



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
---	---

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

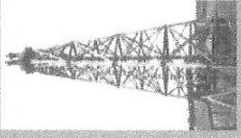
Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	--	--

GEOLOGIC REPORT

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



Scale: 5" / 100'
Measured Depth Log

Well Name Bush "B" #25
Location NE NW SW NW 1485' FNL, 600FWL 19-T29S-R6E
State Kansas County Butler
Country USA Rig Number C&G Drilling Rig 1
API Number 15-015-23995-00-00
Region Mid-Con Field Fox-Bush-Couch
Spud Date 10/22/2013 Drilling Completed 10/26/2013
Ground Elevation 1346' K.B. Elevation 1352'
Logged Interval 1900' To 2903' Total Depth 2903'
Formation Mississippian
Type of Drilling Fluid Chemical

Operator

Company Braden Petroleum and Well Plugging Company

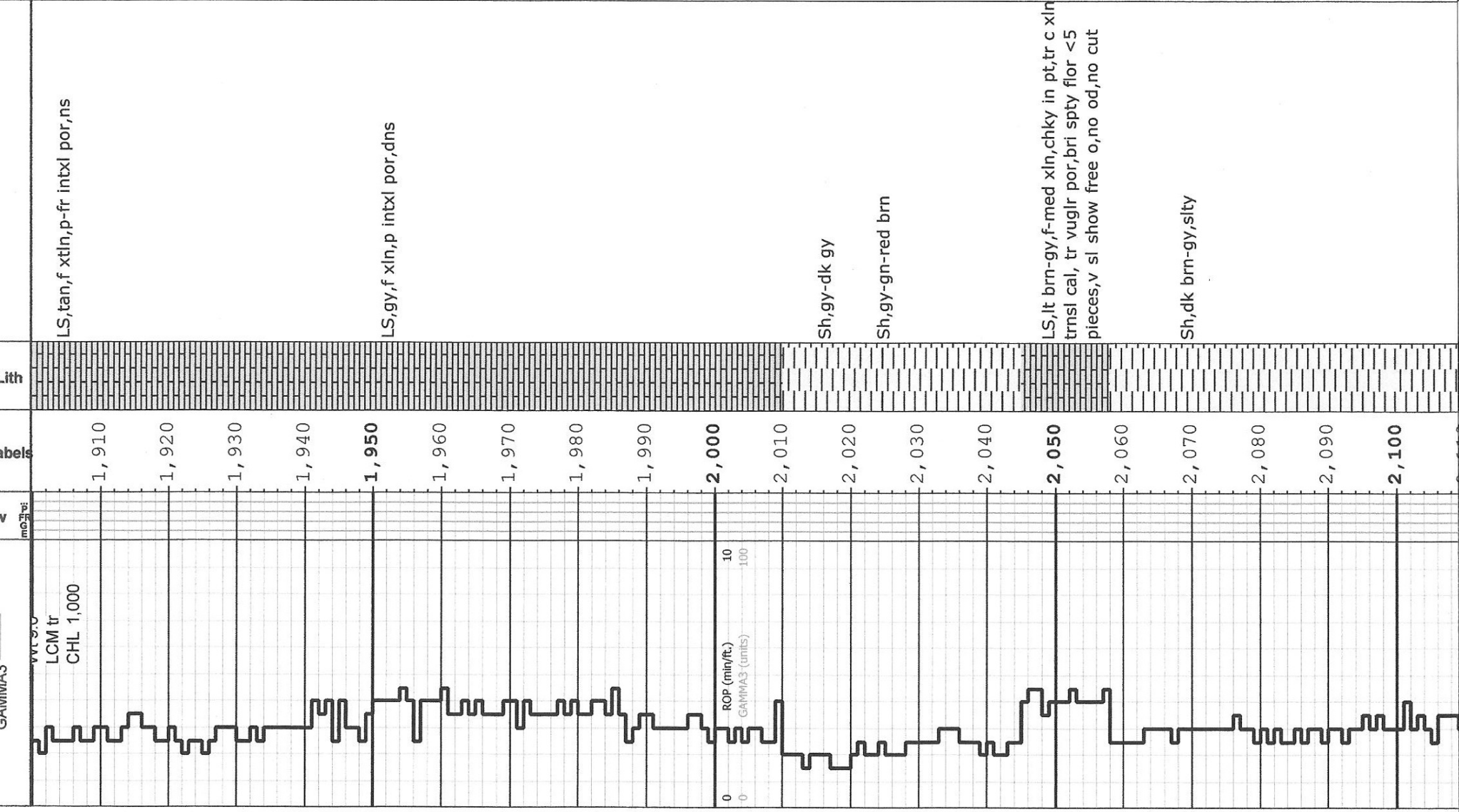
Address 10139 Haverhill Rd
Augusta, KS 67010-8305
316-775-6435

