



KANSAS CORPORATION COMMISSION 1170139
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: _____



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				

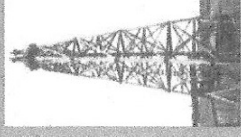
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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 (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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GEOLOGIC REPORT

DANIEL T. JOHNSON
CONSULTING GEOLOGIST
19749 121st RD, WINFIELD, KANSAS 67156
620-229-3258

Scale: 5" / 100'
Measured Depth Log

Well Name Woods Bros. #9
Location W/2 W/2 NE NW 16-T29S-R6E
State Kansas County ~~Sewley~~ *Butler*
Country USA Rig Number C&G Drilling Rig #1 (License#32701)
API Number 15-015-23994-00-00
Region Mid-Continent Field Snowden-McSweeney
Spud Date 10/16/2013 Drilling Completed 10/20/2013
Ground Elevation 1384' K.B. Elevation 1390'
Logged Interval 1900' To 2855' Total Depth 2855'
Formation Mississippian
Type of Drilling Fluid Chemical

Operator

Company Braden Petroleum and Well Plugging Co.
Address 10139 Haverhill Rd.
Augusta, Kansas 67010-8305
KCC License 32475

Geologist

Name Daniel T. Johnson
Company Consulting Geologist
Address 19749 121st Rd
Winfield, Kansas 67156
620-229-3258
daniel.johnson3258@gmail.com

Other

Progress

10/16: Move in, drilled surface hole
10/17: 8 5/8" @ 216' WOC, Drilling Beneath Surface Casing 11:30am
10/18: 1800' Drilling
10/19: 2265' Drilling
10/20: 2731' Drilling, RTD 2855' @ 4:25pm, Set 5 1/2" production casing @ 25xx

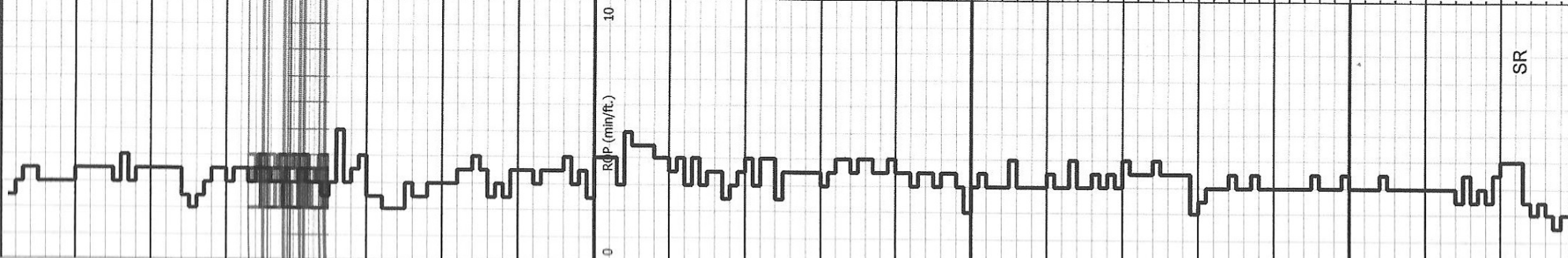
Bit Record

0-1800' 7 7/8" PDC(new)
1800'-2855' 7 7/8" HTC Co GX28

Deviation Surveys

216' 1/4deg
683' 1/4deg
1148' 1/4deg
1800' 1/2deg

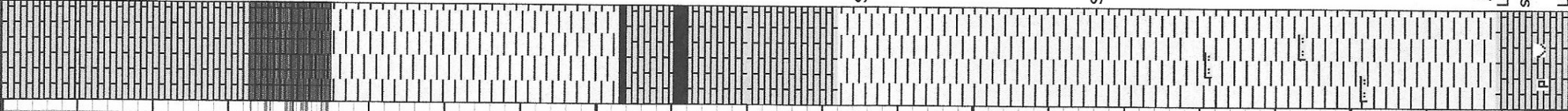
ROP



Labels

1,910
1,920
1,930
1,950
1,960
1,980
1,970
1,980
1,990
2,000
2,010
2,020
2,030
2,040
2,050
2,060
2,070
2,080
2,090
2,100
2,110
2,120

How



Lith

Lithology Descriptions

Ls, Brn-gy, f xl,p por,ns

Sh, gy-dk gy
Sh, gy-dk gy
Sh, gy-dk gy
Sh, gy-dk gy

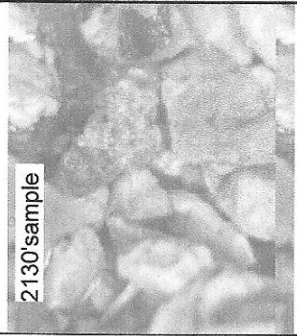
Sh, gy-dk gy

Sh, gy, slty

Sh, gy, slty

Images

1800'
VIS 29
WT 9.3
LCM 0
CHL 1,200
MUD UP @1900'



