

Confidentiality Requested:

Yes  No

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

January 2018

**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

Gas  DH  EOR

OG  GSW

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 EOR  Conv. to SWD

Plug Back  Liner  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

EOR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: \_\_\_\_\_

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  Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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# BREHM ASSET MANAGEMENT, LLC

WELLSITE CONSULTING

EDGAR SCHADEL #1-6  
NW SW NE 06-T20S-R20W  
PAWNEE COUNTY, KANSAS  
API 15-145-21866

**Discovery Drilling** Rig #4 spud the well on April 19<sup>th</sup>, 2021. A 12 ¼" hole was drilled to 518' where 8 5/8" surface casing was set. A 7 7/8" hole was drilled to 4,450' total depth. The well bore was then open hole logged by **Western Wireline**. The suite of logs run was *Dual Induction, Density/Neutron, Microlog*.

Samples were caught at ten-foot intervals from 3,700' to total depth, the following samples were noted:

## Mississippian Osage

Litho	Description	Depth	Notes
	LS, tan, xtall, dense, s chert	4383-4385	
	LS, abundant chert opaque-orange-gray	4385-4392	No show of oil 10% porosity

In conclusion, the primary target, Mississippian Osage Limestone, was present 4,383' – 4,392', no show of oil in a Cherty Limestone. Structurally, the Osage was 17' lower than the nearest producer (1/4 mile to the Southwest). The well was plugged & abandoned on April 25<sup>th</sup>, 2021.

**Dwight Brehm**  
**Brehm Asset Management, LLC**



# Discovery Drilling

P.O. Box 763 • Hays, KS 67601 • OFFICE (785) 623-2920 • CELLULAR (785) 635-1511

## DRILLER'S LOG

Operator: Brehm Asset Managemnet, LLC Lic# 35345 Contractor: Discovery Drilling Co., Inc. LIC#31548  
11625 Custer Road - Suite 110-353 PO Box 763  
Frisco, TX 75035 + 8783 Hays, KS 67601

Lease: Edgar Schadel # 1-6 Location: 1650 FNL - 2292 FEL  
E/2/NW/SW/NE  
Section 6/ 20S/ 20W  
Pawnee County, KS

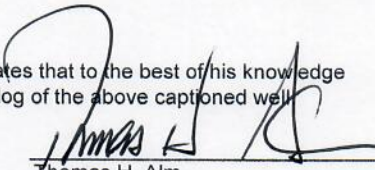
Loggers Total Depth: 4448' API#15- 145-21,866-00-00  
Rotary Total Depth: 4450' Elevation: 2237 GL - 2245 KB  
Commenced: 4/19/2021 Completed: 4/25/2021  
Casing: 8 5/8" @ 517.21'W/275sks Status: D & A  
KCC Contact: David Ring  
Plugging Info: (1st Plug @ 1480'W/50sks)(2nd Plug @ 550'W/80sks)  
3rd Plug @ 60'W/20sks)(30sks In Rat Hole)(15sks In  
Mouse Hole)(Total 200sks 60/40Poz 4%Gel-1/4#FS/sk)  
(By Swift Services - Completed @ 5:45AM 4/25/2021)

### DEPTHS & FORMATIONS (All from KB)

Surface, Sand & Shale	<u>0'</u>	Shale	<u>1474'</u>
Dakota Sand	<u>413'</u>	Shale & Lime	<u>2036'</u>
Shale	<u>515'</u>	Shale	<u>2355'</u>
Cedar Hill Sand	<u>856'</u>	Shale & Lime	<u>2892'</u>
Red Bed Shale	<u>1078'</u>	Lime & Shale	<u>3941'</u>
Anhydrite	<u>1443'</u>	RTD	<u>4450'</u>
Base Anhydrite	<u>1474'</u>		

STATE OF KANSAS) )  
) ss  
COUNTY OF ELLIS )

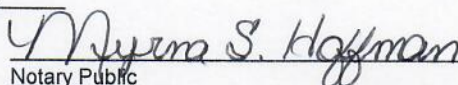
Thomas H. Alm of Discovery Drilling states that to the best of his knowledge the above and foregoing is a true and correct log of the above captioned well

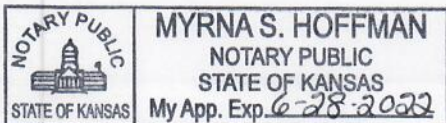
  
Thomas H. Alm

Subscribed and sworn to before me on 5-03-2021

My Commission expires: 6-28-2022

(Place stamp or seal below)

  
Notary Public





CHARGE TO: John Ford Whinnant  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET 33528

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. 11000115	16	Sher Schobel	Lincoln	KS	Alton	05 APR 21	
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE				
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS		WELL PERMIT NO.	WELL LOCATION		

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
567	75				MILEAGE	20	mi			5.00	150.00
77LP					Pump Charge	1	ea			985.00	985.00
220-4					6040 power (40 gal)	20	HL			11.00	220.00
276					Fluoride	50	lb			3.00	150.00
290					D-A-R	3	gal			42.00	126.00
581					Service Charge	200	HL			1.85	370.00
583					Drillage	1857	lb			0.95	1768.71

**LEGAL TERMS:** Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

**X**

DATE SIGNED \_\_\_\_\_ TIME SIGNED \_\_\_\_\_  A.M.  P.M.

