



KANSAS CORPORATION COMMISSION 1099280
OIL & GAS CONSERVATION DIVISION

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 25TH AVE
Address 2:
City: SPIVEY State: KS Zip: 67142 + 9074
Contact Person: Doug Bramwell
Phone: (620) 532-6019
CONTRACTOR: License # 33902
Name: Hardt Drilling LLC
Wellsite Geologist: Jon Messenger
Purchaser: Sunoco

API No. 15 - 15-095-22251-00-00
Spot Description:
SE SE SW NE Sec. 7 Twp. 30 S. R. 7 East West
2570 Feet from North / South Line of Section
1390 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kingman
Lease Name: KOHMAN Well #: 14
Field Name:
Producing Formation: Mississippi
Elevation: Ground: 1488 Kelly Bushing: 1498
Total Depth: 4234 Plug Back Total Depth: 4213
Amount of Surface Pipe Set and Cemented at: 203 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.

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 #: _____

| | | |
|-----------------------------------|-----------------|---|
| 03/27/2012 | 04/02/2012 | 09/14/2012 |
| 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: 36000 ppm Fluid volume: 787 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: Bramwell Petroleum, Inc
Lease Name: Maple SWD License #: 8740
Quarter SE Sec. 6 Twp. 30 S. R. 6 East West
County: Kingman Permit #: 22186

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: 10/31/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 10/31/2012



1099280

Operator Name: **Bramwell Petroleum, Inc.** Lease Name: **KOHMAN** Well #: **14**
 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 <i>(Attach Additional Sheets)</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Name | Top | Datum |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mississippi | 4104 | -2606 |
| Electric Log Run | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Electric Log Submitted Electronically <i>(if no, Submit Copy)</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| List All E. Logs Run: | | | | |
| Attached | | | | |

| 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 | 12.25 | 8.6250 | 23 | 203 | 60/40 | 140 | 2%gel, 3% CC |
| Production | 7.8750 | 4.5 | 10.5 | 4214 | 60/40 | 150 | 3%gel,3%CC,5#KolSea |

| 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 | | 500 gal HCL, 54000#30/50 Brown Sand,6000#resin coated | 4106-4116 |

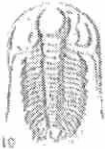
| | | | | |
|---|---|---------------------|-----------------------|--|
| TUBING RECORD: | Size: 2 3/8 | Set At: 4181 | Packer At: N/A | Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of First, Resumed Production, SWD or ENHR. | Producing Method: | | | |
| 09/19/2012 | <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. | Gas Mcf | Water Bbls. | Gas-Oil Ratio |
| | | | | |

| | | |
|--|---|----------------------|
| 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"/> Other (Specify) _____ | |

| | |
|-----------|--------------------------|
| Form | ACO1 - Well Completion |
| Operator | Bramwell Petroleum, Inc. |
| Well Name | KOHMAN 14 |
| Doc ID | 1099280 |

All Electric Logs Run

| |
|---------------------|
| |
| Compensated Neutron |
| PEL Density |
| Micro |
| Bond |



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

RECEIPT

Test Ticket

NO. 45183

Well Name & No. KORWIN #114 Test No. 1 Date 4-1-12
 Company BRAMWELL PETROLEUM INC. Elevation 1498 KB 1488 GL
 Address 15183 SW 25TH AVE. SEVEN KS. 67142
 Co. Rep / Geo. DOUG BRAMWELL Hq. HARST DRUG.
 Location: Sec. 7 Twp. 30S Rge. 7W Co. KINGMAN State KS.

Interval Tested 4108 - 4146' Zone tested MISS.
 Anchor Length 38' Drill Pipe Run 3980 Mud Wt. 9.0
 Top Packer Depth 4103' Drill Collars Run 120 Vis 48
 Bottom Packer Depth 4108' Wt. Pipe Run 0 WL 8.0cc
 Total Depth 4146' Chlorides 3800 ppm System LCM 2nd
 Blow Description IF: Strong blow. B.O.B. in 5 1/2 mins. ISL: No blow

FE: Fair to strong blow. B.O.B. in 23 mins. FE: FSI: No blow.

| Rec | Feet of | %gas | %oil | %water | %mud |
|------|---------------------|------|------|--------|------|
| 1030 | Feet of Gas in pipe | | | | |
| 35 | Feet of Gas cut Mud | 0 | | | 92 |
| | Feet of | | | | |
| | Feet of | | | | |
| | Feet of | | | | |

| | | | | | |
|-------------------------|----------|----------|-----------------------------------|---------------------------------|-------------------------|
| Rec Total | 35 fluid | NHT 121' | Gravity N/A | API RW N.C. @ | ~ °F Chlorides 3800 ppm |
| (A) Initial Hydrostatic | 1986 | | ✓ Test 1225 | | T-On Location 1228 |
| (B) First Initial Flow | 17 | | ✓ Jars 250 | | I-Started 1437 |
| (C) First Final Flow | 25 | | ✓ Safety Joint 75 | | I-Open 1644 |
| (D) Initial Shut-In | 289 | | LI Circ Sub | | I-Pulled 2016 |
| (E) Second Initial Flow | 19 | | LI 1 Hourly Standby 1 1/4 hrs 120 | | T-Out 2239 |
| (F) Second Final Flow | 33 | | ✓ Mileage 88RT 123.20 | | Comments |
| (G) Final Shut-In | 292 | | LI Sampler | | |
| (H) Final Hydrostatic | 1946 | | LI Straddle | RESIDENT SANDS OIL-FORMATION | LI Ruined Shale Packer |

| | | | | |
|-----------------|----|-------------------|-------------|------------------|
| Initial Open | 30 | LI Shale Packer | OCT 01 2012 | LI Ruined Packer |
| Initial Shut-In | 60 | LI Extra Packer | | LI Extra Copies |
| Final Flow | 60 | LI Extra Recorder | | Sub Total 0 |
| Final Shut-In | 60 | LI Day Standby | | Total 1798.20 |
| | | LI Accessibility | | MP/DST Disc't |
| | | Sub Total | 1798.20 | |

Approved By D. Bramwell Our Representative Compu Printings
 Triobite Testing Inc. shall not be liable for damaged or any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Sam Brownback, Governor

Mark Stevers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

October 31, 2012

Doug Bramwell
Bramwell Petroleum, Inc.
15183 SW 25TH AVE
SPIVEY, KS 67142-9074

Re: ACO1
API 15-095-22251-00-00
KOHMAN 14
NE/4 Sec.07-30S-07W
Kingman County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Doug Bramwell

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130 S. Market, Rm. 2078
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October 31, 2012

Doug Bramwell
Bramwell Petroleum, Inc.
15183 SW 25TH AVE
SPIVEY, KS 67142-9074

Re: ACO-1
API 15-095-22251-00-00
KOHMAN 14
NE/4 Sec.07-30S-07W
Kingman County, Kansas

Dear Doug Bramwell:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 03/27/2012 and the ACO-1 was received on October 31, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department