Confide	ntiality F	Requested:
Yes	No	

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1243552

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #		API No. 15		
Name:		Spot Description:		
Address 1:				
Address 2:		Feet from North / South Line of Section		
City: Stat	te: Zip:+	Feet from East / West Line of Section		
Contact Person:		Footages Calculated from Nearest Outside Section Corner:		
Phone: ()				
CONTRACTOR: License #		GPS Location: Lat:, Long:		
Name:		(e.g. xx.xxxx) (e.gxxx.xxxx)		
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84		
		County:		
Designate Type of Completion:		Lease Name: Well #:		
New Well	ntry Workover	Field Name: Producing Formation:		
		Elevation: Ground: Kelly Bushing:		
Gas D&A		Total Vertical Depth: Plug Back Total Depth:		
	GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet		
CM (Coal Bed Methane)	Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No		
If Workover/Re-entry: Old Well Info		If yes, show depth set: Feet		
Operator:		If Alternate II completion, cement circulated from:		
Well Name:		feet depth to:w/sx cmt.		
Original Comp. Date:	Original Total Depth:			
Deepening Re-perf.	Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan		
Plug Back	Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)		
Commingled	Permit #:	Chloride content: ppm Fluid volume: bbls		
	Permit #:	Dewatering method used:		
	Permit #:	Location of fluid disposal if hauled offsite:		
	Permit #:	Location of huid disposal if hadied offsite.		
	Permit #:	Operator Name:		
	· ·····	Lease Name: License #:		
Spud Date or Date React	hed TD Completion Date or	Quarter Sec TwpS. R East West		
Recompletion Date	Recompletion Date of Recompletion Date	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					
Confidentiality Requested					
Date:					
Confidential Release Date:					
Wireline Log Received					
Geologist Report Received					
UIC Distribution					
ALT I II III Approved by: Date:					

CORRECTION #1

1243552

Operator Nar	me:			Lease Name:	_ Well #:
Sec	Twp	_S. R	East West	County:	

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken (Attach Additional St	neets)	Yes N	0		-	ation (Top), De	epth and			Sample
Samples Sent to Geological Survey		Yes N	0	Nam	ie			Тор	[Datum
Cores Taken Electric Log Run		☐ Yes ☐ N ☐ Yes ☐ N	•							
List All E. Logs Run:										
		CAS Report all strings	SING RECO		ew Used ermediate, proc	luction, etc.				
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)		Weight Lbs. / Ft.	Setting Depth	Type o Ceme		# Sacks Used		and Percent dditives
Purpose:	Depth			ENTING / SQU						
Perforate Protect Casing	Top Bottom	Type of Cement		Sacks Used	Type and Percent Additives					
Plug Back TD Plug Off Zone										
Did you perform a hydrauli	c fracturing treatment	on this well?			Yes	No (If	No, skip	questions 2 an	nd 3)	
Does the volume of the tot Was the hydraulic fracturin		5			? Yes			o question 3) out Page Three (of the ACC	D-1)
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				Acid,	Fracture, Shot, C (Amount and Kin			b	Depth	
TUBING RECORD:	Size:	Set At:	Pa	cker At:	Liner Run:					
						Yes	No			
Date of First, Resumed P	roduction, SWD or EN	IHR. Producing	Method:							

			Flowing	Pump	ing Gas Lift	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:
Vented Sold Used on Lease	Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)	
(If vented, Submit ACO-18.)	Other (Specify)	

Form	ACO1 - Well Completion			
Operator	Hughes Drilling Co, a General Partnership			
Well Name	Braun 25-I			
Doc ID	1243552			

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.8750	7	10	35	Portland	12	50/50 POZ
Production	5.2500	2.8750	8	933	Portland	128	50/50 POZ

Summary of Changes

Lease Name and Number: Braun 25-I

API/Permit #: 15-091-24290-00-00

Doc ID: 1243552

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Completion Or Recompletion Date	11/7/2015	11/7/2014
Date Reached TD	11/6/2015	11/6/2014
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 42643	//kcc/detail/operatorE ditDetail.cfm?docID=12 43552
Spud Or Recompletion Date	11/5/2015	11/5/2014



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1242643

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

_	WELL	COMPLETION FORM	
			_

	OIL & GAS CONSERVATION DIVISION
CONFIDENTIAL	WELL COMPLETION FORM
	HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #		API No. 15
Name:		Spot Description:
Address 1:		
Address 2:		Feet from Dorth / South Line of Section
City: State: 2	Zip:+	Feet from East / West Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Phone: ()		
CONTRACTOR: License #		GPS Location: Lat:, Long:
Name:		(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84
Purchaser:		County:
Designate Type of Completion:		Lease Name: Well #:
New Well Re-Entry	Workover	Field Name:
		Producing Formation:
	SIOW	Elevation: Ground: Kelly Bushing:
		Total Vertical Depth: Plug Back Total Depth:
GSW GSW	Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:		If yes, show depth set: Feet
Operator:		If Alternate II completion, cement circulated from:
Well Name:		feet depth to:
Original Comp. Date: Original		
	ENHR Conv. to SWD	Drilling Fluid Menonement Disp
	GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
		Chloride content: ppm Fluid volume: bbls
Commingled Permit #:		
Dual Completion Permit #:		Dewatering method used:
SWD Permit #:		Location of fluid disposal if hauled offsite:
ENHR Permit #:		Operator Name:
GSW Permit #:		Lease Name: License #:
		Quarter Sec TwpS. R East West
Spud Date or Date Reached TD Recompletion Date	Completion Date or Recompletion Date	County: Permit #:
	recompletion Date	