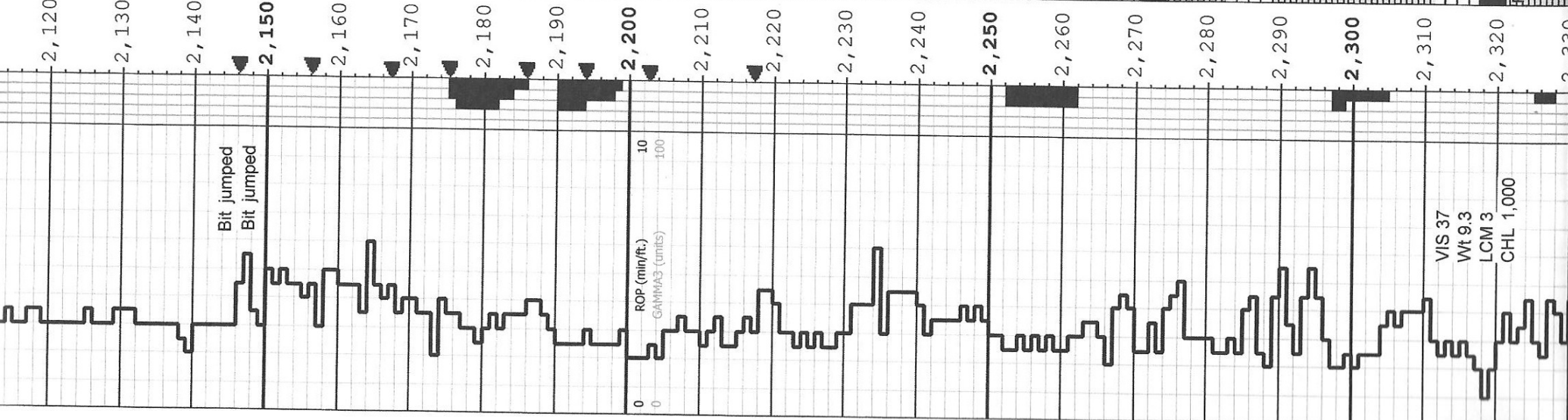
Geologist

Name Daniel T. Johnson

Company Consulting Geologist/ Gas Detection System

Address 19749 121st Rd
Winfield, Kansas 67156
620-229-3258
daniel.johnson3258@gmail.com





2,120
 2,130
 2,140
 2,150
 2,160
 2,170
 2,180
 2,190
 2,200
 2,210
 2,220
 2,230
 2,240
 2,250
 2,260
 2,270
 2,280
 2,290
 2,300
 2,310
 2,320
 2,330

Sh,gy-brn gy, sl sdy

Kansas City Ls
2146(-794)

Ls, gy-brn gy, f xln,p por, ns

Sh,gy-gn-red

Sh, gy-gn

Ls,tan-lt brn stn,med-c xln,fr-g intxl
 por,abnt fos frags in framework,fr
 od,bri flor 30% spl,fr cut stmg in
 pt,slow bleed of o from brkn frag,fr
 show free o

LS,crm-lt gy,f-med xln,fr-g pp and intxl
 por,fnt od,bri sp flor 25% spl,p cut, fr
 show free o

LS,dk gy,med xln,fos frags,fr intxl
 por,tr flor,no od,tr o

Ls,dk gy-brn,med xln,dns,ns

LS,dk brn,f-med
 xl,dns,cht,brn,fresh,sharp

LS,tan-lt brn stn,med xln,tr c xln,fr-g
 intxl por,fnt od,show free o,bri flor
 10% spl,g cut

Sh,gy-dk gy-gn

Sh,bik

LS,dk brn,vf-f xln,no vis por

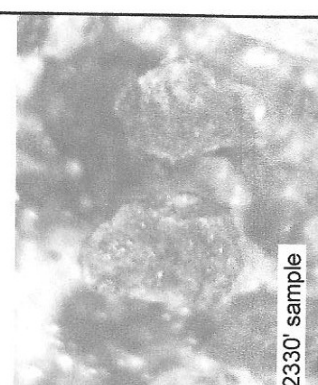
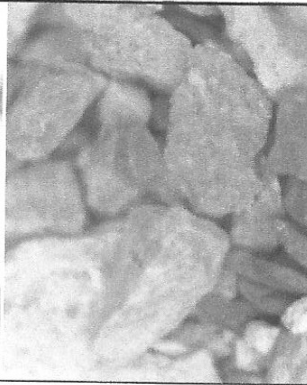
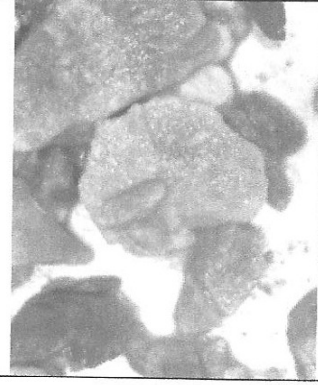
Sh,gy-gn, calc

