KOLAR Document ID: 1606504

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 #	API No.:					
Name:	Spot Description:					
Address 1:						
Address 2:	Feet from North / South Line of Section					
City: State: Zip:+	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:	Datum: NAD27 NAD83 WGS84					
Wellsite Geologist:	County:					
Purchaser:	·					
Designate Type of Completion:	Lease Name: Well #:					
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:					
☐ Oil ☐ WSW ☐ SWD ☐ Gas ☐ DH ☐ EOR ☐ OG ☐ GSW	Producing Formation: Kelly Bushing: Elevation: Ground: Kelly Bushing: 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 EOR □ Conv. to SWD □ Plug Back □ Liner □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (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:					
EOR Permit #:	·					
GSW Permit #:	Operator Name:					
	Lease Name: License #:					
Spud Date or Date Reached TD Completion Date or Recompletion Date	Quarter Sec. TwpS. 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 Approved by: Date:						

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Page Two

Operator Name:				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	st West	County:				
	lowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			Formation (Top), Depth and Datum		
Samples Sent to G	eological Surv	ey	Yes No	Na	me	Тор		Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		Re			New Used	ion, etc.		
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l		
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used				
Protect Casii								
Plug Off Zone								
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>		
Estimated Production Oil Bbls. Per 24 Hours						Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTE								
			Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	Submit ACO-18.)							
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)			Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5513 1200 10.	5120.		···	. 30.0.71				

Form	ACO1 - Well Completion
Operator	C G Oil, Inc.
Well Name	R & G BRAUN 1
Doc ID	1606504

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
Surface	12.50	8.625	23	117	60/40Poz	2%Gel- 3%CC

FRANKS Oilfield Service

♦ 815 Main Street Victoria, KS 67671 ♦ 24 Hour Phone (785) 639-7269

♦ Office Phone (785) 639-3949

- ♦ Email: franksoilfield@yahoo.com

TICKET NUMBER LOCATION Victoria

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WELL	NAME & NUMBER	CIVICIA	SECTION	TOWNSHIP	RANGE	COUNTY
10-11-71	22201		CAUN #1		157	17	11/2/1	1-11:0
CUSTOMER		1000	CFICITI					
CG	011100				TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS					101	Femile		
2550 Airbuse RD					102	-Back-T		
CITY			ZIP CODE			Tomus		
Victor	· O-	165	67671					
JOB TYPE		HOLE SIZE				CASING SIZE & WI	EIGHT 5/2	2-3#
CASING DEPTH			11/2 16.64 TI				OTHER	
SLURRY WEIGH	T_/3.8	SLURRY VOL	1.4 W	ATER gal/sk		CEMENT LEFT in C		-
DISPLACEMENT		DISPLACEMENT	PSI 60 M	IX PSI	80	RATE 5/60	M	
REMARKS: 5	AFELY ME	ctiva Ri	4150 861	cipme.	+ R46	Beaug #1		
15+ 17/2 mg	3455	5054	20/40/4	1/4 1	F100 13.	Kople		
2nd P100	@ 1180'	5054	60/40/4	1/4/14	F100 13.	Spel		
					Flo (2) 13.9			
4th Pluas	240' 4	Wontes Pl	11/3/1052 6	0/40/9	1 TUHELO	13.8/01		
Plus Rad	alcalith	305+ 6	140/4/1/	14 1-10,	013.4	7-		
Pluce My	USE HOLE 6	146 15	60/40/	4 1/4 1	(Flored)	Z. Spole		
70707	Balen 14	1/4/1/1/	21 12 Lod.	- 25	554			
ThuK	KARLE L. C. V	wir bush	ess Fra	FCZ	115,301	K & Tum 5	Commence Co	Contract Contract
ACCOLUNIT								
ACCOUNT CODE	QUANTITY	or UNITS	DESCRIPTION of SERVICES or PRODUCT				UNIT PRICE	TOTAL
PC005			PUMP CHARGE					
m001	17		MILEAGE					
12002	11.35 Ton mileage de			age de	livery cho	JUE .		
CB010	250		60/40	4/2/00	sc1 1/4 4	Flourens		
FE055	1		85/4 W	orden 1	2/4			
							SALES TAX	
							ESTIMATED	
	· Da			Section 2			TOTAL	
AUTHORIZATION	1 12 12		TI	TLE			DATE	