Kansas City Ls 2119 (-729)

Ls,gy-ltgy, f xln, p intxl por, tr sp flor <5% spl, no free o

Ls,gy-lt brn stng in pt,gy pt f xln, stnd pt

free o, tr gas bubbles
LS,gy,f xln,arg

LS,lt gy,f xln,tr vugy por,p inxln por,ns

LS, lt brn, f-med xln,mostly fr inxln por,tr vugy por,fr od,bri flor <20% spl,p cut,show free o

LS,aa, decr in flor, no show free o

Sh,blk

LS,tan,tr cht,vf-f xln,p intxl por,ns

LS,lt brn,med xln,tr vugy por,sl sho free o,no od,tr flor <5% spl,
Sh,blk

LS,dk brn,vf xln,dns,ns

Sh,gy-red-gn

LS,crm-tan,chlky in pt,f xln,fr inxln por,ns

Sh, gy-dk gy-blk

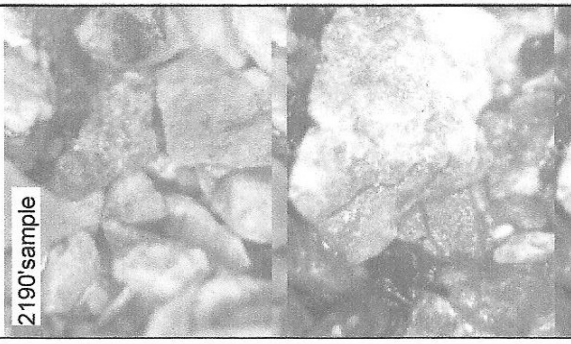
LS, crm f-med xln, tr vuglr por, tr bri flor on sdges 10+% spl, fr od, tr free o

LS,lt tan,f-med xln,fos frags,ns

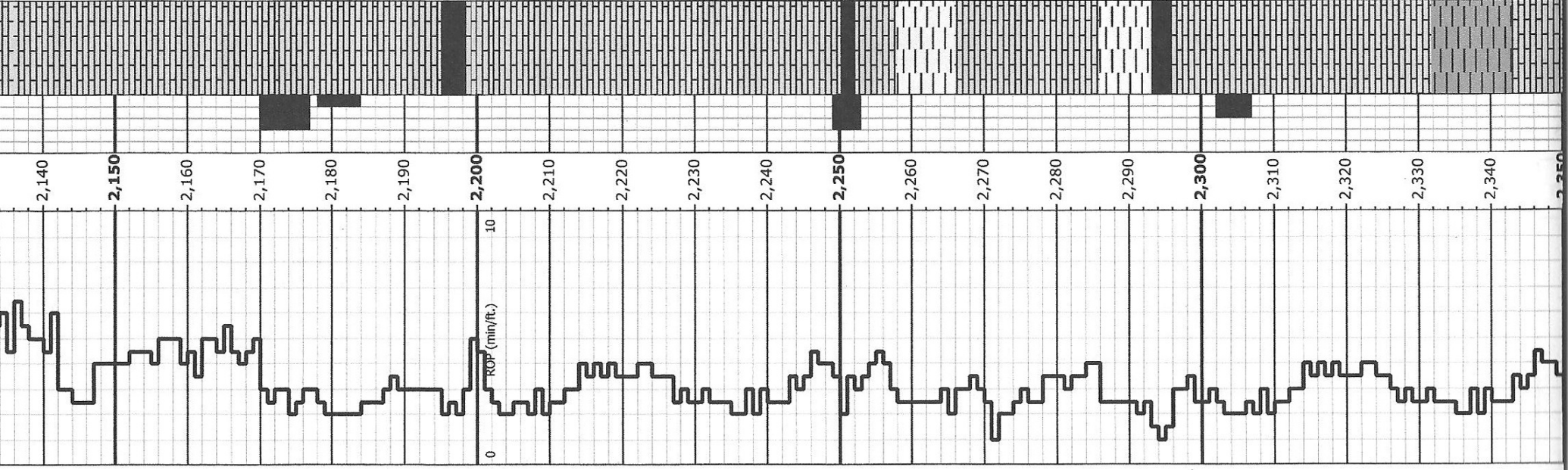
Base KC LS 2332(-942)

