



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1245018  
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: \_\_\_\_\_



1245018

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Culbreath Oil & Gas Company, Inc.
Well Name	Bixenman Brothers 1-2
Doc ID	1245018

All Electric Logs Run

CND
DIL
Micro
Sonic

Form	ACO1 - Well Completion
Operator	Culbreath Oil & Gas Company, Inc.
Well Name	Bixenman Brothers 1-2
Doc ID	1245018

Tops

Name	Top	Datum
Anhydrite	2381	+400
Base Anhy	2406	+375
Topeka	3640	-859
Heebner	3860	-1071
Lansing	3899	-1118
Muncie	4021	-1240
Stark	4095	-1314
BKC	4116	-1365
LTD	4225	-1444



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Culbreath Oil & Gas

**2-10s-29w-Sherdian Co**

1532 Peoria AVE  
Tulsa OK 74120

**Southwind #70**

ATTN: Steve Murphy

Job Ticket: 61629

**DST#: 1**

Test Start: 2015.01.03 @ 01:44:36

## GENERAL INFORMATION:

Formation: **LKC E-F**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:45:26

Time Test Ended: 09:42:15

Test Type: Conventional Bottom Hole (Initial)

Tester: Tate Lang

Unit No: 77

**Interval: 3956.00 ft (KB) To 3974.00 ft (KB) (TVD)**

Reference Elevations: 2781.00 ft (KB)

Total Depth: 3974.00 ft (KB) (TVD)

2769.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 12.00 ft

**Serial #: 8898**

**Outside**

Press @ Run Depth: 136.05 psig @ 3957.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2015.01.03

End Date:

2015.01.03

Last Calib.:

2015.01.03

Start Time: 01:44:37

End Time:

09:42:16

Time On Btm:

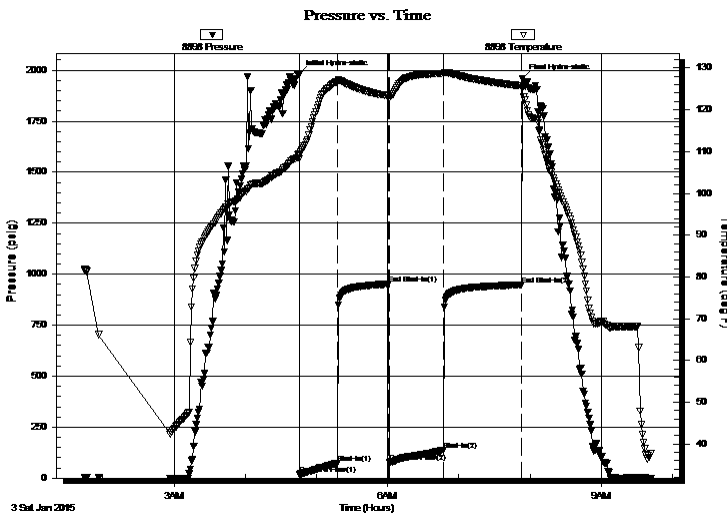
2015.01.03 @ 04:45:16

Time Off Btm:

2015.01.03 @ 07:53:36

**TEST COMMENT:** 30-Strong blow built to 11 in  
45-Dead no blow back  
45-B.O.B. in 39 mins  
60-Dead no blow back

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1981.02	109.51	Initial Hydro-static
1	19.25	108.24	Open To Flow (1)
33	72.13	126.80	Shut-In(1)
76	951.60	123.39	End Shut-In(1)
77	77.41	122.72	Open To Flow (2)
122	136.05	128.74	Shut-In(2)
188	948.23	125.73	End Shut-In(2)
189	1958.55	125.16	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
15.00	100%M	0.21
248.00	SMCW 10%M 90%W	3.48

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)





**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Culbreath Oil & Gas

**2-10s-29w-Sherdian Co**

1532 Peoria AVE  
Tulas OK 74120

**Southwind #70**

Job Ticket: 61629

**DST#: 1**

ATTN: Steve Murphy

Test Start: 2015.01.03 @ 01:44:36

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

42000 ppm

Viscosity: 45.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.20 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: 1.00 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
15.00	100%M	0.210
248.00	SMCW 10%M 90%W	3.479

Total Length: 263.00 ft      Total Volume: 3.689 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: .401 @ 33F = 42000

