



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1229689
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: _____



1229689

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER **48619**

LOCATION EL Dorado

FOREMAN Fuzzy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
8-19-14	1796	North Fox Bush #9		26	28	9	Butler
CUSTOMER	Bredon Production		TRUCK #	DRIVER	TRUCK #	DRIVER	
MAILING ADDRESS	10139 S.W. Havenhill Rd		603	Tracy			
CITY	STATE	ZIP CODE	681	Steven			
Augusta	KS						

JOB TYPE Production HOLE SIZE _____ HOLE DEPTH 2890' CASING SIZE & WEIGHT 5 1/2 15.5

CASING DEPTH 2886 DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT 14.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 17'

DISPLACEMENT 68.4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on 8/16 + 2 Flood equip cont 13-4-5-6
Basket top of +5. Rig up size 20 min. Pump 554L water mix
150gals Class A, 3900cc w/5*kolson, wash pump and lines
drop plug and displace 6834 BBL. 600+ hrs (and plus @ 1100#
Flood hold.

Thanks
Fuzzy + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	20	MILEAGE	42.00	840.00
5407	7.1 ton	Tow Mileage Delivery	78.00	368.00
5407		Casings Seepage Below 1500'	.23	318.70
11045	150 gals	Class A	15.20	2355.00
1118B	450 #	Bentonite	.22	99.00
1102	300 #	Calcium Chloride	.78	234.00
1104	750 #	Kolison	.46	345.00
4104	1	5/2 - Basket	290.00	290.00
4130	5	5 1/2 - Centralizers	61.00	305.00
4159	1	5 1/2 - AFO Flood shoe	361.00	361.00
4154	1	5 1/2 - Lockdown Assy	266.25	266.25
		Subtotal		6111.53
		30% disc cement		909.90
		Subtotal		5201.63
		SALES TAX		
		ESTIMATED TOTAL		

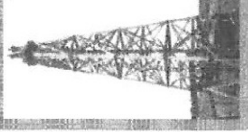
Ravin 3737

AUTHORIZATION _____

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.



GEOLOGIC REPORT

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

Scale: 5" / 100'
Measured Depth Log

Well Name North Fox Bush #9
Location 150' FSL, 2310' FEL S/2 SW SW SE 26-T28S-R5E
State Kansas County Butler
Country USA Rig Number C&G Drilling Rig 2
API Number 15-015-24033-00-00
Region Midcon Field Fox-Bush-Couch
Spud Date 8/15/2014 Drilling Completed 8/18/2014
Ground Elevation 1341 K.B. Elevation 1350
Logged Interval 2000 To 2890 Total Depth 2890

Formation Mississippiian

Type of Drilling Fluid Chemical

Operator

Company Braden Petroleum & Well Pulling Company
Address 10139 SW Haverhill Rd
Augusta, KS 67010

