



KANSAS CORPORATION COMMISSION 1092818

Form ACO-1

June 2009

CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM**WELL HISTORY - DESCRIPTION OF WELL & LEASE**Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 33599
 Name: Barline Oil, LLC
 Address 1: 7804 E FUNSTON, STE. 209
 Address 2:
 City: WICHITA State: KS Zip: 67207 +
 Contact Person: Bill Ree
 Phone: (316) 425-6990
 CONTRACTOR: License # 33575
 Name: WW Drilling, LLC
 Wellsite Geologist: Bill Ree
 Purchaser: 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 #:

07/07/2012 07/14/2012 07/14/2012
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 15-141-20452-00-00

Spot Description:
 NE SW NW SE Sec. 31 Twp. 8 S. R. 12 ☐ East ☒ West
 1705 Feet from ☐ North / ☒ South Line of Section
 2025 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Osborne

Lease Name: BRANT Well #: 1-31

Field Name: Wildcat

Producing Formation: Lansing

Elevation: Ground: 1744 Kelly Bushing: 1753

Total Depth: 4006 Plug Back Total Depth: 3273

Amount of Surface Pipe Set and Cemented at: 220 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: Feet

If Alternate II completion, cement circulated from: 886

feet depth to: 00 w/ 160 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 20000 ppm Fluid volume: 700 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

- ☒ Letter of Confidentiality Received
 Date: 09/11/2012
☐ Confidential Release Date:
☒ Wireline Log Received
☒ Geologist Report Received
☐ UIC Distribution
 ALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 09/18/2012