Form ACO-1 September 1999 Form Must Be Typed

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 8740	API No. 15 - 095-21836-0000 RG API				
Name: Bramwell Petroleum, Inc	County: Kingman				
Address: 15183 SW 25 Ave	S/2 -S/2 - SW Sec. 11 Twp. 30 S. R. 8 East V West				
City/State/Zip: Spivey, KS 67142	200 feet from \$\infty\$ N (circle one) Line of Section				
Purchaser: Kansas Gas Service RECEIVED	706 feet from E / (W) (circle one) Line of Section				
Operator Contact Person: Doug Bramwell AUG-2 6 2003	Footages Calculated from Nearest Outside Section Corner:				
Phone: (620) 532 2770	(circle one) NE SE NW (SW)				
Contractor: Name: Sterling Drilling Company KCC WICHITA	Lease Name: Brown Well #; 2				
License: 5142	Field Name: Spivey Grabs				
Wellsite Geologist: None, therefore no geological report.	Producing Formation: Mississippi				
Designate Type of Completion:	Elevation: Ground: 1505 Kelly Bushing: 1514				
New Well Re-Entry Workover	Total Depth: 4235 Plug Back Total Depth: 4224				
Oil SWD Temp. Abd.	Amount of Surface Pipe Set and Cemented at 212 Feet				
Gas ENHR SIGW	Multiple Stage Cementing Collar Used? ☐ Yes ☑ No				
Dry Other (Core, WSW, Expl., Cathodic, etc)	If yes, show depth setFeet				
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from				
Operator: N/A	feet depth tosx cmt.				
Well Name:	Drilling Fluid Management Plan All (Un 9.4.03				
Original Comp. Date: Original Total Depth:	(Data must be collected from the Reserve Pit)				
Deepening Re-perf Conv. to Enhr./SWD	Chloride content 3000 ppm Fluid volume 140 bbls				
Plug Back Plug Back Total Depth	Dewatering method used Hauled				
Commingled Docket No	Location of fluid disposal if hauled offsite:				
Dual Completion Docket No	Operator Name: Bramwell Petroleum, Inc				
Other (SWD or Enhr,?) Docket No	Lease Name: Maple License No.: 8740				
4-21-03 4-27-03 6-26-03	Quarter SW Sec. 6 Twp. 30 S. R. 6 East West				
Spud Date or Date Reached TD Completion Date or Recompletion Date	County: Kingman Docket No.: D22,186				
	County: Docket No.:				
Kansas 67202, within 120 days of the spud date, recompletion, workove Information of side two of this form will be held confidential for a period of 1	the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, or or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. 2 months if requested in writing and submitted with the form (see rule 82-3-and geologist well report shall be attached with this form. ALL CEMENTING Submit CP-111 form with all temporarily abandoned wells.				
All requirements of the statutes, rules and regulations promulgated to regula herein are complete and correct to the best of my knowledge.	te the oil and gas industry have been fully compiled with and the statements				
Signature: Don Bramwell	KCC Office Use ONLY				
Title: President Date: 8-24-03	Letter of Confidentiality Attached				
Subscribed and sworn to before me this 24 day of AUGUST	If Denied, Yes Date:				
20 <i>Q3</i>	Wireline Log Received				
Λ	Geologist Report Received				
Notary Public: Latricia) a Snamurel !	UIC Distribution				
Date Commission Expires: 2-18-06					

Patricia A. Bramwell NOTARY PUBLIC STATE OF KANSAS My Appl. Exp.

X

ORIGINAL

Operator Name: Bra	niwell retroteum	IIIC		Leas	se Name: _	DIOWII		_ Well #:		
Sec. 11 Twp. 3	0S. R8	Eas	t 🕑 West	Cour	nty: Kingr	nan				<u> </u>
INSTRUCTIONS: Statested, time tool oper temperature, fluid rec Electric Wireline Logo	n and closed, flowing covery, and flow rate	g and shu s if gas to	t-in pressures, surface test, a	whether along with	shut-in pre	essure reached	static level, hydro	static pressur	es, botto	m hole
Drill Stem Tests Take (Attach Additional		∠ Y	es 🗍 No		₽L	og Formati	on (Top), Depth a	nd Datum		Sample
Samples Sent to Geological Survey ☐ Yes ✓ No				Narr	Name				Datum	
Cores Taken Yes		=		Mississippi		/ CD	4146	-	-2632	
List All E. Logs Run:						RECEI	VED			
Dual Compen Dual Induction Sonic Cemen	า	y				AUG 2 6 KCC WIC				·
				RECORD) N	ew Used	-			
- Burney of Ciring	Size Hole		rt all strings set-c ze Casing	1	surface, inte	ermediate, produc Setting	tion, etc.	# Sacis	Type	and Percent
Purpose of String	Drilled	Se	t (In O.D.)	Lb	s. / Ft.	Depth	Cement	Used		dditives
Surface	12 1/4	8 5/8 r	8 5/8 new 23			212	60-40 poz	200	2%g€	el 3% cacl
Production	7 7/8	4 1/2 n	ew	11.6		4234	50-50 poz	75	5 lb/sk gilsonite	
		<u> </u>				<u> </u>	USC	50	0	
		· ₁	ADDITIONAL	CEMEN	TING / SQI	JEEZE RECORD)			
Purpose: Depth Top Bottom Protect Casing		7.		ks Used	Used Type and Percent Additives					
Plug Back TD Plug Off Zone	ig Back TD 0									
Shots Per Foot	ot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			 10	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth				Depth	
2 4148-4158				1000g 15% Hcl NE 4148-				4148-58		
					Frac 6000 lb 100 mesh, 20,000 lb 20/40,				4148-58	
					19,000 lb 12/20, 3000 lb AcFrac 12/20,					
						40,000 gal	Gel wtr			
TUBING RECORD	Size	Set At		Packe	r At	Liner Run				
23		4218		N/A			Yes No			
Date of First, Resumer 6-10-03	d Production, SWD or f	Enhr.	Producing Met	thod	Flowing	g 🗹 Pumpi	ng Gas Lif	t 🗌 Oth	er <i>(Explair</i>	ı)
Estimated Production Per 24 Hours	0il 4	Bbls.	Gas 44	Mcf	Wat 12	er E		as-Oll Ratio	;	Gravity 36.9
Disposition of Gas	METHOD OF	COMPLETION	NC			Production Inte	rval			
Vented Sold (If vented, So	Used on Lease abmit ACO-18.)		Open Hole	∠ Pe	arf, 🔲 I	Dually Comp.	Commingled			

