

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

AMENDED

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 8740
Name: Bramwell Petroleum, Inc
Address 1: 15183 SW 25 Ave
Address 2: _____
City: Spivey State: KS Zip: 67142 + _____
Contact Person: Don Bramwell
Phone: (620) 243 4331
CONTRACTOR: License # 33789
Name: D & B Drilling LLC
Wellsite Geologist: None
Purchaser: NCRA

API No. 15 - 095-22182-0000
Spot Description: SW SW NW
SWSW-NW Sec. 7 Twp. 30 S. R. 7 East West
2310 Feet from North / South Line of Section
340 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kingman
Lease Name: Kohman Well #: 8
Field Name: Spivey Grabs
Producing Formation: Mississippi

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
(Core, WSW, Expl., Cathodic, etc.)

Elevation: Ground: 1493 Kelly Bushing: 1506
Total Depth: 4254 Plug Back Total Depth: 4210
Amount of Surface Pipe Set and Cemented at: 200 @ 213 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/ _____

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: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____
1-21-2009 1-27-2009 1-24-2010
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 26000 ppm Fluid volume: 1500 bbls
Dewatering method used: clear liquids hauled
Location of fluid disposal if hauled offsite:
Operator Name: Bramwell Petroleum, Inc
Lease Name: Maple License No.: 8740
Quarter SW Sec. 6 Twp. 30 S. R. 6 East West
County: Kingman Docket No.: 22186

AIH-Dlg - 4/5/10 ^{sx cmt}

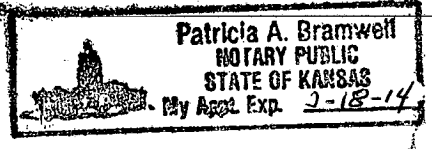
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Don Bramwell
Title: President Date: 3-30-2010
Subscribed and sworn to before me this 30 day of March
20 10
Notary Public: Patricia A. Bramwell
Date Commission Expires: _____

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution



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Operator Name: Bramwell Petroleum, Inc Lease Name: Kohman Well #: 8
 Sec. 7 Twp. 30 S. R. 7 East West County: Kingman

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Dual Compensated Porosity Log; Dual Induction Log; Sonic Cement Bond Log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name <u>Mississippi</u> Top <u>4094</u> Datum <u>2588</u> Log is recorded 27' high Driller depth & casing footage indicate Miss top @ 4121 - 2615
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CASING RECORD <input checked="" 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
Surface	12 1/4	8 5/8	23	213	Common	160	2% gel; 3% cac12
Production	7 7/8	4 1/2	10 1/2	4226	60/40 pox	200	10% salt

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	Depth
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	
2	4096 - 4106	Frac - 12000 lb sand	4096
		- 2620 CSCF Nitrogen -	4106 -

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>4227</u> Packer At: <u>N/A</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>1-24-2010</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls. <u>20.2</u>	Gas Mcf <u>280</u>	Water Bbls. <u>9</u> Gas-Oil Ratio <u>13.6</u> Gravity <u>34</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>4096 - 4106</u>
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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