

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1185372

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
□ Oil □ WSW □ SHOW □ 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:	Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
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 #:	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:
☐ ENHR Permit #: ☐ GSW Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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:						

Page Two



Operator Name:			L	ease Name: _			Well #:	
Sec Twp	S. R	East We	est C	County:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		
Final Radioactivity Lo files must be submitted					gs must be ema	iled to kcc-well-log	gs@kcc.ks.go	. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes	No	L		n (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes Yes	No No					
List All E. Logs Run:								
		(CASING REC	ORD Ne	w Used			
		· ·		ıctor, surface, inte	ermediate, producti		T	
Purpose of String	Size Hole Drilled	Size Casin Set (In O.D		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cem	ent #	Sacks Used		Type and Pe	ercent Additives	
Perforate Protect Casing	100 20111111							
Plug Back TD Plug Off Zone								
1 lag on zono								
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski)	o questions 2 ar	nd 3)
Does the volume of the to		•				_	o question 3)	(" 100 ")
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill o	out Page Three	of the ACO-1)
Shots Per Foot		ION RECORD - Bri Footage of Each Int				cture, Shot, Cement		d Depth
	, ,				,		,	
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:			
						Yes No		
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bl	ols. G	ias-Oil Ratio	Gravity
DIODOCITI	ON OF CAS:		, 4 CT - 1		TION:		DRODUCTIO	AN INTEDVAL.
Vented Solo	ON OF GAS: Used on Lease	Open Ho		IOD OF COMPLE \Box		nmingled	PHODUCIIC	ON INTERVAL:
	bmit ACO-18.)	Other (S	necify)	(Submit		mit ACO-4)		

Form	ACO1 - Well Completion
Operator	Cherokee Wells LLC
Well Name	Braman #1-1
Doc ID	1185372

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	11	8.625	23	43	Portland	100	
Longstring	6.75	4.5	9.5	1271	Thickset	150	

McPherson Drilling LLC Drillers Log

Rig Number: 1 S. 1 T. 27 R.15 E API No. -15-205-28244 Wilson County: Elev. 883' Location: **E2** NE NE NE

Operator:

CHEROKEE WELLS LLC

Address:

5201 CAMP BOWIE BLVD; STE 200

FT WORTH, TX 76107

Well No:

1-1

Lease Name:

BRAMAN

Footage Location:

330 165 ft. from the ft. from the NORTH Line EAST Line

Drilling Contractor:

McPherson Drilling LLC

Spud date:

12/3/2013

Geologist:

Date Completed:

12/9/2013

Total Depth:

1275'

Casing Record Rig Time: Surface Production Size Hole: 11" 6 3/4" 1 BOX SAMPLE BAGS Size Casing: 8 5/8 ' Weight: 23# Setting Depth: 43' Type Cement: Port SERVICE COMPANY DRILLER: Andy Coats Sacks:

Gas Tests:	
408" 1008'	0.00 415.00 PIT FROM 1027'-1076'
Comments:	
Start injectin	g @

	Well Log								
Formation	Тор	Btm.	IRS. Formation	Тор	Btm.	Formation	Тор	Btm	
soil/clay	0	18	sand	605	614			<u></u>	
river gravel	18	22	sand/shale	614	632				
shale	22	88	sand	632	635				
lime	88	124	shale	635	675				
shale	124	148	coal	675	676				
lime	148	217	shale	676	690				
shale	217	275	lime	690	698				
lime	275	283	shale	698	702				
shale	283	294	lime	702	708				
lime	294	373	shale	708	737				
shale	373	396	lime	737	748				
lime	396	410	blk shale	748	756				
shale	410	416	lime	756	770				
lime	416	443	oil sand	770	775				
shale	443	451	sand/shale	775	784				
blk shale	451	453	oil sand	784	803				
lime	453	4 76	sand/shale	803	818				
shale	476	540	shale	818	934				
lime	540	543	sand/shale	934	995				
sand	543	547	oil sand	995	1123				
shale	547	558	shale	1123	1148				
lime	558	573	Mississippi	1148	1275 TD				
shale	573	582							
lime	582	605							