Sh,lt gy-gn,sity,sdy in pt

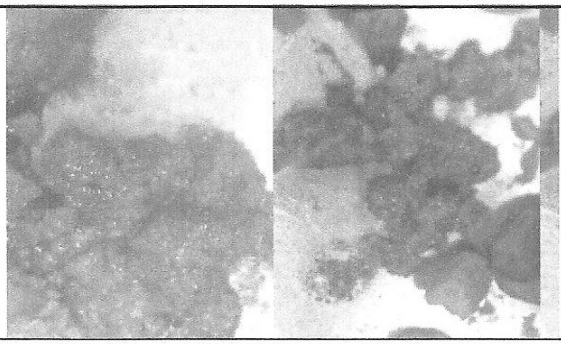
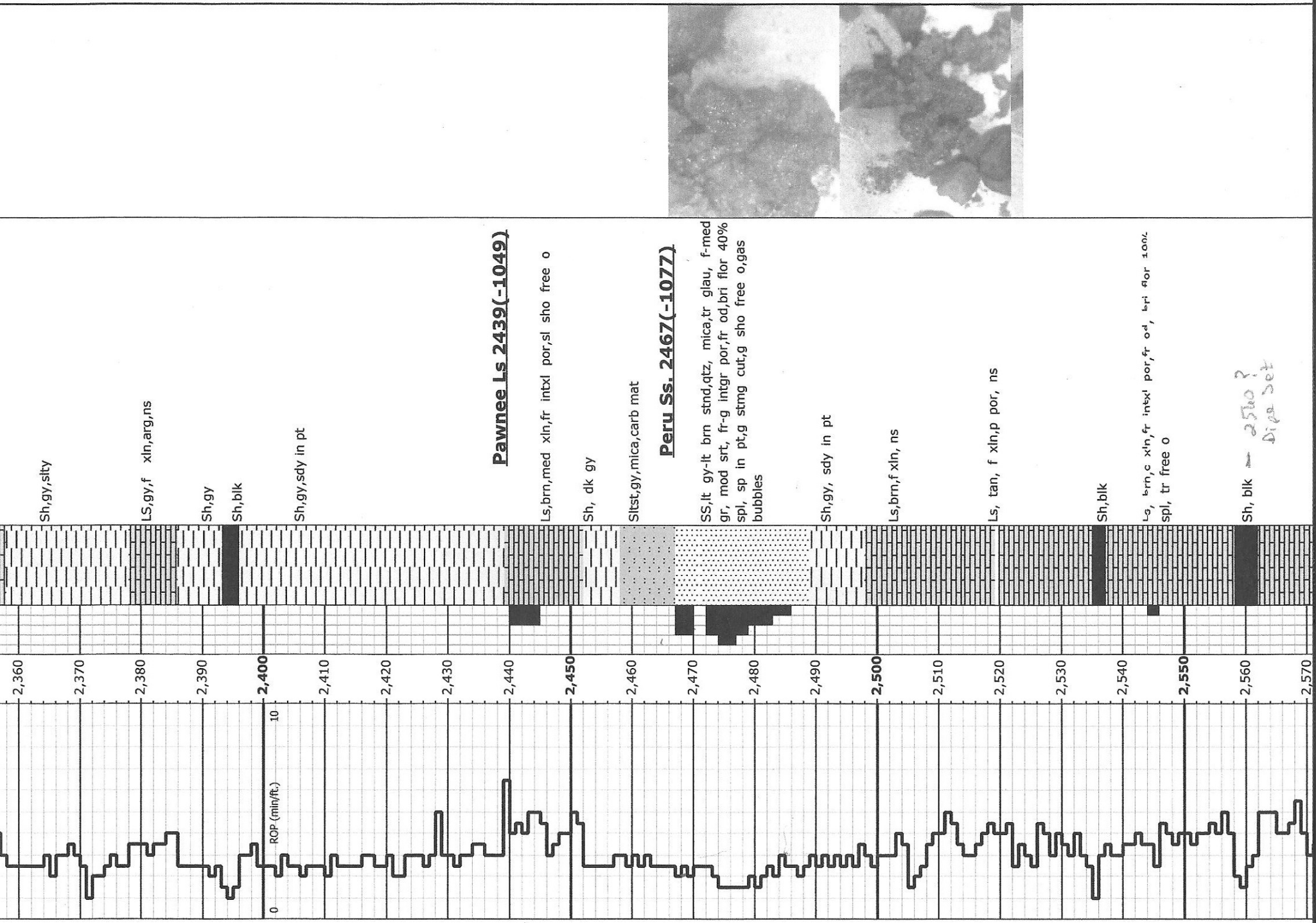
2190'sample