United Cementing and Acid Co., Inc.

Oil Well Cementing & Acidizing
(316) 321-4680 • 800-794-0187 • FAX (316) 321-4720
2510 West 6th Street • El Dorado, KS 67042

SERVIÇE TICKET

ORIGINA 510

COUNTY	KINE	MAN	

CHARGE TO $\widetilde{\mathcal{L}}$	BRAMWELL	TETROLEUN	_			
ADDRESS		·	CITY		ST	ZIP
LEASE & WELL	NO. BROWN	Dilg Rag	SEC.]		TWP <i>30</i>	_RNG. <u>\%</u>
CONTRACTOR	STERITUR	Dila Rag	#4	TIM	E ON LOCATION_	2:00A
KIND OF JOB _	PRODUCT=	ON CASENO			<u>.</u>	OLD NEW
Quantity		MATERIAL U	SED 42	33 1	Serv. Charge	1052.84
1005	50/50 pc	2 6	1445			4459
50 sx	135C		1,08		76	404.99
2 5x	GEL		9.90			19.00
750/bs	GILSONIT	<u> </u>)35o.			2102.50
SDOGAL	MUD Flu	5h (255t.		RECEIVED	275.09
4~	4/2.CEN	TER/TZZRS	@ <i>31.09</i>	·	AUG 2 6 2003	84.00
167.	BULK CHARGE		_ _		KCC WICHITA	163.66
	BULK TRK. MIL	ES 8,35ton			ACC AAICH II IV	150,38
25	PUMP-TRK. MIL	ES				51,25
	41/2 AFU	FLOAT Sho	3 5	: 		135.80
	PLUGS 412	Top Rubbe				25.20
	SALES TAX	<u> </u>		<u>-</u>		123.89
	TOTAL		,	· ·	3194,9	307010
т.D. <u>4</u>	Z 35		CSG. SET	AT 42	2 33	ИЕ
SIZE HOLE	77/8				VOLUN	
MAX. PRESS	1000	,	SIZE PIPE	41/2	NEW 11.6	, #
PLUG DEPTH _	4233		PKER DEF			
- PLUG USED	Too R	bber	TIME FINI	SHED	7:30A	
TEMARKS:		· · · · · · · · · · · · · · · · · · ·				
(EM) (11(O		Sez		_		
		· · · · · · · · · · · · · · · · · · ·				
		_				
					·	
NAME	*1	EQUI UNIT NO.	PMENT USED NAME			UNIT NO.
NAME	7 / 3	$\bigcap_{i \in I} I_i I_i$	T	1	. 10 0	_
ChET,	JOHNSON_	<u> </u>	711	1 1ho	MAS, GKEG	WANK-BITE
Teal	1 Lun				·—	
Ċŀ	EMENTER OR TR	EATER			OWNER'S REP.	

United Cementing and Acid Co., Inc.

ORIGINAL 4483

Oil Well Cementing & Acidizing
(316) 321-4680 • 800-794-0187 • FAX (316) 321-4720
2510 West 6th Street • El Dorado, KS 67042

DATE 1/-21-03

		,	COUNTY	- Linduc
CHARGE TO _	Bramwello. C			
ADDRESS		CITY		
	NO. Brown# 2.			
CONTRACTOR	5 Torling Drillin	9	TIME ON LOCATION_	5:00
KIND OF JOB _	Sai Face P. J. o		 -	OLD NEW
Quantity	MATERIAL		Serv. Charge	4829
1755%	1- 40/40 Poz 3%	cal of be	11 at 1,50	84000
3 5%	1 6-011	(α) 4,50		28,50
5.51		L @26!9		130,50
			· · · · · · · · · · · · · · · · · · ·	
	7		RECEIVED	
		· 	AUG 2 6 2003	
1835x		@941.		179,34
25	BULK TRK. MILES 9, 25to	TUS .	KCC WICHITA	1108.81
<u> </u>	PUMP TRK. MILES	· 		51,25
				-
	PLUGS		<u>'</u>	0.11 cm
	SALES TAX			84,8%
	TOTAL			19105.01
T.D		CSG. SET AT_	ンひの ′VOLUM	ME_/3/2
SIZE HOLE	·		VOLUM	
MAX. PRESS, _		SIZE PIPE	838 0 =	200
PLUG DEPTĤ _	<u> </u>	PKER DEPTH		·
PLUG USED _		TIME FINISHE	D <u>9:00</u>	· · · · · · · · · · · · · · · · · · ·
REMARKS:	Circulato Camerio	To Sav Fa	CR 200 V	<u> </u>
	Job complet. @ a	7:00 P.M.		
_		·-	,	
	9.64 Am 20300	<u></u>		
	, V	QUIPMENT USED		
NAME .	UNIT NO.	NAME		UNIT NO.
	m H P-10	_ X/ro	1 H B-/	·
F.	DIK		,	
	EMENTER OR TREATER	<u> </u>	OWNER'S REP.	···