

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1157607

Form ACO-1

August 2013

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
- ☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer
- ☐ 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

☐ Confidentiality Requested

Date: _____

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____



1157607

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

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

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No (If No, skip questions 2 and 3)

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No (If No, skip question 3)

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No (If No, fill out Page Three of the ACO-1)

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
--	---	--

Form	ACO1 - Well Completion
Operator	American Land And Energy LLC
Well Name	Brungardt 1
Doc ID	1157607

All Electric Logs Run

Micro Resistivity
Cement Bond Log
Dual Induction
Compensated Density Neutron

Form	ACO1 - Well Completion
Operator	American Land And Energy LLC
Well Name	Brungardt 1
Doc ID	1157607

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	3450-3454	300 gal 15% Mud Acid	3450-3454
4	3437-3441	None	None
		Bridge Plug Set	3430
4	3400-3404	400 Gal 15% Mud Acid/ 750 Gal 28% HCL, DMO, 2000 Gal 20% DMO, SS,FE	3400-3404
4	3286-3294	250 Gal Mud Acid HCL, 1500 Gal 20% HCL,DMO/SS/FE	3286-3294
4	3274-3278	None	3274-3278
4	3264-3268	None	3264-3268
4	3234-3238	250 Gal 15% HCL	3234-3238
4	3218-3222	250 Gal 15% HCL, 1500 Gal 20%, DMO/SS/FE	3218-3222

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 6720

Cell 785-324-1041

Date	8-22-13	Sec.	7	Twp.	15	Range	16	County	Ellis	State	KS	On Location	10:30pm	Finish	1:00Am
Lease								Location							
Brungardt								Location S to North flk B/D							
Well No. # A								Owner 3/4 E Nino							
Contractor Royal 4								To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cement and helper to assist owner or contractor to do work as listed.							
Type Job Surface															
Hole Size 10 1/2								Charge To							
Csg. 5 5/8								Street American Land & Energy							
Tbg. Size								City							
Tool								State							
Cement Left in Csg. 20ft								The above was done to satisfaction and supervision of owner agent or contractor.							
Shoe Joint 20ft								Cement Amount Ordered 425.58 Com							
Meas Line								Displace 65.5 BBL							
EQUIPMENT															
Pumptrk 16 No. Cementer								Common							
Bulktrk 12 No. Helper Matt								Poz. Mix							
Bulktrk 12 No. Driver								Gel.							
Bulktrk 12 No. Driver								Calcium							
Bulktrk 12 No. Driver								Hulls							
JOB SERVICES & REMARKS															
Remarks:								Salt							
Rat Hole								Flowseal							
Mouse Hole								Kol-Seal							
Centralizers								Mud CLR 48							
Baskets								CFL-117 or CD110 CAF 38							
D/V or Port Collar								Sand							
Cement did								Handling							
Circulate								Mileage							
								878							
								FLOAT EQUIPMENT							
								Guide Shoe							
								Centralizer							
								Baskets							
								AFU Inserts							
								Float Shoe							
								Latch Down							
								Bottle plate							
								Pumptrk Charge							
								Mileage							
								Tax							
								Discount							
X Signature Doug Buday								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. 6722

Date	8-28-13	Sec.	7	Twp.	15	Range	16	County	Ellis	State	KS	On Location	9:00 AM	Finish	1:00 PM
Lease								Location		Victoria St North Fork Rd to E					
Contractor								Well No.		Owner					
Type Job										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					
Csg.								Depth		To					
Tbg. Size								Depth		Street					
Tool								Depth		City					
Cement Left in Csg.								Shoe Joint		State					
Meas Line								Displace		The above was done to satisfaction and supervision of owner agent or contractor.					
EQUIPMENT										Cement Amount Ordered					
Pumptrk								No.		Common					
Bulktrk								No.		Poz. Mix					
Bulktrk								No.		Gel.					
Bulktrk								No.		Calcium					
JOB SERVICES & REMARKS										Hulls					
Remarks:										Salt					
Rat Hole										Flowseal					
Mouse Hole										Koi-Seal					
Centralizers										Mud CLR 48					
Baskets										CFL-117 or CD110 CAF 38					
D/V or Port Collar										Sand					
Dropped Ball Circulate										Handling					
60 min Run mud flush										Mileage					
hit 1655X down										FLOAT EQUIPMENT					
hole displace 84.5 BBL										Guide Shoe					
water										Centralizer					
Lift 800 psi										Baskets					
Land 1500 psi										AFU Inserts					
float held Rigged										Float Shoe					
down										Latch Down					
										Pumptrk Charge					
										Mileage					
Signature										Tax					
										Discount					
										Total Charge					

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

September 30, 2013

Gary Leiker
American Land And Energy LLC
7277 TENBY WAY
CASTLE ROCK, CO 80104

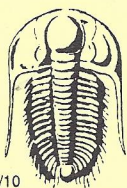
Re: ACO1
API 15-051-26588-00-00
Brungardt 1
SE/4 Sec.07-15S-16W
Ellis County, Kansas

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,
Gary Leiker



TRILOBITE
TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 54762

Well Name & No.	Brungardt #1	Test No.	1	Date	
Company	American Land and Energy LLC	Elevation	1917	KB	1910 GL
Address	Castle Rock Co 7277 Teubny Way				
Co. Rep / Geo.		Rig	Royal #1		
Location: Sec.	7	Twp.	15	Rge.	16
		Co.	Phillips	State	KS