VIS 38
WT 9.0
LCM 2
CHL 1,000



LS,lt gy,f xln,am,ns



Cherokee Sh 2576(-1186)

Sh, blk

SS,lt gy-lt brn stn,vf-f gr,mod srt,qtz,
mica,arg in pt, some g por,bri flor 20%
spl,streaming cut,fr sho o,fmt od

sh,gy,sity

siltst,gy-lt gy,vfg ss lam

Ls, gy,vf xln,p por,ns

Sh,blk

Ls, med brn, f xln,dk brn,dns

Sh, dk gy,sity

Sh, dk brn-blk

Ls, brn,f xln, dns,ns

Sh, vcol gy-gn-red

LS,lt brn, f xln,fr intxl por,tr flor, no free o

Bartlesville Ss 2734(-1344)

SS,lt gy-tan stn,f gr,ang,glau,carb, g por,bri
flor in clus, about loose f - med grs in
tray,no od,sl show o,g cut

Sh,vcol, gn-gy-red brn

Ss,lt gy-tan stn,med gr,fr-g por,shly in
pt,bri flor 10%spl,g cut,show free o

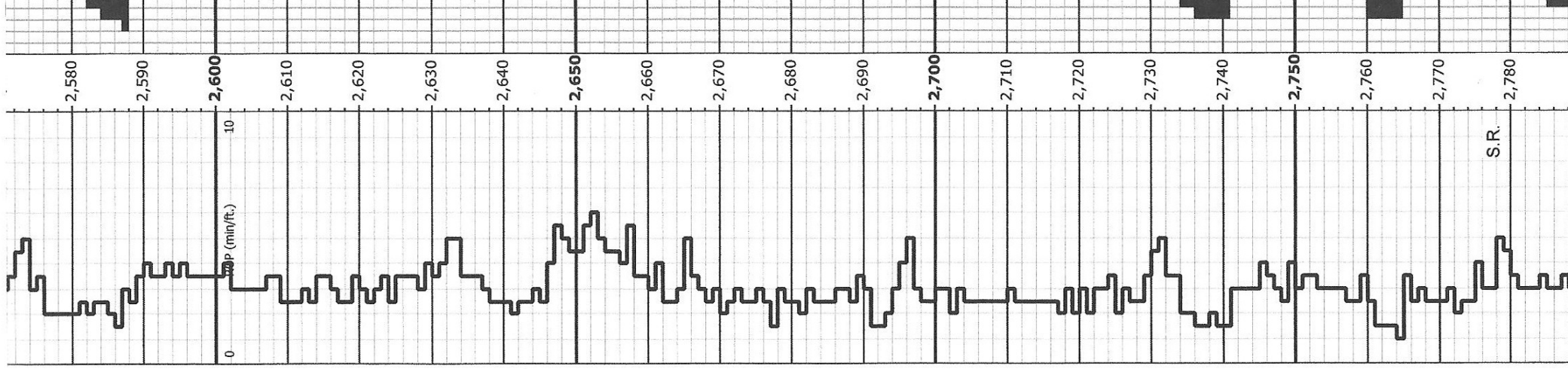
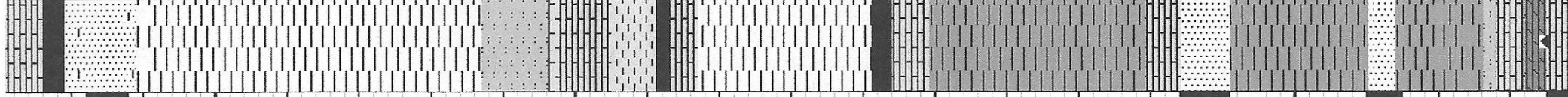
Siltst, gn,tite

Mississippian 2778(-1388)