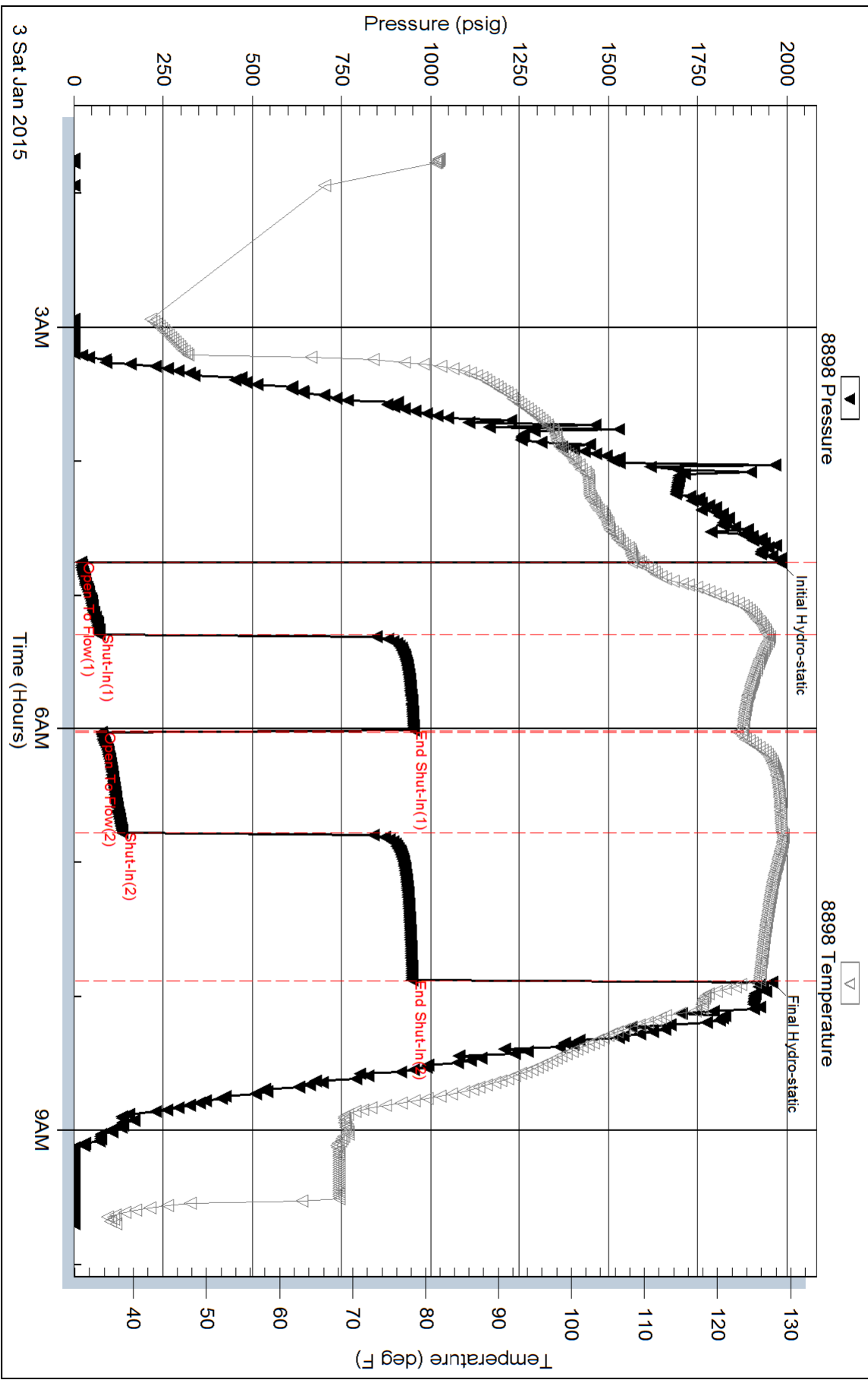
Serial #: 8898

Outside Culbreath Oil & Gas

Southwind #70

DST Test Number: 1

### Pressure vs. Time



Trilobite Testing, Inc

Ref. No: 61629

Printed: 2015.01.03 @ 10:11:51



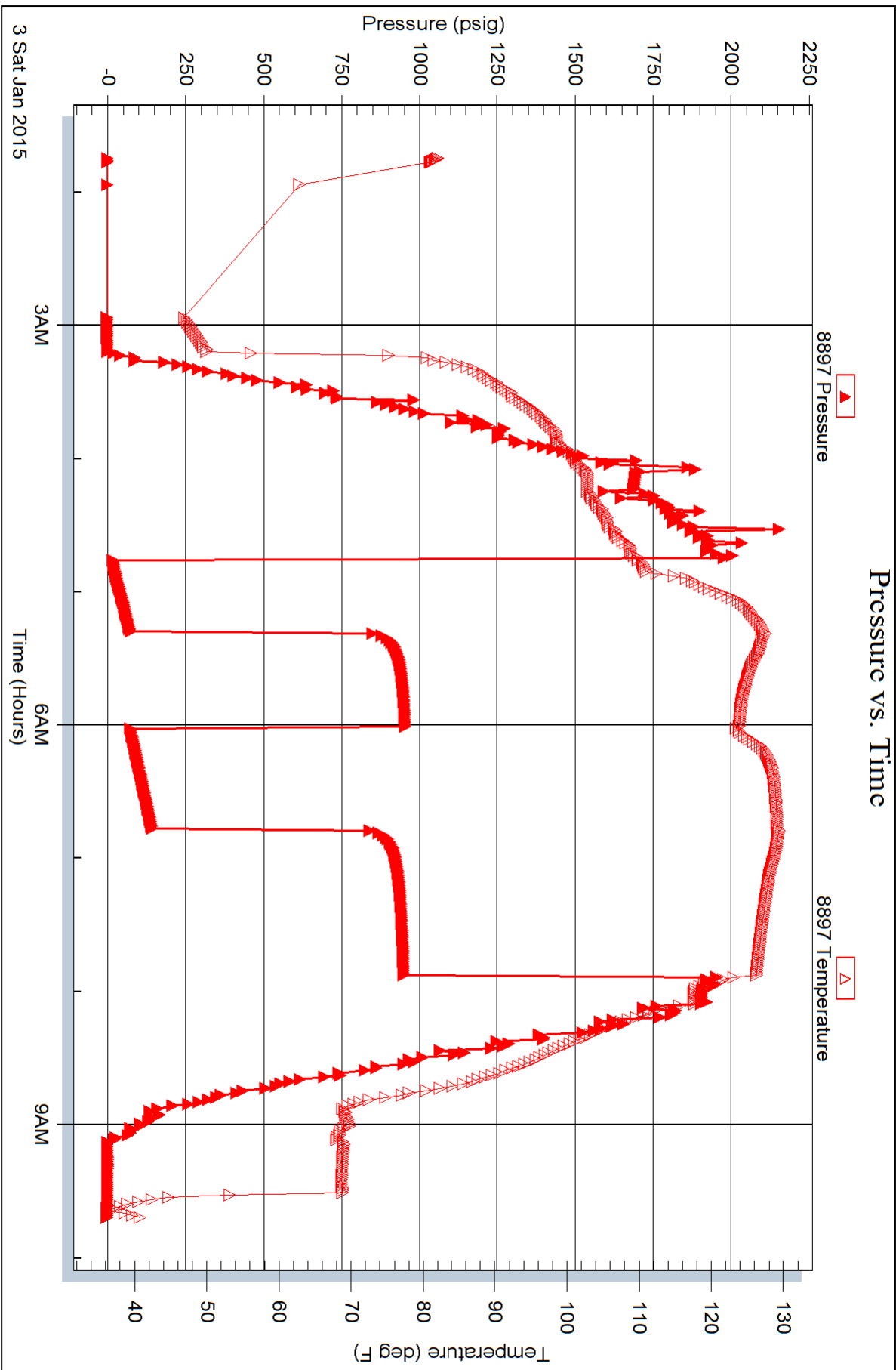
Serial #: 8897

Inside

Culbreath Oil & Gas

Southwind #70

DST Test Number: 1





Sp

1703

11p



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 47888

LOCATION Oakley Ks

FOREMAN Jerry Y

1652

INVOICE # 802920

**FIELD TICKET & TREATMENT REPORT**

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

**CEMENT**

Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-5-15	2777	Bixmen Bros 1-2	2	10S	29W	Sheridan
CUSTOMER Cal breath			Ginnell 5 to 42 N to 110 1/2 W N into			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			731	Jeremy R	566	Lance R
STATE						
ZIP CODE						

JOB TYPE PTA HOLE SIZE ~~7 7/8~~ 7 7/8 HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE 4 1/2 TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 138 SLURRY VOL 1.42 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Softly meeting & rig upon. Southwind 70 plugs as ordered with 240  
SKS of 60/40 48 gal 1/4 #6 seal  
50 SKS @ 2389'  
100 SKS @ 1471'  
50 SKS @ 303'  
10 SKS @ 40' with 8 5/8 wooden plug  
50 SKS Rh

Thank you  
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE	1395.00	1395.00
5406	30	MILEAGE	525	15750
5407	10.32	ton mileage delivery	175	54180
1131	240 SKS	60/40 poz mix	1586	380640
1186	826 #	gel	27	22302
1107	60 #	fluo gel	297	17820
4132	1	8 5/8 wooden plug	10025	10025
1111	100 #	salt	NC	NC
			Subtotal	640267
			less 15% disc	96040
			Subtotal	544228
			SALES TAX	298.46
			ESTIMATED TOTAL	5740.75

Ravin 3737

AUTHORIZATION Sam

TITLE Toolpusher

DATE 1-5-15

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.