

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)</i> <i>(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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Form	ACO1 - Well Completion
Operator	Prospect Oil & Gas Corp
Well Name	BRANDENSTEIN A-1
Doc ID	1668618

All Electric Logs Run

CNL
DIL
CDL
MIL

Form	ACO1 - Well Completion
Operator	Prospect Oil & Gas Corp
Well Name	BRANDENSTEIN A-1
Doc ID	1668618

Tops

Name	Top	Datum
Heebner	2784	-1037
Toronto	2804	-1057
Douglas	2821	-1074
Brown Lime	2908	-1161
Lansing	2938	-1191
Base Kansas City	3204	-1457
Conglomerate	3268	-1521
Arbuckle	3307	-1560
Log Total Depth	3349	-1602
Rotary Total Depth	3350	-1603

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 2917

Date	7-10-22	Sec.	11	Twp.	19	Range	10	County	Rice	State	Ks	On Location		Finish	3:45 AM	
Lease	Brandenstein							Well No.	A-1	Location Claflin SE to 4th Rd, 85 to I Rd DE to 6th Rd, 1/2 N, W into just past U Bridge						
Contractor	Discovery #2							Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cement and helper to assist owner or contractor to do work as listed.							
Type Job	Long stringing							Charge To	Prospect oil + gas							
Hole Size	7 7/8" ID							T.D.	3350' LTD							
Csg.	5 1/2"							Depth	3344.40'							
Tbg. Size								Depth								
Tool								Depth								
Cement Left in Csg.	20.28'							Shoe Joint	20.28'							
Meas Line	Displace 79 BLS							Cement Amount Ordered	180 Com 10% Salt 3% Gils							
EQUIPMENT								Common	80							
Pumptrk	16	No.		Cementer	David			Helper								
Bulktrk	9	No.		Driver	Clayton			Driver								
Bulktrk	P.M.	No.		Driver	Rick			Driver								
JOB SERVICES & REMARKS								Hulls								
Remarks:								Salt	14							
Rat Hole	30 SX							Flowseal	750#							
Mouse Hole	20 SX							Kol-Seal	750#							
Centralizers	1, 3, 5, 7, 9							Mud CLR 48	500 gal							
Baskets	8							CFL-117 or CD110 CAF 38								
D/V or Port Collar	pipe on bottom break							Sand								
Circulation pump	500 gal mud							Handling	201							
Clear plug	Flat + mouseholes							Mileage								
Cement	15 1/2" Casing w/ 130 SX							FLOAT EQUIPMENT								
Shut down wash pump +	lines. Displaced plug w/ 79 BLS							Guide Shoe								
Released float held.								Centralizer	5							
Lift pressure	700#							Baskets	1							
Land plug to	1500#							AFU Inserts								
								Float Shoe	1							
								Latch Down	1							
								Pumptrk Charge	prod stringing							
								Mileage	24							
Signature								Thanks								
								Tax								
								Discount								
								Total Charge								

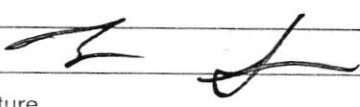
QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 2911

Date	7-5-22	Sec.	11	Twp.	19	Range	10	County	Rice	State	Ks	On Location		Finish	6:00 pm
Lease	Brandenstein			Well No.	A1		Location Claflin 5E to 4th Rd, 85 to I 2E to 6th Rd 1/2 N w/ into just p Bridge								
Contractor	Discovery 2			To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.											
Type Job	Surface			Charge To Prospect oil & gas											
Hole Size	12 1/4"		T.D.	309'		Csg. 8 5/8" Depth 309'									
Tbg. Size			Depth			Street									
Tool			Depth			City State									
Cement Left in Csg.	20'		Shoe Joint	20'		The above was done to satisfaction and supervision of owner agent or contractor.									
Meas Line			Displace	18 1/2 BLS		Cement Amount Ordered 175 80/20 3% CC 2%									
EQUIPMENT															
Pumptrk	18	No.	Cement Helper	Jordan		Common 140									
Bulktrk	9	No.	Driver	Clayton		Poz. Mix 35									
Bulktrk	1 Pili	No.	Driver	Rick		Gel. 3									
JOB SERVICES & REMARKS															
Remarks:	Cement did Circulate														
Rat Hole															
Mouse Hole															
Centralizers															
Baskets															
D/V or Port Collar															
													Hulls		
													Salt		
													Flowseal		
													Kol-Seal		
													Mud CLR 48		
													CFL-117 or CD110 CAF 38		
													Sand		
													Handling 185		
													Mileage		
FLOAT EQUIPMENT															
													Guide Shoe		
													Centralizer		
													Baskets		
													AFU Inserts		
													Float Shoe		
													Latch Down		
													Pumptrk Charge Surface		
													Mileage 24		
													Thanks		
X Signature													Tax		
													Discount		
													Total Charge		