



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: _____



1155988

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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; border-bottom: 1px solid black;">Name</td> <td style="width:15%; border-bottom: 1px solid black;">Top</td> <td style="width:15%; border-bottom: 1px solid black;">Datum</td> </tr> </table>	Name	Top	Datum
Name	Top	Datum		

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Anchor Bay Petroleum LLC
Well Name	Braun 1
Doc ID	1155988

Tops

Name	Top	Datum
Stone Corral	1173	837
B/Stone Corral	1206	804
Topeka	3031	-1021
Heebner	3250	-1240
Lansing	3297	-1287
B/Kansas City	3528	-1518
Basal Sand	3554	-1544
Arbuckle	Not Penetrated	

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

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

No. 7431

Date	Sec.	Twp.	Range	County	State	On Location	Finish
7-30-13	25	13	17	Ellis	KS		1:15pm

Location *Victoria S to Vinured Rd 3/4, Sn 2*

Lease <i>Brann</i>	Well No. <i>1</i>	Owner
Contractor <i>Discovery 1</i>		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.
Type Job <i>Plug</i>		Charge To <i>Anchor Bay</i>
Hole Size <i>7 7/8</i>	T.D.	Street
Csg.	Depth	City
Tbg. Size	Depth	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 <i>190sx 60/40 4% gel 1/4 flow</i>
Meas Line	Displace	

EQUIPMENT

Pumptrk <i>16</i>	No.	Cementer	Common
		Helper <i>Lonnie W.</i>	114
Bulktrk <i>8</i>	No.	Driver	Poz. Mix
		<i>David</i>	76
Bulktrk <i>P4</i>	No.	Driver	Gel.
		<i>Travis</i>	7
			Calcium

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal <i>50#</i>
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
<i>25sx at 1195</i>	Sand
<i>70sx at 630</i>	Handling <i>197</i>
<i>40sx at 265</i>	Mileage
<i>10sx at 40</i>	
<i>30sx Rat</i>	
<i>15sx mouse</i>	

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	<i>1 wood plug</i>
	Pumptrk Charge <i>plug</i>
	Mileage <i>14</i>

X Signature <i>Cliff Mayfield</i>	Tax
	Discount
	Total Charge

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

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

No. 7428

Date	7-24-13	Sec.	25	Twp.	13	Range	17	County	Ellis	State	KS	On Location		Finish	6:15 P.M.
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Location *Victoria N to Vineyard Rd 1/2w S2*

Lease	<i>Braun</i>	Well No.	<i>1</i>	Owner	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.
Contractor	<i>Discovery 1</i>	Type Job	<i>Surface</i>	Charge To	<i>Anchor Bay</i>
Hole Size	<i>12 1/4</i>	T.D.	<i>215</i>	Street	
Csg.	<i>8 5/8</i>	Depth	<i>215</i>	City	State
Tbg. Size		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.	<i>20</i>	Shoe Joint	<i>20</i>	Cement Amount Ordered	<i>150 com 3% cc 2% gel</i>
Meas Line		Displace	<i>12 1/2 b61</i>		

EQUIPMENT

Pumptrk	<i>16</i>	No.		Cementer		Common	<i>150</i>
				Helper	<i>Lonnie W</i>	Poz. Mix	
Bulktrk	<i>1</i>	No.		Driver	<i>Doug</i>	Gel.	<i>3</i>
				Driver	<i>Travis</i>	Calcium	<i>5</i>

JOB SERVICES & REMARKS

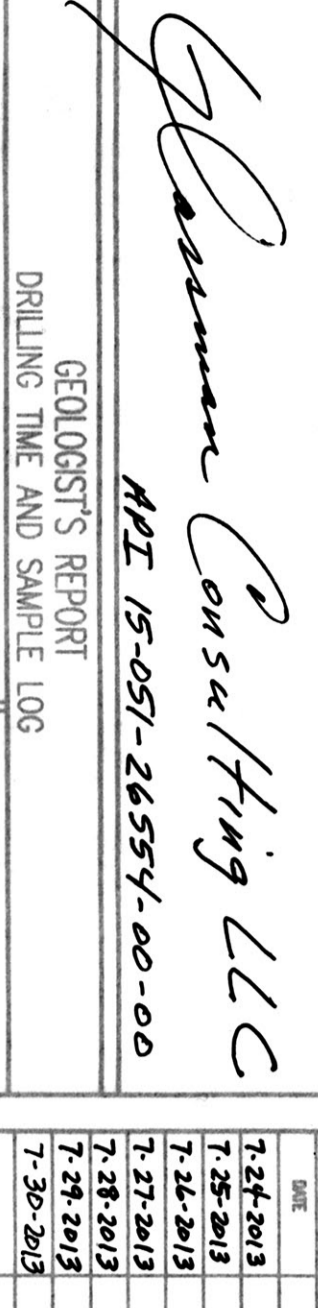
Remarks:	<i>Cement did circulate</i>	Hulls	
Rat Hole		Salt	
Mouse Hole		Flowseal	
Centralizers		Kol-Seal	
Baskets		Mud CLR 48	
D/V or Port Collar		CFL-117 or CD110 CAF 38	
		Sand	
		Handling	<i>150</i>
		Mileage	