TICKET NU	MBER	45253	3
LOCATION	Eurek	Ú	
FOREMAN	5701-0	A A	

DATE

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

620-431-9210	ог 800-467-867	6 ·		CEME	NT APT 15.	2-4 05-11		
DATE	CUSTOMER#	WEI	L NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
12:3-13	2890	Broman	B 1-1		. ,	275	15 E	Wilson
CUSTOMER		122 Carriage		T -				
Cherc	okee Wells	140			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRI	ESS	•	-		485	Avan		
6201	tama Rou	is Rivel		i	667	Zevi	:	
CITY	Camp Bou	STATE	ZIP CODE	1 .'				
FILLOFIT		<u> </u>	76/07	_				
IOB TYPE <u>Su</u>		HOLE SIZE	11"	THOLE DEP	TH <u>44'</u>	Casing Size & 1	NEIGHT <u>& 2</u>	f
CASING DEPTH	43-	DRILL PIPE		TUBING			OTHER	•
SLURRY WEIGH	IT	SLURRY VOL_		WATER gal	//sk	CEMENT LEFT in	CASING <u>/5 '</u>	
DISPLACEMEN'	T1-56645	DISPLACEMEN	NT PSI	MIX PSI		RATE		
REMARKS: 50	FryAlierin	Rismo	To Who ra	One Re	alt circula	Tim 64 60	ch tobar	Alla
70 St. Ch	ISA COMO	7 3% Ca		~) 4 ·	Eby was		1) Water	- /41.
	74 - K			since up	11 of hal	r sky wei	W. GOTE	L KTS A
Q = 1 - 1	11 10 p cs	note.	CEULATE C	emens of	ri of rall	Corder yye	va Camen,	
THE BOOK	up yo or	Casing.	14Cook C	is culatio	n w Fresh	ma <u>rry W</u>	× 20142	Class A
ement W	3% Cocke	<u> </u>	ele per/sk		Hulb inwi	Th Cement	Displace	e w/ 1.5
shi wate	r shut a	ullin_	Good C	Trans	Perusa To sul	Paca.		
		Job Com	plete Ri	s down				
Nota Cir	culated Car	ment und	ar Delle	g Rig *	Pipe Fraider	*		
	<u> </u>		· .	The	ankvou			
ACCOUNT CODE	QUANITY	or UNITS	DI		of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
54015			PUMP CHAR	3E			870.00	\$70.00
5406	40		MILEAGE				4.20	168.00
			· ·					
11045	loosks		C/oss +	Cemer	21		15.70	1570-90
1102	250€		Cocle				.78	212.40
1197	100*		Flo-Cala	1 5 8.25	15K		2.47	24700
5407	4.7 7am		1	Logo But			MS	365.00
							-	<u> </u>
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			 			الممالية	 	<u> </u>
			 		RAG		<u> </u>	
			ļ			Millhielen	Subjete 1	3441.40
						6.15%	SALES TAX	125.18
avin 3737			_				ESTIMATED	
		y I al	-				TOTAL	3566.58

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

TITLE



TICKET NUMBER LOCATION Eureka, KS FOREMAN David Gardner

PO	Box	884,	Cha	nute,	KS	66720
820	431	9210	nr.	SOO-	167.	9676

FIELD TICKET & TREATMENT REPORT AFE " Bramil-103/13

620-431-9210 or 800-467-8676			CEMEN	205-2824	4		
DATE	CUSTOMER#	WELL NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
12-11-13	2990.	Bramen #1-1		1	275	15 E	Wilson
CUSTOMER	Darnostic	ENULY BUTTES					
	herokee L	Jells Lic.	Į.	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDR				445	Chois B.		<u></u>
58	201 Camp	Bowie Blud.		479	Zevi A.		
CITY	_	STATE ZIP CODE		637	Sim M.		
FT. WO	orth	TX 76107	}				
JOB TYPE_4/			HOLE DEPTH	1275'	CASING SIZE & V	VEIGHT 4/2	. 9.54
CASING DEPTH	1271	ORILL PIPE	TUBING			OTHER	
		SLURRY VOL 49 Bb/					-
DISPLACEMEN'	T 21 Bb1	DISPLACEMENT PSI_1250	Miles 147	1800 151	RATE_ 5 BPW	L	
REMARKS: S	afety Meetin	ng. Rig up to 4/2 a	asing w/	wash hood.	Brook circu	letion w/	25 BLI
		down 5' Rig up to 4					
Mix 100	* Constie S	da Pre-Flush w/ 11	Bb/ was	ter. 10 Bbl	water space	c. Mixed	150 365
Thickset	Cement w	5 Kol-seal /SK, 4	Phenosea /	@ 1/4" /SK	@ 13.8 4/ga/.	Skut dou	in. Washout
Dumo & lin	es Release	Plus Displace w/	21 Bbl Fi	och water	Final Pump	ing Anssu	re of
1250 PSI.	Bump Plus	to 1800 PSI. Release	d prosev	e. Plus He	ld Good Ci	culation	e all times
6 Bbl ce	ment Slur	y to pit. Job comple	ste. Ris c	lowa:			
							

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE	1085.00	1085.00
5406	35	MILEAGE	4.20	147.00
1126 A	150 sks	Thickset Coment	20.16	3024.00
1110 A	7504	Kol-seal @ 5#/sk	.46	345.00
1107 A	38*	Phenoseal @ 1/4 #/sk	1,35	51.30
SYOTA	8.25 Tons	Ton Mileage Bulk Truck	1.41	407.14
1103	100#	Caustin Soda (Pre-Flush)	1.69	169.00
4404		41/2" Top Rubber Plug	47.25	47.25
			Subfota (:5275.69
ndn 3737		Thank You" 6.15%		223.66
AUTHORIZTION	Scotlo	Bell/TITLE	ESTIMATED TOTAL DATE	:5499.35

l 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.