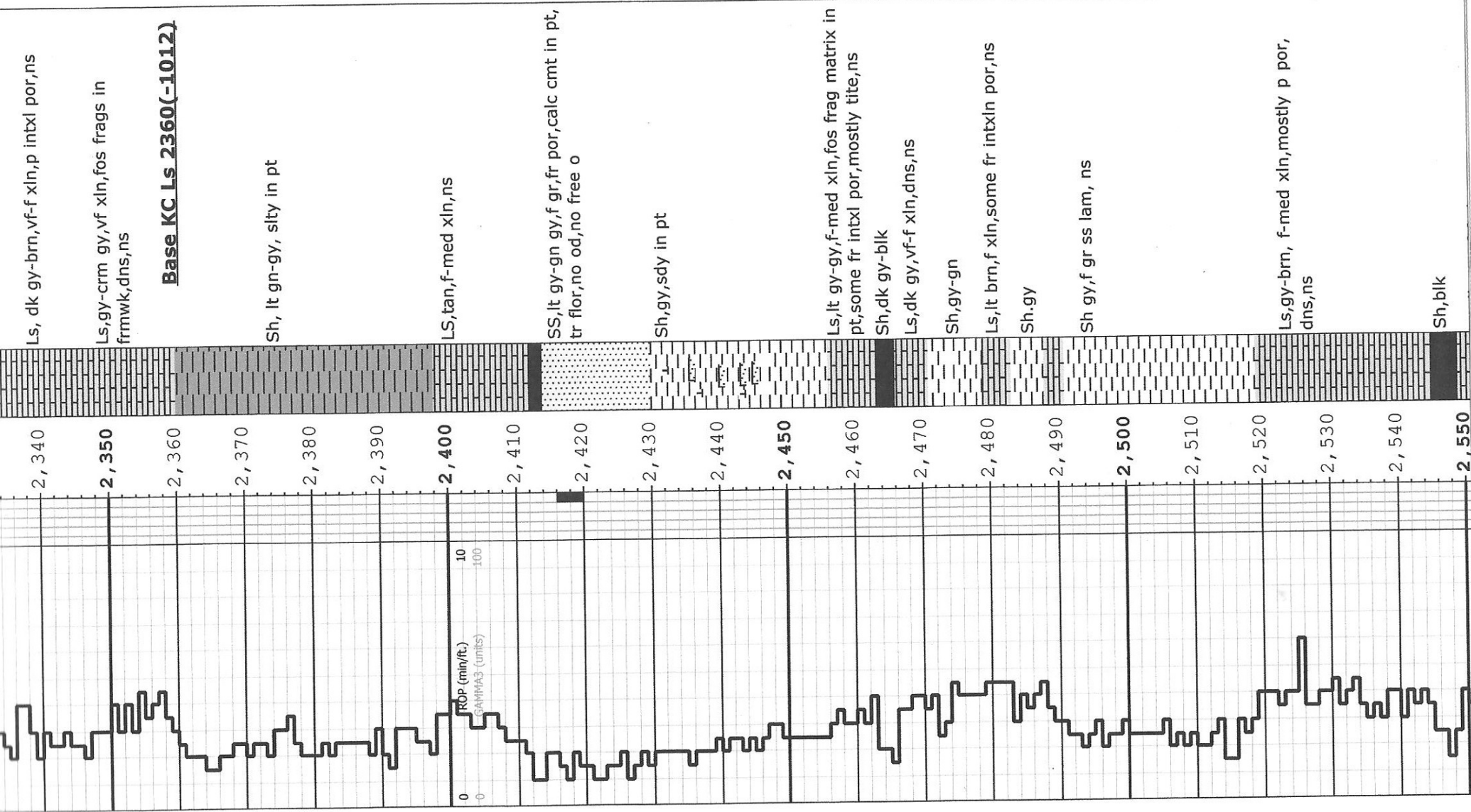
Ls,gy-tan,f-med xln,p intxl por,fr mldc
 por,tr flor<5% spl,no od,v sl show free
 o,p cut

