



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1176464
OIL & GAS CONSERVATION DIVISION

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
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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: _____

1176464

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 <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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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 <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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Bratco Operating Company
Well Name	Vernon 1
Doc ID	1176464

Tops

Name	Top	Datum
Altamont Limestone	854	- 55
Oswego Limestone	1105	- 306
Verdigris Limestone	1207	- 408
Mississippi Chat	1598	- 799
Mississippi Limestone	1708	- 907
Woodford Shale	1937	-1138
Arbuckle Dolomite	1953	-1154
Total Depth	2005	-1206

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	BRATCO	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	SURF	Section	15	Excess (%)	50%
Customer Acct #		TWP	35N	Density	15.6
Well No.	VERNON 1	RGE	13S	Water Required	5.2
Mailing Address		Formation		Yield	1.18
City & State		Tubing		Sacks of Cement	195
Zip Code		Drill Pipe		Slurry Volume	41
Contact		Casing Size	8.625"	Displacement	34
Email		Hole Size	11"	Displacement PSI	100
Cell		Casing Depth	553	MIX PSI	100
Dispatch Location	BARTLESVILLE	Hole Depth	559	Rate	4.5

Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401S	CEMENT PUMP (SURFACE PIPE)	1	2 HRS MAX	\$870.00	\$ 870.00
5402	FOOTAGE	553	PER FOOT	\$0.23	\$ 127.19
5406	EQUIPMENT MILEAGE (ONE-WAY)	30	PER MILE	\$4.20	\$ 126.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$ 368.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
EQUIPMENT TOTAL					\$ 1,491.19

Code	Cement, Chemicals and Water	Quantity	Unit	Price per Unit	
1104S	CLASS A CEMENT (SALES) BLEND(SK)	195	0	\$15.70	\$ 3,061.50
1118B	PREMIUM GEL/BENTONITE (50#)	150	0	\$0.22	\$ 33.00
1107A	PHENOSEAL	40	0	\$1.35	\$ 54.00
1102	CALCIUM CHLORIDE	400	0	\$0.78	\$ 312.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
1123	CITY WATER (PER 1000 GAL)	8400	Per 1000 Gal	\$17.30	\$ 145.32
Chemical Total					\$ 3,605.82

Code	Cement Water Transports	Quantity	Unit	Price per Unit	
5501C	WATER TRANSPORT (CEMENT)	3	WATER TRANSPORT (CEMENT)	\$120.00	\$ 360.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Transports Total					\$ 360.00

Code	Cement Floating Equipment (TAXABLE)	Quantity	Unit	Price per Unit	
0	Cement Basket				
0	Centralizer		0	\$0.00	\$ -
0			0	\$0.00	\$ -
0	Float Shoe		0	\$0.00	\$ -
0	Float Collars		0	\$0.00	\$ -
0	Guide Shoes		0	\$0.00	\$ -
0	Baffle and Flapper Plates		0	\$0.00	\$ -
0	Packer Shoes		0	\$0.00	\$ -
0	DV Tools		0	\$0.00	\$ -
0	Ball Valves, Swedges, Clamps, Misc.		0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0	Plugs and Ball Sealers		0	\$0.00	\$ -
0	Downhole Tools		0	\$0.00	\$ -
0			0	\$0.00	\$ -
CEMENT FLOATING EQUIPMENT TOTAL					\$ -

TRUCK#	DRIVER NAME				
674	DONNIE		0	SUB TOTAL	\$ 5,457.01
700 T133	CASEY M		8.30%	SALES TAX	\$ 299.28
486	ANTHONY			TOTAL	\$ 5,756.29
546 T	ROB		5%	(-DISCOUNT)	\$ 272.85
	EARLS TP			DISCOUNTED TOTAL	\$ 5,483.44

AUTHORIZATION _____
DATE _____

TITLE _____
FOREMAN 

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,

CEMENT FIELD TICKET AND TREATMENT REPORT



Customer	Bratco	State, County	Montgomery, Kansas	Cement Type	CLASS A
Job Type	Long String	Section		Excess (%)	30
Customer Acct #		TWP		Density	14
Well No.	Vernon #1	RGE		Water Required	7.9
Mailing Address		Formation		Yield	1.74
City & State		Tubing		Sacks of Cement	260
Zip Code		Drill Pipe		Slurry Volume	80.6 bbl
Contact		Casing Size	5 1/2"	Displacement	46.3
Email		Hole Size	7 7/8"	Displacement PSI	400-600
Cell		Casing Depth	1990'	MIX PSI	200
Dispatch Location	BARTLESVILLE	Hole Depth	42' Shoe Joint	Rate	4 bpm

Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5402	FOOTAGE	1990	PER FOOT	\$0.23	\$ 457.70
5406	EQUIPMENT MILEAGE (ONE-WAY)	25	PER MILE	\$4.20	\$ 105.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$ 368.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
EQUIPMENT TOTAL					\$ 2,015.70

	Cement, Chemicals and Water	Quantity	Unit	Price per Unit	
1126	OWC. CEMENT (CAL SEAL) 6%OWC. 2% CAL. CLORIDE 2% GE	260	0	\$19.75	\$ 5,135.00
1118B	PREMIUM GEL/BENTONITE (50#)	200	0	\$0.22	\$ 44.00
1107A	PHENOSEAL	120	0	\$1.35	\$ 162.00
1110A	KOL SEAL (50 # SK)	1550	0	\$0.46	\$ 713.00
1111	GRANULATED SALT (50#) SELL BY #	1700	0	\$0.39	\$ 663.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Chemical Total					\$ 6,717.00

	Cement Water Transports	Quantity	Unit	Price per Unit	
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Transports Total					\$ -

	Cement Floating Equipment (TAXABLE)	Quantity	Unit	Price per Unit	
Cement Basket					
0			0	\$0.00	\$ -
Centralizer					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Float Shoe					
0			0	\$0.00	\$ -
Float Collars					
0			0	\$0.00	\$ -
Guide Shoes					
0			0	\$0.00	\$ -
Baffle and Flapper Plates					
0			0	\$0.00	\$ -
Packer Shoes					
0			0	\$0.00	\$ -
DV Tools					
0			0	\$0.00	\$ -
Ball Valves, Swedges, Clamps, Misc.					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Plugs and Ball Sealers					
4406	5 1/2" RUBBER PLUG	1	PER UNIT	\$73.50	\$ 73.50
0			0	\$0.00	\$ -
CEMENT FLOATING EQUIPMENT TOTAL					\$ 73.50

TRUCK#	DRIVER NAME				
577	Kirk Sanders		0	SUB TOTAL	\$ 8,806.20
398	Bryan Scullaw		6.30%	SALES TAX	\$ 427.80
699 T220	Jonathan Fullwood			TOTAL	\$ 9,234.00
	H2O Xpress x's 2 TP		5%	(-DISCOUNT)	\$ 440.31
DISCOUNTED TOTAL					\$ 8,793.69

AUTHORIZATION _____
DATE _____

TITLE _____
FOREMAN *Kirk Sanders*

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.

