

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1166682

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 &	<b>ሄ LEASE</b>

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
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:	Amount of Surface Pipe Set and Cemented at:       Feed         Multiple Stage Cementing Collar Used?       Yes         If yes, show depth set:       Feet         If Alternate II completion, cement circulated from:       Feet         feet depth to:       w/         Sx cmt       Sx cmt         Drilling Fluid Management Plan       (Data must be collected from the Reserve Pit)         Chloride content:       ppm         Fluid volume:       bbls         Dewatering method used:
Plug Back: Plug Back Total Depth Comminged Parmit #:	Location of fluid disposal if hauled offsite:
Commingled         Permit #:           Dual Completion         Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date         Date Reached TD         Completion Date or Recompletion Date	

#### 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:						

	Side Two	1166682
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional Sh	eets)	Yes No		-	n (Top), Depth and		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nar	ne		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy)	Electronically	<ul> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ul>					
List All E. Logs Run:							
		CASIN		lew Used			
		Report all strings se	et-conductor, surface, in	termediate, producti	on, 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: —— Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
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 (Amount and Kind of Material Used)					
TUBING RECORD:	CORD: Size: Set A			et At: Packer At:			Liner R	un:	No				
Date of First, Resumed Production, SWD or ENHR.			<b>λ</b> .	Producing N	1ethod:	ping	Gas Lift	Other (Explain)					
Estimated Production Per 24 Hours	n Oil Bbls.		ls.	Gas Mcf		Water		Bbls.	Gas-Oil Ratio	Gravity			
DISPOSITION OF GAS:				METHOD OF COMPLE				ETION: PRODUCTION INTER					
Vented Sold Used on Lease				Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)									
(If vented, Submit ACO-18.)				Other (Specify)									

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

## Bar Dilling ere to Style 2 2 Yales Center, KS

	D≤ :rtiq∋O'	Surface Pipe Size: 7" Bit Diameter: 5 7/8"	Spud Date: 10/22/2013 Sample type Sample type shale	5_98 Perator: Brass Oil Inc. 7_5 7_5 7_98
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# Invoice

6791	£107/82/01					
# epioval	Date					

Project

Terms

## Lone Jack Oil Company 509 East Walnut Blue Mound, KS 66010

	Vangano Dil Company
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01099 SX	Blue Mound,

7413 Pagent Wichita, KS 67206
c/o Janet or Rod Nuckolls
Brass Oil Company
oT III8

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fnuomA		Rate		Description				Quantity
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P.O. No.

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