Sh,gy-dk gy

Sh, bik

Ls,lt brn,med xln,abnt fos in frmwk,fr-g
 intxl por,pos vuglr,no od,bri flor <5%
 spl,tr show free o, g stma cut





2,340

2,350

2,360

2,370

2,380

2,390

2,400

2,410

2,420

2,430

2,440

2,450

2,460

2,470

2,480

2,490

2,500

2,510

2,520

2,530

2,540

2,550

ROP (min/ft)
GAMMA3 (units)

0 10 100

LS,dk gy,vf-t xin,p por, ns

2,560

2,570

2,580

2,590

2,600

2,610

2,620

2,630

2,640

2,650

2,660

2,670

2,680

2,690

2,700

2,710

2,720

2,730

2,740

2,750

2,760

2,770

ROP (min/ft.)
SAMMAS (units)

0 10 100

VIS 37
WT 9.4
LCM 2
SH 1.0pp

Sh,dk gy-blk

Cherokee Sh 2585
(-1237)

Sh,blk

LS,brn,f xin,abnt fos frag,p-fr intxl
por,show free o,bri flor 10% spl,g
cut,no od

SS,lt gy,vf gr,arg,tite,ns

Sh,gy-gn-brn

LS,lt brn,med xin,fos frags,p intxl por,
tr mlcd por,ns

Sh, blk,fiss

LS,gy-lt brn,f-med xin,p por,ns

Sh,med gy,silty, carb flakes

SS,lt gy,vf gr,w srted,shy,carb,mica,ns

Ss,lt gy,vf-f gr,mod srt,p
por,glau,mica,carb flakes,ns

LS,crm,f xin,fos frags,p por,ns

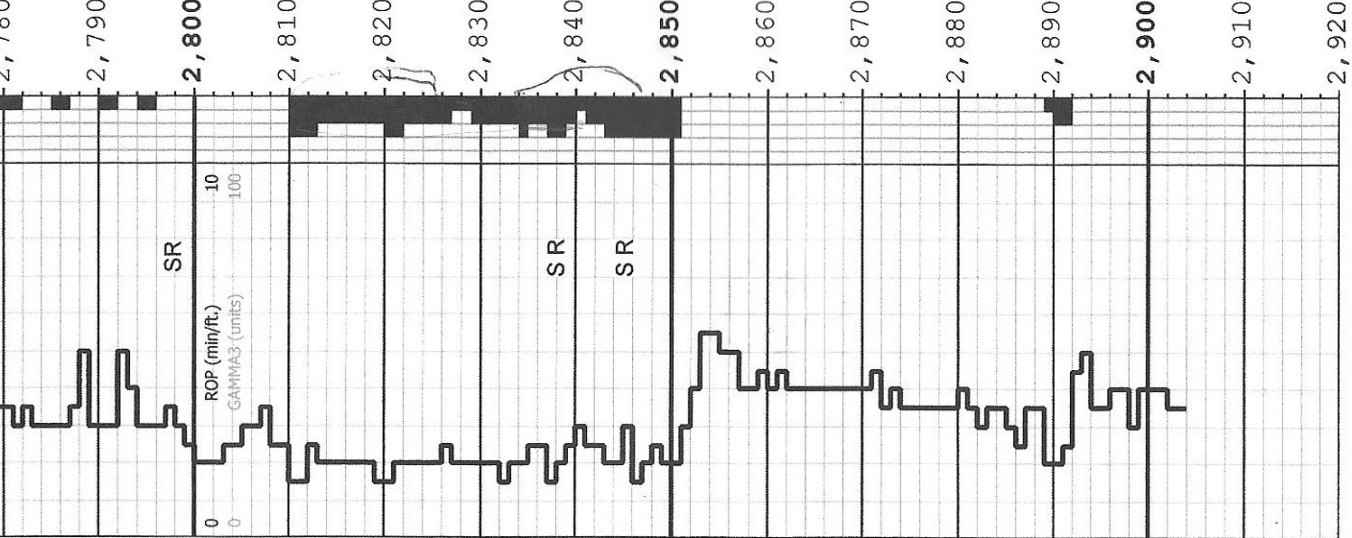
Sh,vcol gy-red-gn,

Bartlesville SS
2754(-1402)

Ss,lt gy-lt brn stn,f-med gr,fr-g intgr
por,abunt loose f-med sand grns
some wi flor,bri flor 15% spl,fmt od,fr
show free o,occ gas bubble

2810' sample





Sh,gy-gn gy,LS,lt brn,stand in pt,Dolc in pt,f-med xln,sl show free o,flor <10% spl,tr cht,gy,fresh,ns

Miss. Ls. 2797(-1445)

