



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1232271  
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: \_\_\_\_\_



1232271

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
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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 <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 **48615**  
LOCATION Cl Bando  
FOREMAN Fuzzy

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
8-14-14	1296	Bush B		19	29	6	KS
CUSTOMER	MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
Bradley Petroleum	10139 SW Haverhill Rd		Smileybus	446	Josh		Butler
CITY	STATE	ZIP CODE		691	Bladen		
Chanute	KS						

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 3073' CASING SIZE & WEIGHT 5" x 2.15.5  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_  
 SLURRY WEIGHT 14.9 SLURRY VOL 39 WATER gal/sk \_\_\_\_\_ OTHER \_\_\_\_\_  
 DISPLACEMENT 92.8 DISPLACEMENT PSI \_\_\_\_\_ CEMENT LEFT in CASING 10'  
 REMARKS: Safety medicine on site. Flood equip. can 1-3-5-7-8-10  
BSRKA #9. Rig up and circulate. 30 min. Mix 150 lbs Class A'  
3073' @ 20% SAKOL seal. Wash pump and lines. Drop plug and displace  
74846. Plug did not land. Flood did not hold. 5004 high press.  
shelving well head.

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	2.5	MILEAGE	42.00	105.00
5407	7.1 down	Tow Mileage Delivery (min)	368.00	368.00
5402	1570	Casing Sealant below 7500'	23	361.10
11045	150 SRS	Class A	15.20	2355.00
1118 B	4150#	Bentonite	22	99.00
1102	300#	Calcium Chloride	78	234.00
1110A	750#	Kolsol	146	345.00
4104	1	5 1/2" Basket	290.00	290.00
4130	6	5 1/2" centralizers	61.00	366.00
4129	1	5 1/2" AFU float shoe	321.00	361.00
4454	1	5 1/2" Latchdown plug	266.25	266.25
		subtotal		6635.25
		3070 disc cement		909.90
		subtotal		5325.99
		SALES TAX		
		ESTIMATED TOTAL		

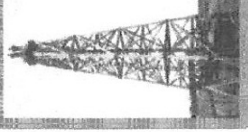
Form 3737

AUTHORIZATION James D. Baker 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 121<sup>ST</sup> RD, WINFIELD, KANSAS 67156  
620-229-3258



Scale: 5" / 100'  
Measured Depth Log

Well Name Bush B #27  
Location 1120' FNL, 930 FWL 19-T29S-R6E  
State Kansas County Butler  
Country USA Rig Number C&G Drilling Rig 2  
API Number 15-015-24035-00-00  
Region Midcon Field Fox-Bush-Couch  
Spud Date 8/11/2014 Drilling Completed 8/14/2014

Bottom Hole Coordinates Vertical Test  
Ground Elevation 1360 K.B. Elevation 1368  
Logged Interval 2000' To 3074' Total Depth 3074'

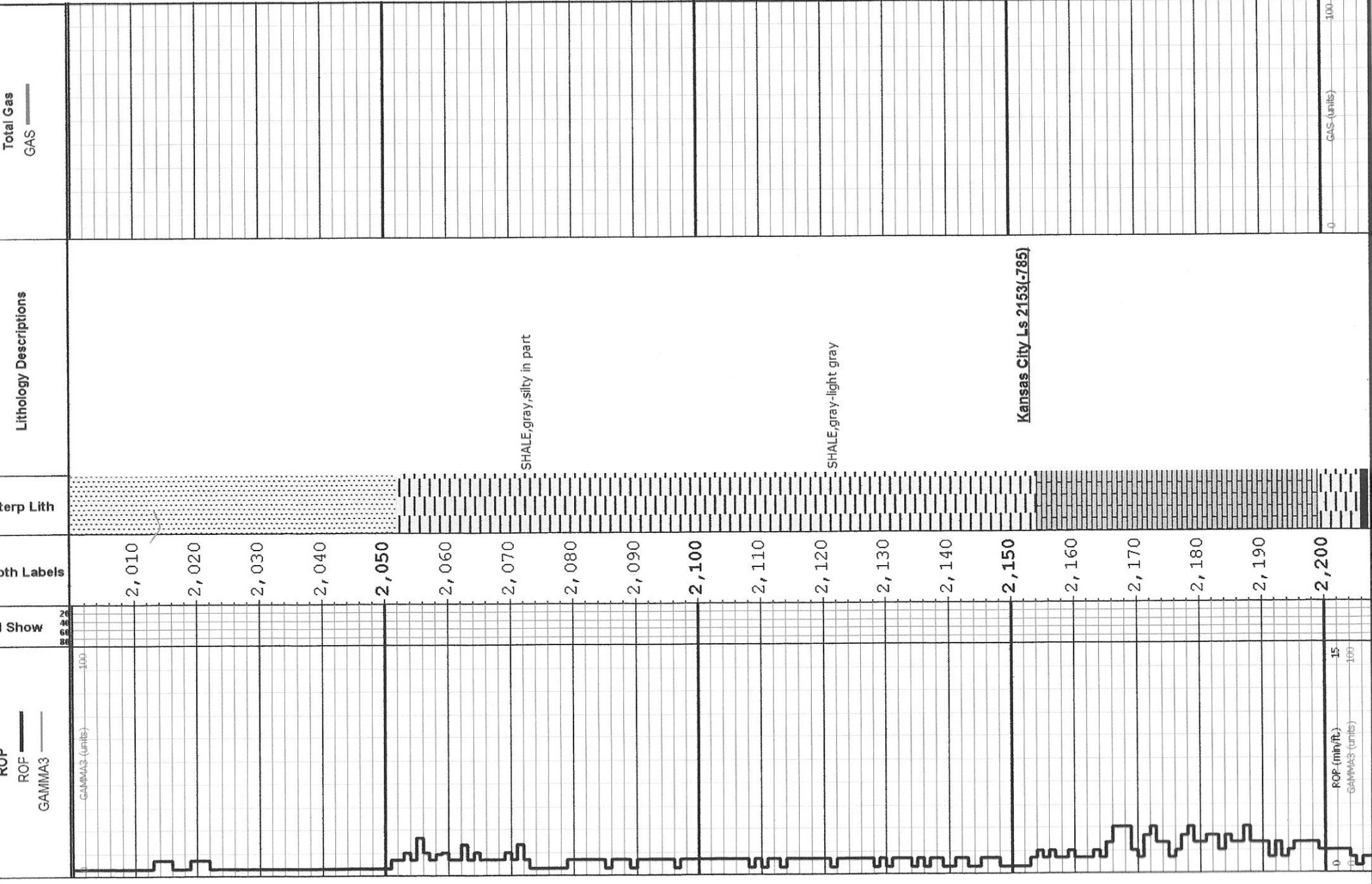
Formation Mississippian  
Type of Drilling Fluid Chemical

## Operator

Company Braden Petroleum & Well Plugging  
Address 10139 Haverhill Rd  
Augusta, Kansas 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



Total Gas  
GAS

0  
100  
GAS (units)

Lithology Descriptions

Core Lith

Depth Labels

Show

ROP  
ROP  
GAMMA3

GAMMA3 (units)

ROP (min/ft)  
0  
15  
GAMMA3 (units)  
0  
100

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  
2,340  
2,350  
2,360  
2,370  
2,380  
2,390  
2,400  
2,410  
2,420

LIMESTONE, light gray-tan, fine-medium crystalline, some fair porosity, no shows

**Base Kansas City Ls**  
**2372(-1004)**

ROP (min/ft.)  
GAMMAS (units)

0  
100  
GAS (units)

