

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1325867

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

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)		Depth
TUBING RECORD: Size: Set At: Packer At:			Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	Wildcat Exploration LLC
Well Name	DON BREUEL O15
Doc ID	1325867

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	11	8.625	10	23	Portland	6	50/50 POZ



Wildcat Exploration, LLC
Mound City, KS

Don Breuel #O15

Linn County, KS
10-22S-23E
API: 107-25176

Spud Date:	12/20/2016	Surface Bit:	11.0"
Surface Casing:	8.625"	Drill Bit:	6.75"
Surface Length:	22.6'	Longstring:	P&A
Surface Cement:	6 sx	Longstring Date:	12/22/2016
Longstring:			

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	10	Clay	
10	15	Shale	
15	27	Lime	
27	76	Shale	
76	77	Coal	
77	85	Sandy Shale	
85	106	Lime	
106	113	Shale	
113	117	Lime	
117	121	Shale	
121	130	Sandy Shale	
130	151	Shale	
151	177	Lime	
177	185	Shale	
185	187	Lime	
187	198	Shale	
198	203	Sand	Good odor, some bleed
203	210	Sandy Shale	
210	230	Shale	
230	237	Sand	Good odor
237	288	Shale	
288	290	Lime	

Don Breuel #015

Linn Co., KS

290	333	Shale
333	334	Lime
334	351	Shale
351	353	Coal
353	469	Shale
469	479	Sand
479	485	Shale
485	486	Coal
486	487	Shale
487		TD

Coring

Run	Footage	Rec.
1	470-487	17'
2		

Bartlesville Sand Detail

470-473	Sand, heavy oil show
473-474	Shale
474-479	Sand, black, good porosity, water laden
479-485	Shale
485-486	Coal

12/22/16 - P&A. Run 1" tubing to TD, COWS pump 10 sx plug of 50/50 POZ w/6% Gel, pull 1" up to 250' pump plug til hole was full, TOOH, top well off, rig down.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 50360

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-22-16	9999	Don Brevel #0-15	NE 10	22	23	LN
CUSTOMER Wildcat Exploration						
MAILING ADDRESS P.O. Box 206 Main St						
CITY Mound City	STATE KS	ZIP CODE 66056				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			712	Fred Mad		
			495	Hor Bec		
			510	Mik Haa		

JOB TYPE Plug HOLE SIZE 5 7/8 HOLE DEPTH 775 CASING SIZE & WEIGHT N/A
 CASING DEPTH — DRILL PIPE 1" TUBING to TD OTHER —
 SLURRY WEIGHT — SLURRY VOL — WATER gal/sk — CEMENT LEFT in CASING Full
 DISPLACEMENT N/A DISPLACEMENT PSI — MIX PSI — RATE 1-1/2 Bpm

REMARKS: Hold safety meeting. Rig ran 1" tubing to TD. Spent 10 SKS
 Cement @ TD. Pull 1" tubing to 250' Fill to surface.
 w/ Cement. Pull 1" tubing. Top off well w/ cement, Wash out
 1" tubing.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500 ⁰⁰
CE0002	30 miles	MILEAGE	495	2145 ⁰⁰
CE0711	213 minimum	Ten Miles Delivery	510	440 ⁰⁰
605240R		Sub Total		21545 ⁰⁰
		Less 55%		9695 ³
CC5640	55 SKS	Por Blend IA Cement	742 ²⁰	
CC5965	277#	Bentonite Cool	831 ⁰	
		Sub Total	825 ⁶⁰	
		Less 55%		3715 ²
		6.5%	SALES TAX	24 ²⁵
			ESTIMATED TOTAL	13652 ⁰

SCANNED

AUTHORIZATION *Greg Brevel* TITLE — DATE 3033.76

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