Interval Tested	3207-3253	Zone Tested	KC "B,C"		
Anchor Length	46	Drill Pipe Run		Mud Wt.	8.5
Top Packer Depth	3202	Drill Collars Run	-	Vis	58
Bottom Packer Depth	3207	Wt. Pipe Run	-	WL	8.4
Total Depth	3253	Chlorides	3,000	ppm System	LCM #3

Blow Description

IF - building 4 1/2 in blow

IS - No blow

IF - building 3 in blow

IS - No blow

Rec	1	Feet of	Free O. I	%gas	%oil	%water	%mud
Rec	34	Feet of	VSOCM	%gas	5	%oil	%water 95 %mud
Rec	15	Feet of	OS WCM	%gas	%oil	10 %water 90 %mud	
Rec		Feet of		%gas	%oil	%water	%mud
Rec		Feet of		%gas	%oil	%water	%mud

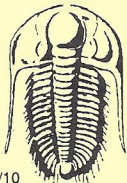
Rec Total	50	BHT		Gravity		API RW	22 @ 70 ° F	Chlorides	32000	ppm
-----------	----	-----	--	---------	--	--------	-------------	-----------	-------	-----

(A) Initial Hydrostatic	1,594	<input checked="" type="checkbox"/> Test	T-On Location	4:20
(B) First Initial Flow	58	<input checked="" type="checkbox"/> Jars	T-Started	5:30
(C) First Final Flow	57	<input checked="" type="checkbox"/> Safety Joint	T-Open	8:08
(D) Initial Shut-In	680	<input type="checkbox"/> Circ Sub	T-Pulled	11:23
(E) Second Initial Flow	58	<input type="checkbox"/> Hourly Standby	T-Out	13:00
(F) Second Final Flow	57	<input checked="" type="checkbox"/> Mileage	34.7	Comments
(G) Final Shut-In	661	<input type="checkbox"/> Sampler		
(H) Final Hydrostatic	1,518	<input type="checkbox"/> Straddle		

Initial Open	30	<input type="checkbox"/> Shale Packer	<input type="checkbox"/> Ruined Shale Packer
Initial Shut-In	60	<input type="checkbox"/> Extra Packer	<input type="checkbox"/> Ruined Packer
Final Flow	3445	<input type="checkbox"/> Extra Recorder	Sub Total
Final Shut-In	60	<input type="checkbox"/> Day Standby	Total
		<input type="checkbox"/> Accessibility	MP/DST Disc't
		Sub Total	

Approved By		Our Representative	Bruno
-------------	--	--------------------	-------

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 test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



TRILOBITE
TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 54763

Well Name & No. Brumgardt #1 Test No. 2 Date 8/25/13
Company American Land and Energy LLC Elevation 1917 KB 1910 GL
Address _____
Co. Rep / Geo. _____ Rig Royal #1
Location: Sec. 7 Twp. 15 Rge. 16 Co. Ellis State KS

Interval Tested 3250 - 3351 Zone Tested KC
Anchor Length 101 Drill Pipe Run _____ Mud Wt. 8.5
Top Packer Depth 3245 Drill Collars Run 1 Vis SS
Bottom Packer Depth 3230 Wt. Pipe Run _____ WL 8.4
Total Depth 3351 Chlorides 3000 ppm System LCM 3

Blow Description TF - Building 6 1/4 in blow
TSI - No blow
FF - Building 3 in blow
TSI - No blow

Rec <u>30</u>	Feet of <u>50CM</u>	%gas <u>5</u>	%oil	%water <u>75</u>	%mud
Rec <u>35</u>	Feet of <u>50CM</u>	%gas <u>10</u>	%oil	%water <u>90</u>	%mud
Rec _____	Feet of _____	%gas	%oil	%water	%mud
Rec _____	Feet of _____	%gas	%oil	%water	%mud
Rec _____	Feet of _____	%gas	%oil	%water	%mud

Rec Total 65 BHT 103 Gravity _____ API RW _____ @ _____ ° F Chlorides _____ ppm

(A) Initial Hydrostatic <u>1631</u>	<input checked="" type="checkbox"/> Test _____	T-On Location <u>21:05</u>
(B) First Initial Flow <u>72</u>	<input checked="" type="checkbox"/> Jars _____	T-Started <u>21:59</u>
(C) First Final Flow <u>73</u>	<input checked="" type="checkbox"/> Safety Joint _____	T-Open <u>23:45</u>
(D) Initial Shut-In <u>631</u>	<input type="checkbox"/> Circ Sub _____	T-Pulled <u>2:45</u>
(E) Second Initial Flow <u>80</u>	<input type="checkbox"/> Hourly Standby _____	T-Out <u>4:30</u>
(F) Second Final Flow <u>78</u>	<input checked="" type="checkbox"/> Mileage <u>34.1</u>	Comments _____
(G) Final Shut-In <u>579</u>	<input type="checkbox"/> Sampler _____	_____
(H) Final Hydrostatic <u>1557</u>	<input type="checkbox"/> Straddle _____	<input type="checkbox"/> Ruined Shale Packer _____

Initial Open <u>30</u>	<input type="checkbox"/> Shale Packer _____	<input type="checkbox"/> Ruined Packer _____
Initial Shut-In <u>60</u>	<input type="checkbox"/> Extra Packer _____	<input type="checkbox"/> Extra Copies _____
Final Flow <u>30</u>	<input type="checkbox"/> Extra Recorder _____	Sub Total _____
Final Shut-In <u>60</u>	<input type="checkbox"/> Day Standby _____	Total _____
	<input type="checkbox"/> Accessibility _____	MP/DST Disc't _____
	Sub Total _____	

Approved By _____ Our Representative Bar Bar

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 test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.