CORRECTION #1

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

1331099

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 🔲 East 🗌 West			
Address 2:	Feet from North / South Line of Section			
City:	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.xxxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84			
Wellsite Geologist:				
Purchaser:	County:			
Designate Type of Completion:	Lease Name: Well #:			
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:			
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Producing Formation:			
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:			
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:			
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet			
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No			
If Workover/Re-entry: Old Well Info as follows:	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	Drilling Fluid Management Plan			
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)			
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls			
Dual Completion Permit #:	Dewatering method used:			
SWD Permit #:	Location of fluid disposal if hauled offsite:			
ENHR Permit #:				
GSW Permit #:	Operator Name:			
	Lease Name: License #:			
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West			
Recompletion Date Recompletion Date	Countv: 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

Confidentiality Requested:

Yes No

KCC Office Use ONLY				
Confidentiality Requested				
Date:				
Confidential Release Date:				
Wireline Log Received				
Geologist Report Received				
UIC Distribution				
ALT I II Approved by: Date:				



Operator Name:			Lease Name:			_ Well #:	
·							
open and closed, flow	ving and shut-in pressu	ormations penetrated. Dures, whether shut-in preith final chart(s). Attach	Detail all cores. Repessure reached station	ort all final copie c level, hydrosta	es of drill stems to	ests giving interv	al tested, time tool
		tain Geophysical Data a r newer AND an image t		gs must be ema	iled to kcc-well-lo	ogs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes No			on (Top), Depth a		Sample
Samples Sent to Geo	logical Survey	☐ Yes ☐ No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-o			on, 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 / SQU	EEZE RECORD			
Purpose: Perforate Protect Casing Plug Back TD	Depth Top Bottom	Type of Cement	# Sacks Used Type and Percent Additives				
Plug Off Zone							
Does the volume of the t	•	n this well? aulic fracturing treatment ex submitted to the chemical o		Yes	No (If No, sk	ip questions 2 and ip question 3) out Page Three o	
Shots Per Foot		N RECORD - Bridge Plug			cture, Shot, Cemen		Depth
	Specify Footage of Each Interval Perforated		orateu	(2)	nount and Ama or wi	ateriai Oseuj	Берш
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or ENF	IR. Producing Meth		Gas Lift C	ther (Explain)		
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf Wate	er B	ols.	Gas-Oil Ratio	Gravity
DISPOSITI Vented Solo	ON OF GAS:	Open Hole		Comp. Cor	nmingled	PRODUCTIO	N INTERVAL:
(If vented, Su	bmit ACO-18.)	Other (Specify)	(Submit A	ACO-5) (Sub	mit ACO-4)		

Form	ACO1 - Well Completion
Operator	Wildcat Exploration LLC
Well Name	DON BREUEL O9
Doc ID	1331099

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	11	8.625	10	24	Portland	6	50/50 POZ
Production	6.750	4.500	8	504	Portland	80	50/50 POZ

Summary of Changes

Lease Name and Number: DON BREUEL 09

API/Permit #: 15-107-25173-00-00

Doc ID: 1331099

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	10/11/2016	01/31/2017
Date of First or Resumed Production or SWD or Enhr		4/1/2016
Producing Method Pumping	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13 19156	//kcc/detail/operatorE ditDetail.cfm?docID=13 31099