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

LIMESTONE
DOLOMITE

▲ ▲ ▲ ▲ ▲ CHERT
■ COAL

SHALE GRAY
SILTSTONE

SAWDSTONE

Accessories

Fossils

F FOSSIL

Minerals

— ARGILLACEOUS
▲ CALCAREOUS
■ CARBONACEOUS FLAKES
∨ GLAUCONITE

Stringer

▨ SANDSTONE STRINGER
— SHALE STRINGER
▨ SILTSTONE STRINGER

Other Symbols

Engineering

● OIL SHOW

ROP
ROF

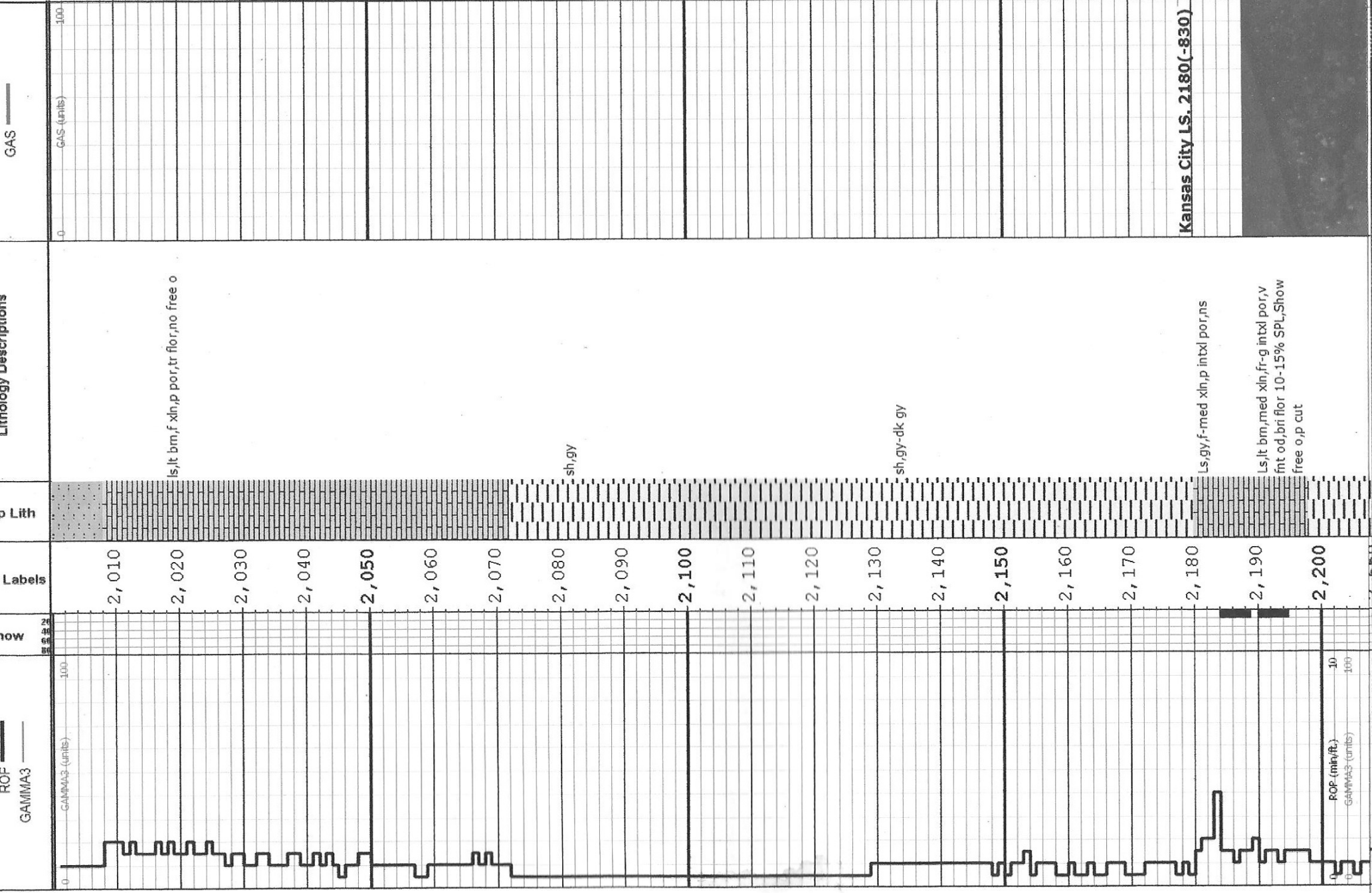
Oil Sho

Depth L

Interp

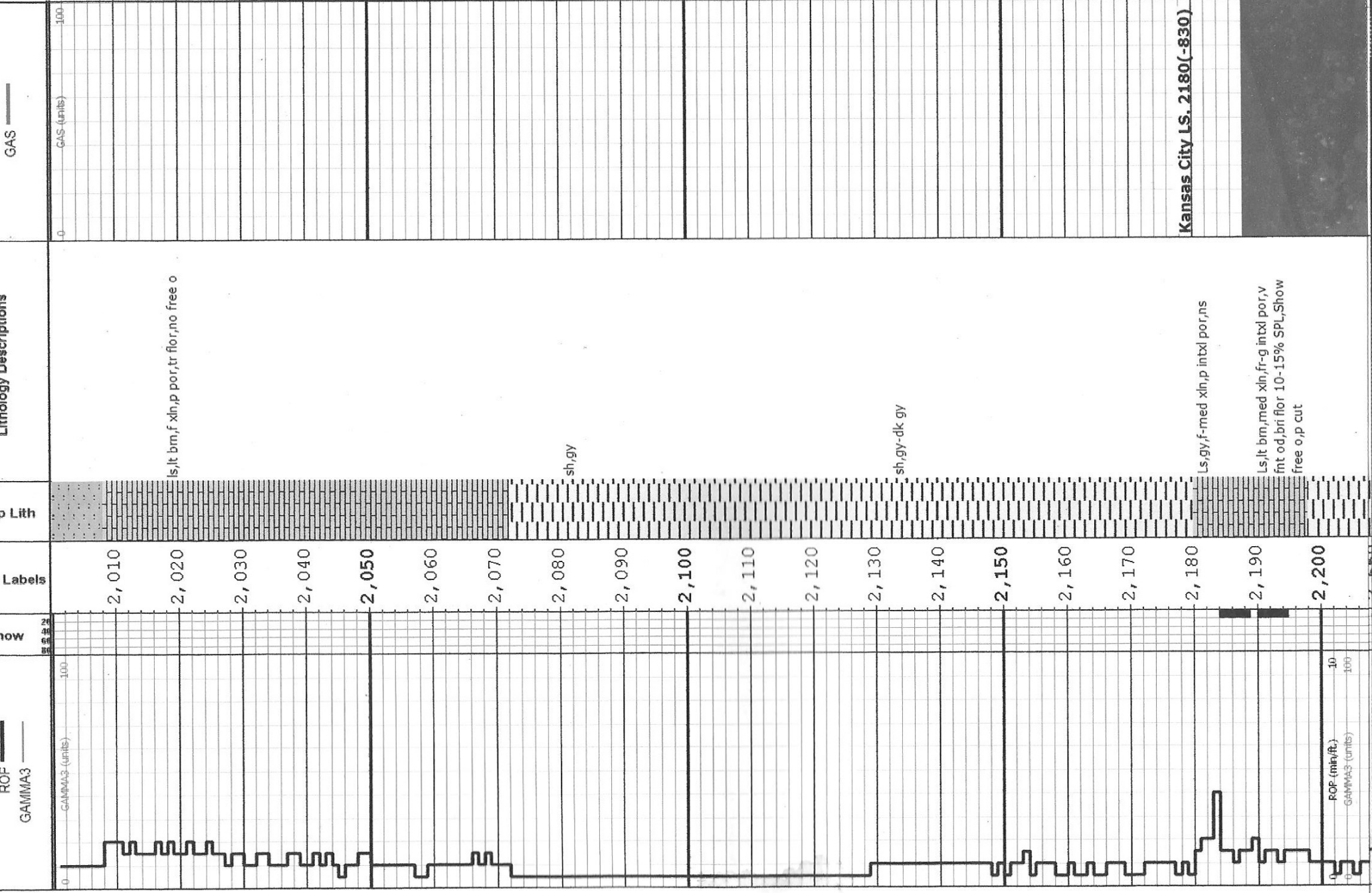
Lithology Descriptions

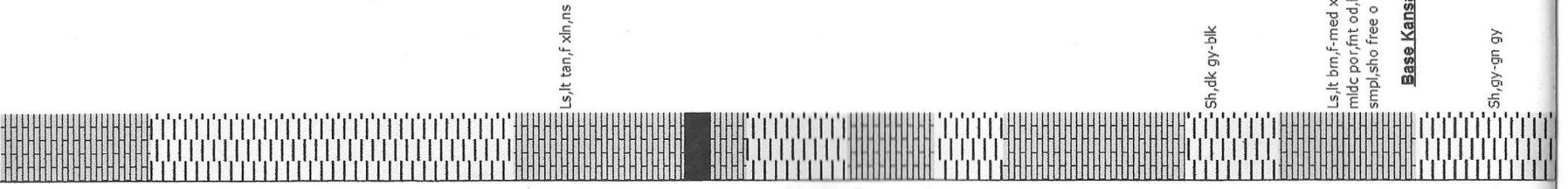
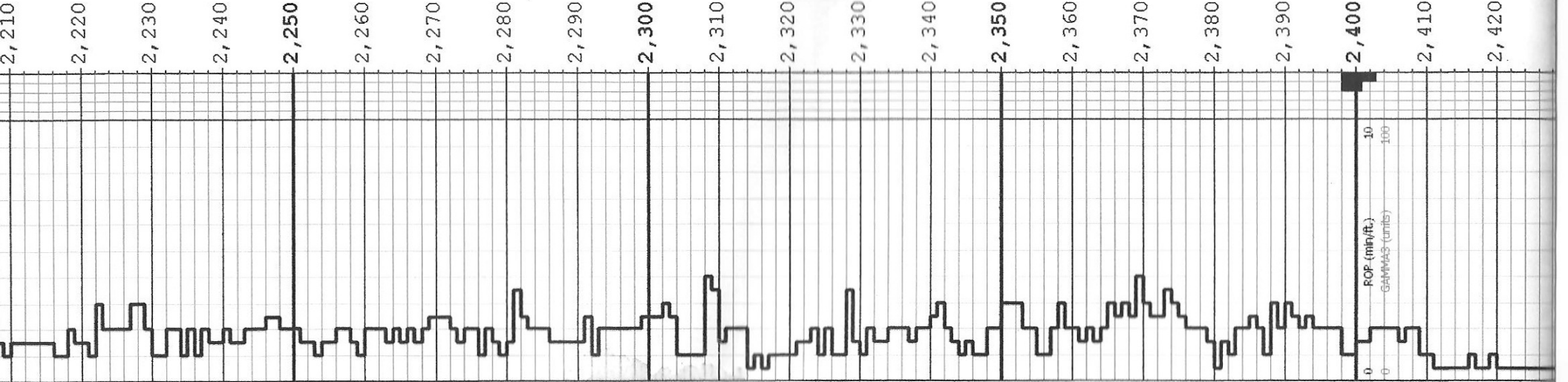
Total Gas



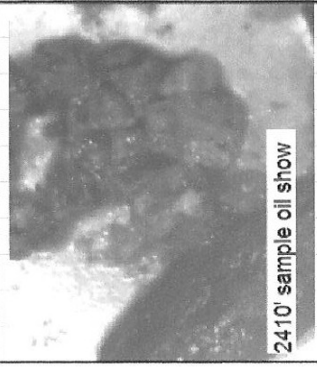
Kansas City LS. 2180(-830)

ROP (min/ft)
GAMMA3 (units)





2200' sample
UV Florescence



2410' sample oil show

Sh,lt brn,f-med xln,fr inbd por,tr
midc por,fmt od,bri flor 15%
smp,sho free o

Base Kansas City 2409(-1059)

GAS (units)

0 100

ROP (mth/ft.)

GAMMA33 (units)

0 10 100

2,440
2,450
2,460
2,470
2,480
2,490
2,500
2,510
2,520
2,530
2,540
2,550
2,560
2,570
2,580
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2,600
2,610
2,620
2,630
2,640
2,650