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
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:

KOLAR Document ID: 1242643

Operator Nam	ne:			Lease Name:	Well #:
Sec	Twp	S. R	East West	County:	

Page Two

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken (Attach Additional Sh	acate)	Y	′es 🗌 No			og Formatio	n (Top), Depth a	and Datum	Sample
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c] Ne	w Used rmediate, productio	on. etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose: Depth Perforate		Туре	e of Cement	# Sacks Used			Type and	Percent Additives	
Protect Casing Plug Back TD Plug Off Zone									
 Did you perform a hydra Does the volume of the Was the hydraulic fracture 	total base fluid of the	hydraulic fr	acturing treatment		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	MPLE	TION:		PRODUCTIC Top	DN INTERVAL: Bottom
Vented Sold Used on Lease Op (If vented, Submit ACO-18.)		Open Hole		-	·	nit ACO-4)	юр	Bollom	
Shots Per Perforation Perforation Foot Top Bottom			Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Hughes Drilling Co, a General Partnership
Well Name	Braun 25-I
Doc ID	1242643

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	866.5-874.5	2" DML RTG	8

Form	ACO1 - Well Completion
Operator	Hughes Drilling Co, a General Partnership
Well Name	Braun 25-I
Doc ID	1242643

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.8750	7	10	35	Portland	12	50/50 POZ
Production	5.2500	2.8750	8	933	Portland	128	50/50 POZ

			<u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u>	o., Kansas	-
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werebed the set of in the second of a reading of the second of the secon		6 725-440	Amparate and a second and a second	All and the second seco	137
35 31	- Clesy	E Contractions of the State		Shule	
	shale	3225-66.5		line	163
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	Shale (Slote 24-75) (State 31-8	B225- 111.5	27	Shull	230
- PR- 74 82- 82- 92-	L'Mé	Q22.5-134.9	91	Lime	230
12 76	Shule	@22.5- 154.5		Shule.	245
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36 115			management of the state of the	shuk	274
115 137	Small CRed Bed 117-119)	0/22.5- 201.5	and a subscription of the	Lime	2.32
137 163	Lime	(1)25-224.9		Stanle	291
163 191		1022.5-2.46.5		Shale	296
191 203		122.5-269.0		Line	364
203 230	Design of the second	13/22.5-291,5	30 60	shale	369
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Sec.36 , Twp.14 , Rng.71

Sec.36 . TV	vp. <u>14</u>	, Rng.21	1
50	Co.,	Kansas 47	5
1720	FSL	2990	FEL

1' John

HUGHES DRILLING REPORT

SURFACE CASING

PERMANENT CSG.

Well No. 25-J		
Farm Brown	Feet	
	Circulated	ey cement

Size..... Feel.

OPERATOR HUSSES DEILLINS

T. D. at Completion 942 Contractor HUGHES DRILLING CO.

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9 Jts on trailer

HUGHES DRILLING CO.

Wellsville, Kansas 66092

	Roger Darrel	913-883-2235 913-883-4027	LEASE BROWN #	Bon 913-883-4655 Clay 913-883-4383	
			FORMATION B		
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10.3

21

	Oil Wall Corviese, LLC

INVOICE # 802008 LOCATION 07

Glot

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

FIELD	TICKET	&	TREATMENT	REPORT
		C	EMENT	

			VEINEI	1 4			
DATE	CUSTOMER #	WELL NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
11-7-14	3425	Braun 25-I.		NE 36	14	21	30
CUSTOMER	5 1	1					
Hugh		ling.		TRUCK #	DRIVER	TRUCK#	DRIVER
MAILINGAODRE	ESS	0		730 /	Alchlad	Griten	Meet
122	Main			368	Arl McD.		DUICE_
CITY		STATE ZIP CODE]	303 1	Top How		
Wellsu	ille	KS 66092		Huches	HAD		
JOB TYPE	ng GHTINS	HOLE SIZE 5518	HOLE DEPTH	1942	CASING SIZE & W	IEIGHT 27	8
CASING DEPTH	933.65	, · · · · · · · · · · · · · · · · · · ·	TUBING	•		OTHER 579	105.40
SLURRY WEIGH	IT	SLURRY VOL	WATER gal/s	k	CEMENT LEFT in	CASING	
DISPLACEMENT	5.26	DISPLACEMENT PSI	MIX PSI	200	RATE ME	pon	
REMARKS: H	eld nee	ting. Establig	400 1	ate. N	1:xel +	umped	2 1000
5el 101	for the long of the second	4 128 SK 50	150 Le	Ment p.	145 2 70.	sel +	1/4 #
Hoger	1 Pcr	Sach Circu	lated	centon	t. Flu	shed f	nmp.
primpi	d ply	g to battle.	Ne	11 held	800	18.5 \$C)~
30 1	inste d	MJ.T. Set	flogy	L.			

Alan Morder Hugnes Prilling

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE 368		1085-00
5406 4	30	MILEAGE 368	ļ	126-
54024	933,65	ccsing tootage 368		
3407	min	Non miles 503		368-
			1617200	
1124	128	30150 cement	1472-	
118131	015	gel flostal Material Sub	69,20	
1107	32#	flo Stal	79.04	
1			1620.34	
		hess 30%	- W86.1D	
		material total		113400
A402	1	2/2 plug		29.50.
9	omalo?od		3350,52	
			SALES TAX	85.81
Ravin 9737	Ch.		ESTIMATED TOTAL	2828.56
AUTHORIZTION	Cluz	TITLE	DATE	

AUTHORIZTION_

I 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.