./Bbl. \_\_\_\_\_  
 Drill Pipe: Bbbls/Lin. ft. \_\_\_\_\_ Lin. ft./Bbl. \_\_\_\_\_  
 Annulus: Bbbls/Lin. ft. 0.0406 Lin. ft./Bbl. \_\_\_\_\_

Centralizers: Quantity 4 Plugs Top TRP Btm. \_\_\_\_\_  
 Stage Collars \_\_\_\_\_  
 Special Equip. 1 - Cement

Perforations: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Amt. \_\_\_\_\_

Disp. Fluid Type Fresh H<sub>2</sub>O Amt. 65 Bbls. Weight \_\_\_\_\_ PPG  
 Mud Type Native Weight \_\_\_\_\_ PPG

COMPANY REPRESENTATIVE D. Brennwell

CEMENTER D. Felix

TIME (AM/PM)	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
						Pipe on Bttm, Break Circ.
						Run into Pipe
	100			3 1/2	3	Plug Rat hole w/ 1 1/2 x 60:40 cement
	400			5	4	Pump 20 sk Scavenger cement
	400-200			21	5 1/2	Mix 7.5 sk "A" ASC tail Cement
	100			10	3	Stop Pump
						Wash Pump & Lines
						Release Plug
	200				6	Start Disp. w/ Fresh H <sub>2</sub> O
	200			40	6	Stop Rotating Pipe
	300			45	6	See increase in PSI
	600			55	3	Slow Rate
9:30 AM	1100			65	3	Bump Plug
						Release PSE - Float Did Hold

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# ALLIED OIL & GAS SERVICES, LLC 053816

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge KS

DATE <u>06/05/2012</u>	SEC. <u>1</u>	TWP. <u>30s</u>	RANGE <u>9w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Spring Hollow</u>	WELL # <u>2</u>	LOCATION <u>Zenda KS, 1 East, 1 North</u>			COUNTY <u>Kingman</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>East to curve, East into</u>					

CONTRACTOR Hardt  
 TYPE OF JOB Sealerc  
 HOLE SIZE 12 1/4 T.D. 208  
 CASING SIZE 8 3/4 DEPTH 213  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX 200 MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG. 15ft  
 PERFS.  
 DISPLACEMENT 12 1/2

OWNER Bramwell Pet  
 CEMENT  
 AMOUNT ORDERED 175 cu 60:40:3%cc + 2% Gel

EQUIPMENT

PUMP TRUCK CEMENTER Jason Thimesch  
 # 558/555 HELPER Matt Thimesch  
 BULK TRUCK  
 # 356/290 DRIVER Tray Lenz  
 BULK TRUCK  
 # DRIVER

COMMON	<u>105 cu @ 16.25</u>	<u>1706.25</u>
POZMIX	<u>70 cu @ 8.40</u>	<u>588</u>
GEL	<u>7 cu @ 21.25</u>	<u>148.75</u>
CHLORIDE	<u>6 cu @ 58.20</u>	<u>349.20</u>
ASC	@	
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OCT 01 2012		
CONSERVATION DIVISION WICHITA, KS		
HANDLING	<u>184 @ 2.25</u>	<u>414</u>
MILEAGE	<u>184 X 30 X .11</u>	<u>607.20</u>
		TOTAL <u>3728.40</u>

REMARKS:  
Did circ cement

Thank you

CHARGE TO: Bramwell Pet  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB	<u>213</u>	
PUMP TRUCK CHARGE		<u>1125</u>
EXTRA FOOTAGE	@	
MILEAGE	<u>20 @ 7</u>	<u>140</u>
MANIFOLD + head	@	<u>200</u>
LV	<u>20 @ 4</u>	<u>80</u>
		TOTAL <u>1655</u>

PLUG & FLOAT EQUIPMENT

<u>8 5/8</u> Wooden Plug	<u>1 @ 92</u>	<u>92</u>
	@	
	@	
	@	
		TOTAL _____

To: Allied Oil & Gas Services, 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 done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES ~~5382.40~~ 5475.40  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

