



KANSAS CORPORATION COMMISSION 1077112
OIL & GAS CONSERVATION DIVISION

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

CONFIDENTIAL WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31569
Name: Bach, Jason dba Bach Oil Production
Address 1: PO BOX 723
Address 2: _____
City: ALMA State: NE Zip: 68920 + 0723
Contact Person: Jason Bach
Phone: (308) 928-8920
CONTRACTOR: License # 30606
Name: Murfin Drilling Co., Inc.
Wellsite Geologist: Bob Petersen
Purchaser: Coffeyville Crude

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 #: _____

<u>03/06/2012</u>	<u>03/10/2012</u>	<u>03/28/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-147-20668-00-00
Spot Description: _____
SE SW SE SE Sec. 4 Twp. 2 S. R. 19 East West
160 Feet from North / South Line of Section
830 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Phillips
Lease Name: Brands Unit Well #: 1
Field Name: _____
Producing Formation: LKC
Elevation: Ground: 2203 Kelly Bushing: 2208
Total Depth: 3809 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 224 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 3807
feet depth to: 0 w/ 600 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 17000 ppm Fluid volume: 500 bbls
Dewatering method used: Evaporated
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	
<input checked="" type="checkbox"/> Letter of Confidentiality Received	Date: <u>06/26/2012</u>
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>NAOMI JAMES</u> Date: <u>06/27/2012</u>