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	
Pumptrk Charge	<i>Surface</i>
Mileage	<i>14</i>

Tax	
Discount	
Total Charge	

X Signature *Cliff Mayfield*



J. J. Lawrence Consulting LLC

 MAIL 15-051-26551-00-00

OPERATOR: **ANCHOR BAY PETROLEUM LLC**

 LEASE: **BRAUN** WELL NO: **#1**

 FIELD: **Lin-Name & R**

 LOCATION: **3639' FSL & 2973' FEL**

 SEC: **25** TWP: **13S** RGE: **17W**

 COUNTY: **ELLIS** STATE: **KANSAS**

GEOLGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

ELEVATION: **2010**

 DF: **2002**

 CI: **2002**

 Media: **2002**

 From: **KEYL BURNING**

 CASING RECORD

SURFACE: **8% (215.15)**

 PRODUCTION: **NONE**

 D & A

CONTRACTOR: **DISCOVERY DRILLING RIG #1**

 COMD: **07-21-2013** COMP: **07-30-2013**

 DTD: **3220**

 SAMPLES SHIPPED FROM: **2900** TO: **T.D.**

 DRILLING TIME KEPT FROM: **2800** TO: **T.D.**

 SAMPLES EXAMINED FROM: **2800** TO: **T.D.**

 GEOLGICAL SUPERVISION FROM: **2800** TO: **T.D.**

 MUD UP: **2650** TYPE: **MUD**

FOUNDATION: **TYPE** **LOG** **DATUM** **TYPE** **DATUM** **STRUCT.** **COORP.**

ANHYDRITE **1173 (829)** **181 (829)** **+** **9**

ANHYDRITE **1206 (829)** **1216 (829)** **+** **9**

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ANHYDRITE **1940 (829)** **1940 (829)** **+** **9**

ANHYDRITE **1950 (829)** **1950 (829)** **+** **9**

ANHYDRITE **1960 (829)** **1960 (829)** **+** **9**

ANHYDRITE **1970 (829)** **1970 (829)** **+** **9**

ANHYDRITE **1980 (829)** **1980 (829)** **+** **9**

ANHYDRITE **1990 (829)** **1990 (829)** **+** **9**

ANHYDRITE **2000 (829)** **2000 (829)** **+** **9**

REFERENCE: **WELL 159 STATIONARY COMPASSION**

DEWAIN B # 2 SEC. **26** TWP. **13S** RGE. **17W**

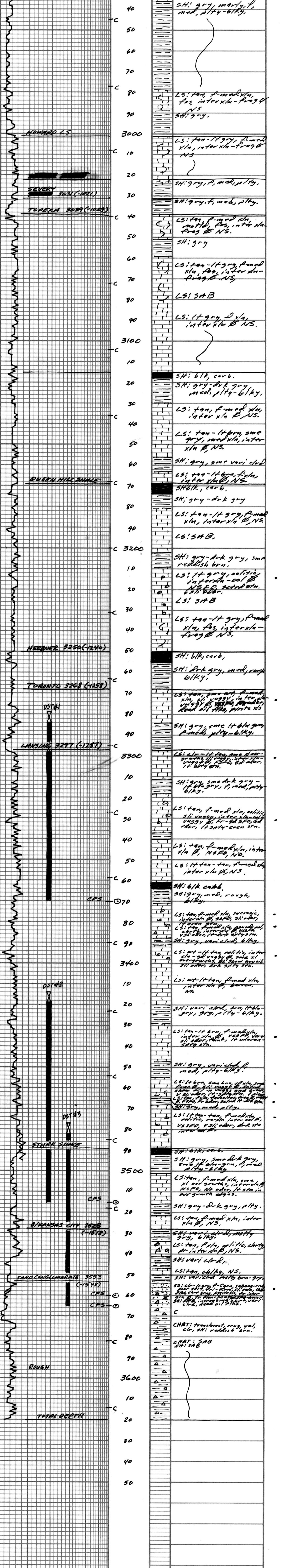
ELLIS COUNTY KANSAS

DATE	DEPTH	TIME	TYPE	DEPTH	TIME
7-24-2013	5940	1	HTC	218	2 1/4
7-25-2013	660	2	HTC	3620	5 1/2
7-26-2013	260	3	HTC	3620	5 1/2
7-27-2013	310	4	HTC	3620	5 1/2
7-28-2013	370	5	HTC	3620	5 1/2
7-29-2013	350	6	HTC	3620	5 1/2
7-30-2013	3620	7	HTC	3620	5 1/2

NO.	DEPTH	TIME	TYPE	DEPTH	TIME
1	3234-3370	54/15	49/60	49/60	1620-1583
2	3419-3515	808/15	49/60	567/60	1722-1694
3	3482-3565	49/60	610/60	495/60	1768-1668

DRILL STEM TESTS

LEGEND



CONTRACTOR: **DISCOVERY DRUG RIG #1** LOCATION: **3639' FSL & 2973' FEL**

 LEASE: **BRAUN #1** IP: **3620** SEC: **25** TWP: **13S** RGE: **17W**

 ELEVATION: **2002, KB 2010** COUNTY: **ELLIS** STATE: **KANSAS**