

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 + 9074
Contact Person: Don Bramwell
Phone: (620) 243 4331
CONTRACTOR: License # 33902
Name: Hardt Drilling
Wellsite Geologist: Jon Messenger
Purchaser: National Coop Refinery Assoc (NCRA)

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 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 ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
7-15-2010 7-20-2010 11-12-2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 095-22213-00-00
Spot Description: _____
W2_NW_SE Sec. 7 Twp. 30 S. R. 7 East West
2,937 Feet from North / South Line of Section
2,660 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kingman
Lease Name: Kohman Well #: 11
Field Name: Spivey-Grabs Bsll
Producing Formation: Mississippi
Elevation: Ground: 1487 Kelly Bushing: 1497
Total Depth: 4330 Plug Back Total Depth: 4328
Amount of Surface Pipe Set and Cemented at: 200 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: 50,000 ppm Fluid volume: 800 bbls
Dewatering method used: clear fluid removed from top
Location of fluid disposal if hauled offsite:
Operator Name: Bramwell Petroleum, Inc
Lease Name: Maple License #: 8740
Quarter SE Sec. 6 Twp. 30 S. R. 6 East West
County: Kingman Permit #: 22186

RECEIVED
NOV 18 2010
KCC WICHITA

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.

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.
Signature: Don Bramwell
Title: President Date: 11-16-2010

KCC Office Use ONLY

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: DLS Date: 11/22/10

Operator Name: Bramwell Petroleum, Inc Lease Name: Kohman Well #: 11
 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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Mississippi	4139	-2642

List All E. Logs Run:

Dual porosity; Dual induction bond

CASING RECORD New 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 new	23	200	common	140	2% gel; 3% CC; 1/4 cell flake
Production	7 7/8	4 1/2 new	10 1/2	4316.85	50/50	150	2% gel; 2% cc; 3% kol seal

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
2	4140-4150	Frac 1427 bbl wtr, 40,000 lb sand	4140-50
	Completion to be finished in estimated 45 days		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR.	Producing Method:					
	<input type="checkbox"/> Flowing	<input type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	<u>4140-4150</u>
	<input type="checkbox"/> Other (Specify) _____	

QUALITY WELL SERVICE, INC.

5019

Home Office 190th US 56 HWY, Ellinwood, KS 67526

Todd's Cell 620-388-5422

Rich's Cell 620-727-3409

Darin's Cell 785-445-2686

Brady's Cell 620-727-6964

Date	7-15-10	Sec.	7	Twp.	30	Range	7	County	KINGMAN	State	KS	On Location		Finish	
Lease	Kobman		Well No.	11		Location 42+14 30W SINTO									
Contractor	HAROT DRILLING #1					Owner To Quality Well Service, 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	SFC					Charge To BRAMWELL									
Hole Size	12 1/4		T.D.	210'		Street									
Csg.	3 5/8		Depth	213.95'		City USED HOSE State									
Tbg. Size			Depth			The above was done to satisfaction and supervision of owner agent or contractor.									
Tool			Depth			Cement Amount Ordered 100 Com 2% GEL									
Cement Left in Csg.	10-15		Shoe Joint			3% CC 1/4 celloflake									
Meas Line			Displace	12.4 BBLs		Common 140									
EQUIPMENT						Poz. Mix 3									
Pumptrk	No.	TODD				Gel. 3									
Bulktrk	No.	KEVIN				Calcium 05									
Bulktrk	No.					Hulls									
Pickup	No.	DARIN				Salt									
JOB SERVICES & REMARKS						Flowseal 35									
Rat Hole						Kol-Seal									
Mouse Hole						Mud CLR 48									
Centralizers						CFL-117 or CD110 CAF 38									
Baskets						Sand									
D/V or Port Collar						Handling 169 @ 2.00									
RAN 5 JTS 8 5/8 23#						Mileage 45									
SET @ 2						FLOAT EQUIPMENT									
MIX & PUMP 100 Com 2% GEL						Guide Shoe									
3% CC 1/4 celloflake						Centralizer									
DISP 12.4 Bbls total						Baskets									
CLOSE Valve on CSG						AFU Inserts									
GOOD CIRCL thru JOB						Float Shoe									
CIRCL OUT TO PIT						Latch Down									
THANK TODD KEVIN						1 WOODROW Plug									
<p style="text-align: center;">PLEASE CALL AGAIN</p>						Pumptrk Charge SUTORS									
						Mileage 45									
						Tax									
X Signature						Discount									
						Total Charge									



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 28492

LOCATION El Dorado #80

FOREMAN Jim Thomas

FIELD TICKET & TREATMENT REPORT
CEMENT

0 Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

36

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-21-10	3388	Kohman #11	7	305	7W	Kingman
CUSTOMER Dramwell Petroleum Inc.			TRUCK #			
MAILING ADDRESS 15183 SW 25th Ave			DRIVER			
CITY Spivey			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 67142			TRUCK #			
			DRIVER			

JOB TYPE Long String HOLE SIZE _____ HOLE DEPTH 4330ft. CASING SIZE & WEIGHT 4 1/2" 10.50#
 CASING DEPTH 4329ft. DRILL PIPE _____ TUBING _____ OTHER New
 SLURRY WEIGHT 14.5-15.0 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING
 DISPLACEMENT 68.83 DISPLACEMENT PSI 600# MIX PSI 200# Bump Plug 1300#

REMARKS: Safety meeting Rig up to 4 1/2" casing & circulate for 1hr. with rig mud pump. Rig up & pump 150 sks 50/50 poz 2% gel 2% cc 3% kol-seal. Shut down & wash up pump & lines, release 4 1/2" Plug & disp. Plug to #329ft. Bump Plug 1300#, Release PSI, & Plug held. Wash up & rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	81	MILEAGE	3.65	295.65
5402	2829 ft	Casing footage	.20	565.80
1124	150 sks	50/50 poz mix	9.84	1476.00
1118A	300 lbs	gel	.20	60.00
1102	300 lbs	Calcium Chloride	.75	225.00
1110A	450 lbs	Kol-Seal	.42	189.00
5411	1	Swivel Head	100.00	100.00
4129	5	Centralizers 4 1/2"	40.00	200.00
4161	1	4 1/2" Float Shoe AFU	273.00	273.00
4453	1	4 1/2" Latchdown Plug & Assem.	221.00	221.00
5407A	7.05 Tons	81 miles Bulk Del.	1.20	685.26
RECEIVED				
NOV 18 2010				
KCC WICHITA				
<u>Subtotal</u>				5515.71
SALES TAX				116.58
ESTIMATED TOTAL				5382.29

AVIN 3737 235615 DATE _____

acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.