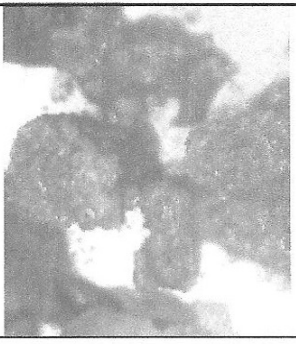
Ls,dk brn,f xln,dns

Dol,gy-med gy,f xln,dns,ns

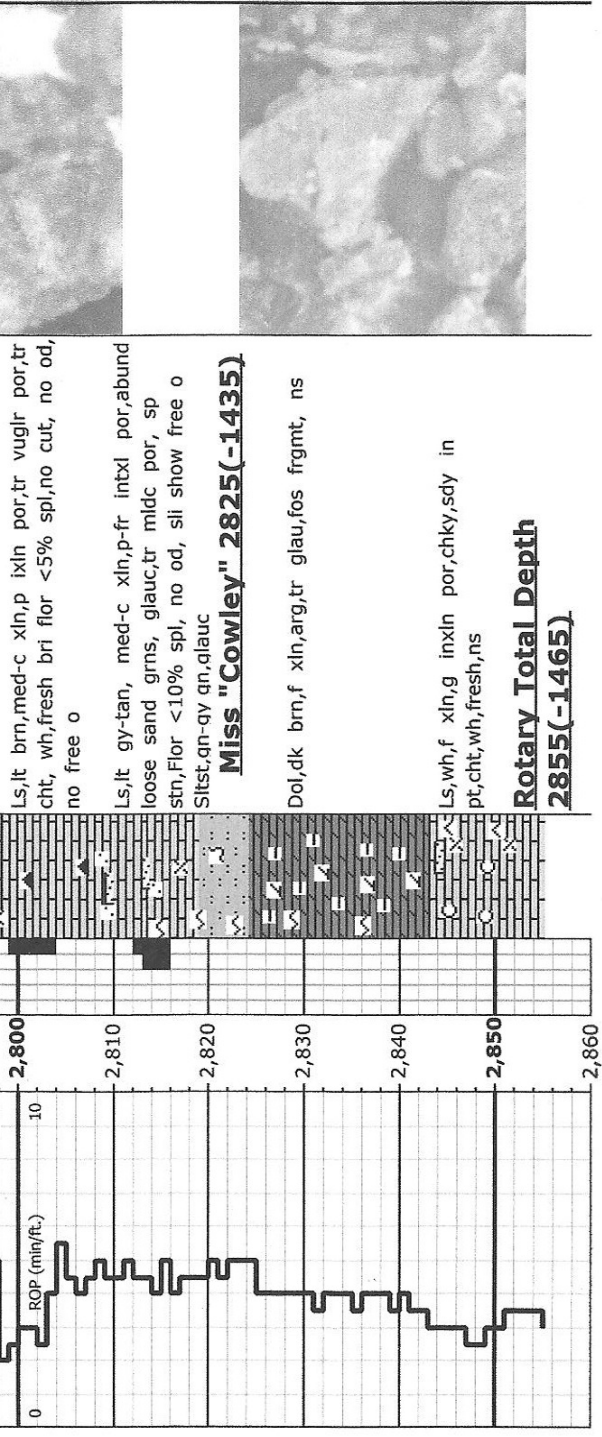
LS,lt brn med-c xln fos frags n-fr intxl



VIS 37
Wt 9.2
LCM 2
CHL 900



S.R.





CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

263408

TICKET NUMBER 43696
LOCATION 180
FOREMAN E Dorado

FIELD TICKET & TREATMENT REPORT
CEMENT

APF 15-015-23994-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/20/13	1296	Woods Braz #9	16	29	6	Butler
CUSTOMER	Braden Petroleum					
MAILING ADDRESS	10139 SW Haverhill Rd					
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Augusta	KS	67010	467	Ron M		
JOB TYPE Longstring B	HOLE SIZE	7 7/8	692	Tracy B		
CASING DEPTH 236507	DRILL PIPE		681	Jeff D		
	SLURRY VOL		471	Jeff S		

HOLE DEPTH 2855 CASING SIZE & WEIGHT 5 1/2
TUBING _____ OTHER _____
WATER gal/sk _____ CEMENT LEFT in CASING _____
MIX PSI 50 RATE _____

REMARKS: Safety Meeting Brake circ. pumped 100sk class A cement 3% gel
2% calcium 5% Kalsol & displaced with 60 bbls fresh water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	30	MILEAGE	4.20	126.00
5407	Min Bulk deliv	Min bulk delivery	368.00	368.00
11045	100sk	class A cement	16.70	1570.00
1102	100lbs	calcium chloride	.78	78.00
1118B	300lbs	Gel	.22	66.00
1110A	250lbs	Kalsol	.46	115.00
4104	2	5/2 cement baskets	290.00	580.00
4130	3	5/2 centralizers	50.50	151.50
4159	1	5/2 AFU FloortShoe	361.00	361.00
4454	1	5/2 latch down Plug	266.75	266.75
5502C	4hrs	80 bbl V9e TCK	99.00	360.00
Completed				
Subtotal			5127.25	5127.25
SALES TAX			204.04	204.04
ESTIMATED TOTAL			5331.29	5331.29

AUTHORIZATION Janice K. Brown TITLE _____ DATE _____
RAV1 8707

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form