Sh, gy, sticky

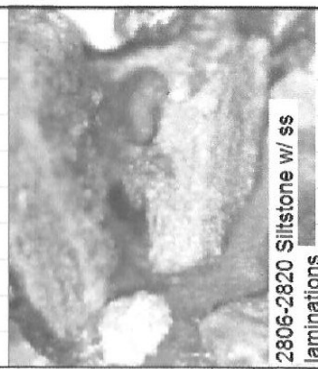
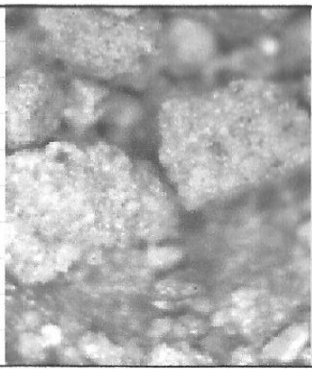
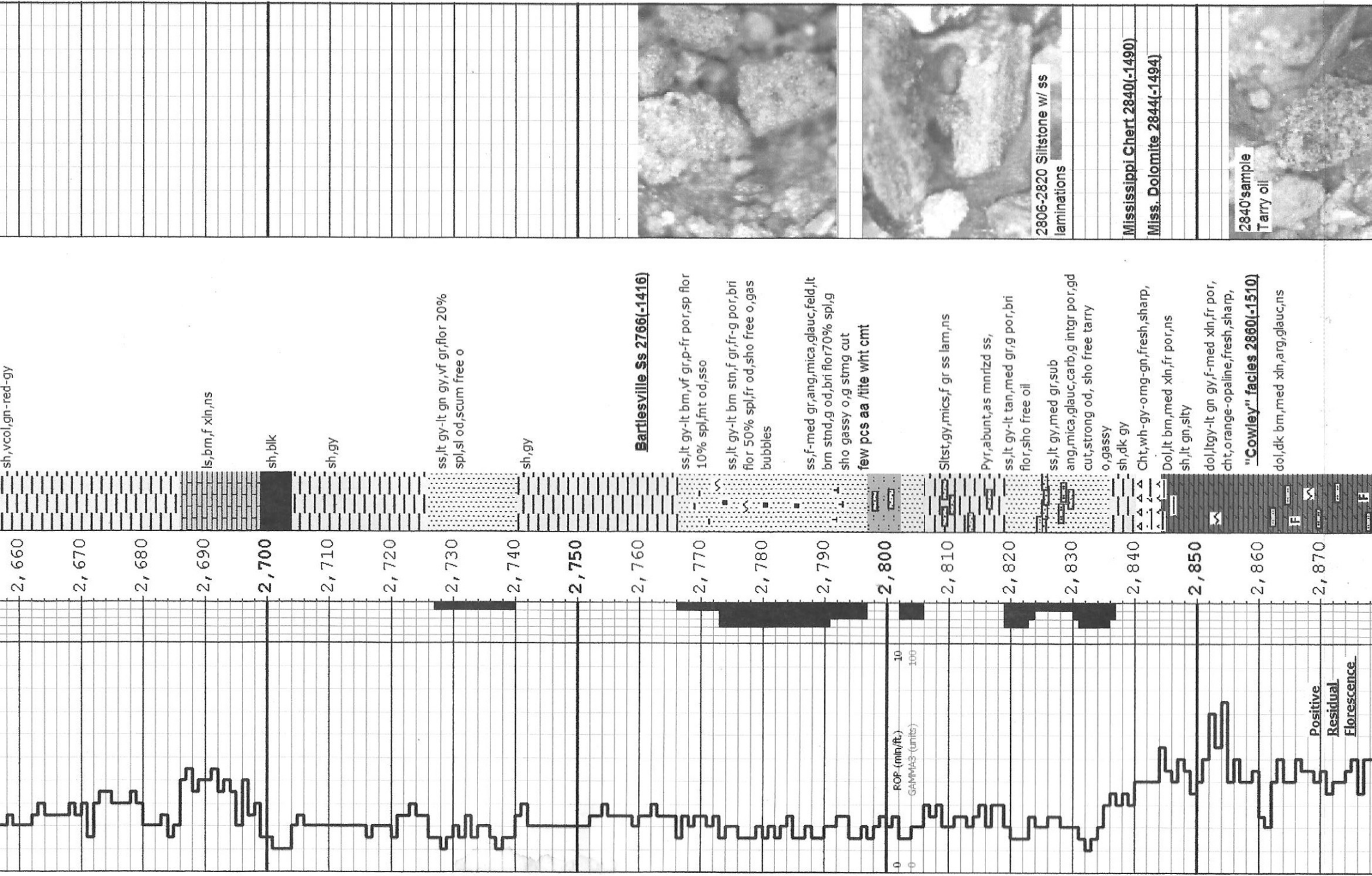
Bit trip 2536'

Bit #: 2
Type: PDC
Size: 7 7/8"
Depth In: 0'
Depth Out: 2,536'
Bit #: 3
Type: HTC TRICONE
Size: 7 7/8"
Depth In: 2,536'

0 10 100
RPM (units)
GAMMAS (units)

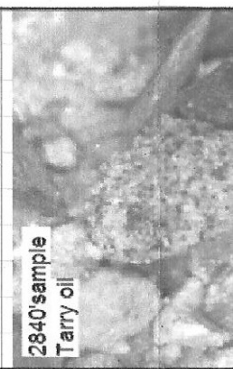
0 100
GAS (units)

Cherokee Sh 2617(-1267)



2806-2820 Siltstone w/ ss laminations

Mississippi Chert 2840(-1490)
Miss. Dolomite 2844(-1494)



2840 sample Tarry oil