PRINTED NAME Scott Adelhardt  
 SIGNATURE Scott Adelhardt



4/10

# TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

## Test Ticket

NO. 47495

Well Name & No. 2 Springer Hollow Farm Test No. 1 Date 06/08/12  
 Company Bramwell Petroleum Inc Elevation 1622 KB 1612 GL  
 Address 15183 SW 25th Spivey, KS 67142  
 Co. Rep / Geo. Doug Bramwell Rig Hardt 1  
 Location: Sec. 1 Twp. 30S Rge. 9W Co. Kingman State KS

Interval Tested 2335 - 2369 Zone Tested Indian cave  
 Anchor Length 34 Drill Pipe Run 2220 Mud Wt. 9.2  
 Top Packer Depth 2330 Drill Collars Run 119 Vis 32  
 Bottom Packer Depth 2335 Wt. Pipe Run 0 WL N/C  
 Total Depth 2369 Chlorides N/C ppm System LCM

Blow Description IF: Strong Blow, BOB in 20 seconds, GTS in 10 minutes, TSTM  
TST: Weak Surface Blow Back  
FF: Strong Blow, BOB & GTS immediate, TSTM  
FSI: Inch Blow Back

Rec	Feet of	%gas	%oil	%water	%mud
<u>1967</u>	<u>GIP</u>				
<u>62</u>	<u>WCM</u>			<u>15</u>	<u>85</u>
<u>124</u>	<u>MCW</u>			<u>70</u>	<u>30</u>
<u>186</u>	<u>Water</u>				
Rec	Feet of	%gas	%oil	%water	%mud
Rec Total	<u>372</u>	BHT <u>95°</u>	Gravity <u>N/C</u>	API RW <u>.075 @ 76 °F</u>	Chlorides <u>95000</u> ppm

(A) Initial Hydrostatic 1204  Test \_\_\_\_\_ T-On Location 02:30  
 (B) First Initial Flow 234  Jars \_\_\_\_\_ T-Started 03:46  
 (C) First Final Flow 138  Safety Joint \_\_\_\_\_ T-Open 05:32  
 (D) Initial Shut-In 724  Circ Sub \_\_\_\_\_ T-Pulled 07:03  
 (E) Second Initial Flow 182  Hourly Standby OCT 01 2012 T-Out 08:32  
 (F) Second Final Flow 220  Mileage 100 \_\_\_\_\_ Comments \_\_\_\_\_  
 (G) Final Shut-In 715  Sampler \_\_\_\_\_  
 (H) Final Hydrostatic 1087  Straddle \_\_\_\_\_  
 Shale Packer \_\_\_\_\_  
 Extra Packer \_\_\_\_\_  
 Extra Recorder \_\_\_\_\_  
 Day Standby \_\_\_\_\_  
 Accessibility \_\_\_\_\_  
 Sub Total \_\_\_\_\_

initial Open 15  
 initial Shut-In 30  
 Final Flow 15  
 Final Shut-In 30

Approved By Doug Bramwell Our Representative \_\_\_\_\_

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 OCT 01 2012  
 CONSERVATION DIVISION  
 WICHITA, KS

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  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 31, 2012

Doug Bramwell  
Bramwell Petroleum, Inc.  
15183 SW 25TH AVE  
SPIVEY, KS 67142-9074

Re: ACO1  
API 15-095-22258-00-00  
SPRINGER HOLLOW FARM 2  
SE/4 Sec.01-30S-09W  
Kingman 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,  
Doug Bramwell

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



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October 31, 2012

Doug Bramwell  
Bramwell Petroleum, Inc.  
15183 SW 25TH AVE  
SPIVEY, KS 67142-9074

Re: ACO-1  
API 15-095-22258-00-00  
SPRINGER HOLLOW FARM 2  
SE/4 Sec.01-30S-09W  
Kingman County, Kansas

Dear Doug Bramwell:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 06/05/2012 and the ACO-1 was received on October 31, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department