Ls,tan,f-med xln,fos frags,p por,dolc in pt,cht,gy-wh,fresh,dns,ns

Miss. Dolomite 2810 (-1458)

Dol,tan,sp brn stn,med xln,fr-g intxl por,tr vuglr por,fr od,bri flor 30% spl,fr strng cut,fr show free o

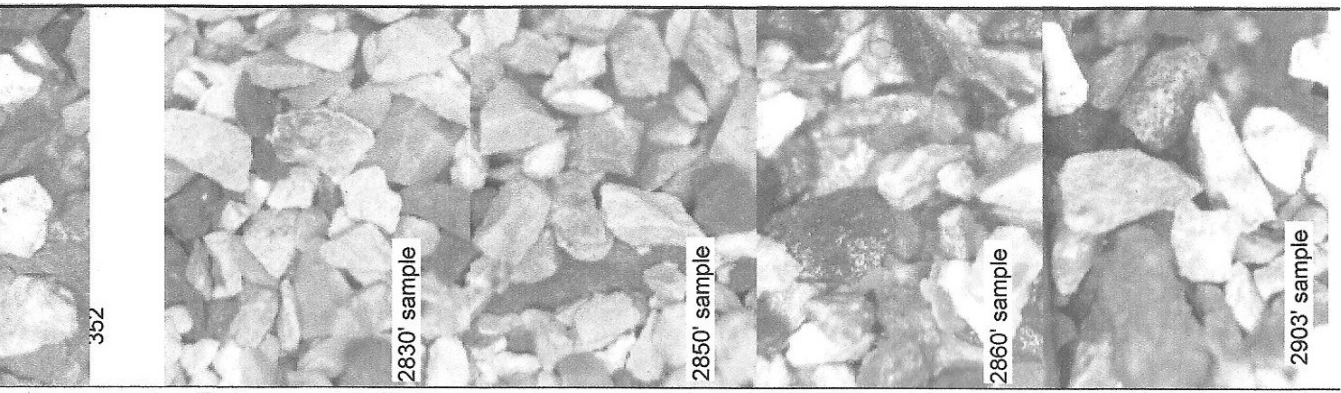
Dol,gy-lt brn,sp stng,fr intxl por,tr cht,gy,fresh,fr-gd od,bri spd flor 20% spl,fr show free o,fr cut

"Cowley facies" 2852 (-1500)

Dol,dk brn,arg,carb mat,glauc,f-med xln,p por,ns

Ls,crm-lt gy,f xln,dolc,fos frag frmwk,p-fr por,sl od,fr flor 10% spl,sl show free o

Rotary Total Depth 2903(-1551)



352

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API 15-015-23995-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-20-13	1296	Bush B #25	19	29	6	Butler
CUSTOMER	Bradon Petro and well					
MAILING ADDRESS	10139 Sw Haverhill Rd					
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Augusta	ks	67010	681	Jeremy M		
			692	Tracy		
			702	Jacob		

JOB TYPE Long string HOLE SIZE 278 HOLE DEPTH 2903 CASING SIZE & WEIGHT 5 1/2 13.5

CASING DEPTH 285 TUBING OTHER
SLURRY WEIGHT 14.5 WATER gal/sk CEMENT LEFT IN CASING 2 Ft Shoe
DISPLACEMENT 68.68 DISPLACEMENT PSI 700 MIX PSI 300 RATE 6.4 bpm

REMARKS: Safety meeting, centralizers on 1, 2, 3, 5, 16, Baskets
on 4, 13, Breaker circulation with mud circulate 15 min
Pump 10 bbl water flush mix 100 sks class A 2' lcc
3' gel 5' Kol-seal displaced with 68.68 bbl landing
plug at 1500 psi check float float held Job complete

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	18	MILEAGE	4.20	75.60
5407	1	min bulk delivery	368.00	368.00
1104S	100	CLASS A	15.70	1570.00
1102	200	calcium chloride	1.78	356.00
1110 A	500	Kol-seal	1.46	730.00
1118 B	300	gel	1.22	366.00
4104	2	0 5/2 Baskets	290.00	580.00
4130	5	5/2 centrifizer	61.00	305.00
4159	1	5/2 AFE Shoe	361.00	361.00
44154	1	5/2 batch down plug	266.75	266.75
5502C	3	80 vac	40.00	120.00
5402	1000	footage	1.23	1230.00
1123	10	City water	17.30	173.00
			Subtotal	5333.35
			SALES TAX 6.4%	341.31
			ESTIMATED TOTAL	5559.56

Ravin 3737

AUTHORIZATION James Braden TITLE _____ DATE _____

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.