**REMIT PAYMENT TO:**  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY	AGREE	UNDECIDED	DISAGREE	PAGE TOTAL	TAX	TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				4197.71		
WE UNDERSTOOD AND MET YOUR NEEDS?						
OUR SERVICE WAS PERFORMED WITHOUT DELAY?						
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?						
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND						

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR \_\_\_\_\_ APPROVAL \_\_\_\_\_

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE

PAGE NO.

25 APR 21

1

CUSTOMER

WELL NO.

LEASE

JOB TYPE

TICKET NO.

Asset

1-6

Star School

plug to Newton

33528

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								200 sk 60/40 200m x (4% gel)
								7 1/2 x 4 1/2 x 11 1/2 in plug - e 1480'
								550'
								60'
								RH - 11#
	0130							mlcc TRK 113
	0320	4	13			250		laying down drill pipe m x 50 sk 60/40 (4%) 1480'
								@ 13.1 ppg
	0335							Displace to 1480'
	0408	4	21			210		Pull to 550'
								m x 90 sk 60/40 (4%) - 550'
								@ 13.1 ppg
	0420							Pull to 60'
	0525	4	7			250		m x 20 sk 60/40 (4%) - 60'
								@ 13.1 ppg
								plug RH 30 sk 11# 50 sk
	0545							hit plug line
	0550							wash truck {200sk}
								pick up {total}
	0620							job complete
								Thanks
								Austin, Blake, & KCAC



**SWIFT Services, Inc.**

CHARGE TO: **Behm Asset Management**  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET **33574**

PAGE 1 OF 1

1. <b>Ness City, KS</b>	WELL/PROJECT NO. <b>1-6</b>	LEASE <b>Edgar - Schadel</b>	COUNTY/PARISH <b>RAWLEE</b>	STATE <b>KS</b>	CITY <b>Alexander</b>	DATE <b>4-19-2021</b>	OWNER
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE	CONTRACTOR <b>Discovery Drilling</b>	RIG NAME/NO. <b>#4</b>	SHIPPED VIA <b>CT</b>	DELIVERED TO <b>LOCATION</b>	ORDER NO.	
3.	WELL TYPE <b>Oil</b>	WELL CATEGORY <b>Development</b>	JOB PURPOSE <b>Surface Ppe</b>	WELL PERMIT NO.		WELL LOCATION <b>Alexander, 8-S, 1-41.5</b>	
4.	INVOICE INSTRUCTIONS						<b>1/2-41.5-1072</b>

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY.	UM	UNIT PRICE	AMOUNT
575			MILEAGE <b>Trk #112</b>	30	mi	5.00	150.00
576D			<del>Pump</del> <b>Change - Surface</b>	1	job	1400.00	1400.00
325			<b>STANDARD CMT</b>	275	skb	13.50	3712.50
279			<b>BENTONITE GEL</b>	5	skb	30.00	150.00
278			<b>Calcium Chloride</b>	12	skb	40.00	480.00
290			<b>D-Air</b>	3	gal	42.00	126.00
410			<b>Top Play</b>	1	EA	130.00	130.00
412			<b>BRITTE PHAZ</b>	1	EA	126.00	126.00
581			<b>CMT Service Charge</b>	275	skb	1.85	508.75
583			<b>Drayage</b>	26950	lbs	0.95	384.75

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

**X**

DATE SIGNED **4-19-2021** TIME SIGNED **9:00**  A.M.  P.M.

**REMIT PAYMENT TO:**  
**SWIFT SERVICES, INC.**  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	WE UNDERSTOOD AND MET YOUR NEEDS?	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	ARE YOU SATISFIED WITH OUR SERVICE?	TOTAL
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>7291.82</b>

SWIFT OPERATOR **Guidem Truck** APPROVAL **Guidem Truck**

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

Thank You!



JOB LOG

SWIFT Services, Inc.

DATE 4-19-2021 PAGE NO. 1

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Brahm Asset Management		1-6		EdGAR-Schadel		Surface Pipe		33574	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	2000								ON LOCATION 8 5/8" 2316
									RTD: 518'
									TP: 518'
	2050								START Cseq in Well
	2145								Break Circulation
	<del>2200</del>	3 1/2	5				8200		Pump 5 bbl H2O Spacer
	<del>2205</del>	4 1/2	67				100		Mix 275 Standard 2% gel, 3% CC CMT @ 14.7 ppq
	<del>2220</del>	4 1/2	0				100		Start Displacement
		4 1/2	25				350		-Circulate CMT to Surface [25 sks to the Pit]
	<del>2230</del>	-	31.75				200		KO Pump * Shut in * -Release Pressure * Hold *
	<del>2235</del>								* Plug Down @ 10:30 PM * Wash up Trk #12
	<del>2230</del>								Job Complete
									275 sks of Standard 2% gel, 3% CC used - 25 sks to the Pit
									Thanks!
									Aidean Kurlyk, suae
									* Plug Down @ 10:30 PM