



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

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

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 #: \_\_\_\_\_

|                                   |                 |   |
|-----------------------------------|-----------------|---|
| Spud Date or<br>Recompletion Date | Date Reached TD | Completion Date or<br>Recompletion Date |
|-----------------------------------|-----------------|---|

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

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: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1105701

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**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 <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If no, Submit Copy)</i><br><br>List All E. Logs Run: _____ | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|---|---|

| CASING RECORD <input 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 |
|   |                   |                           |                   |               |                |              |                            |
|   |                   |                           |                   |               |                |              |                            |
|   |                   |                           |                   |               |                |              |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD  |                  |                |              |                            |
|--|------------------|----------------|--------------|----------------------------|
| Purpose:   | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| _____ Perforate<br>_____ Protect Casing<br>_____ Plug Back TD<br>_____ Plug Off Zone |                  |                |              |                            |
|  |                  |                |              |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|---|--|-------|
|                |   |  |       |
|                |   |  |       |
|                |   |  |       |
|                |   |  |       |

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

|                                   |           |         |             |               |         |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

|   |  |  |
|---|--|--|
| DISPOSITION OF GAS:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____<br><i>(Submit ACO-4)</i> | PRODUCTION INTERVAL:<br>_____<br>_____ |
|---|--|--|

HAT DRILLING  
12371 KS HWY 7  
MOUND CITY, KS 66056  
LICENSE # 33734

Phegley PH-I-27  
API # 15-091-23889-00-00  
SPUD DATE 8-15-12

| Footage | Formation  | Thickness | Set 42' of 7"         |
|---------|------------|-----------|-----------------------|
| 2       | Topsoil    | 2         | TD 904'               |
| 9       | clay       | 7         | Ran 898' of 2 7/8     |
| 12      | sand stone | 3         |                       |
| 53      | shale      | 41        |                       |
| 80      | lime       | 27        |                       |
| 86      | shale      | 6         |                       |
| 92      | lime       | 6         |                       |
| 102     | shale      | 10        |                       |
| 120     | lime       | 18        |                       |
| 137     | shale      | 17        |                       |
| 156     | lime       | 19        |                       |
| 164     | shale      | 8         |                       |
| 221     | lime       | 57        |                       |
| 239     | shale      | 18        |                       |
| 247     | lime       | 8         |                       |
| 267     | shale      | 20        |                       |
| 288     | lime       | 21        |                       |
| 333     | shale      | 45        |                       |
| 390     | lime       | 57        |                       |
| 402     | shale      | 12        |                       |
| 408     | lime       | 6         |                       |
| 585     | shale      | 177       |                       |
| 588     | lime       | 3         |                       |
| 595     | shale      | 7         |                       |
| 605     | lime       | 10        |                       |
| 618     | shale      | 13        |                       |
| 624     | lime       | 6         |                       |
| 741     | shale      | 117       |                       |
| 746     | lime       | 5         |                       |
| 777     | shale      | 31        |                       |
| 791     | lime       | 14        |                       |
| 800     | shale      | 9         |                       |
| 808     | lime       | 8         |                       |
| 863     | shale      | 55        |                       |
| 872     | sand       | 9         | good odor, good bleed |
| 904     | shale      | 32        |                       |

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CASING MECHANICAL INTEGRITY TEST

DOCKET # R-26359

Disposal  Enhanced Recovery:

SWSWNW NW, Sec 28, T 14 S, R 22 (E)W

NW-OP

Repressuring   
Flood   
Tertiary

6PS 4106 Feet from South Section Line  
4983 Feet from East Section Line

Date injection started \_\_\_\_\_  
API #15 - 091 - 23889

Lease Phegley Well # I-27  
County JOHNSON

Operator: Bradley Oil Company  
Name & Address PO Box 21614

Operator License # 31817 RECEIVED  
Contact Person Bradd Schwartz DEC 28 2012

Oklahoma City, OK 73156

Phone 405-340-7752 KCC WICHITA

Max. Auth. Injection Press. \_\_\_\_\_ psi; Max. Inj. Rate \_\_\_\_\_ bbl/d;  
if Dual Completion - Injection above production \_\_\_\_\_ Injection below production \_\_\_\_\_  
Conductor Surface Production Liner Size Tubing  
Size \_\_\_\_\_ 7 2 1/8 \_\_\_\_\_ Size \_\_\_\_\_  
Set at \_\_\_\_\_ 42 898 \_\_\_\_\_ Set at \_\_\_\_\_  
Cement Top \_\_\_\_\_ 2 \_\_\_\_\_ Type \_\_\_\_\_  
" Bottom \_\_\_\_\_ 42 898 \_\_\_\_\_  
DV/Perf. \_\_\_\_\_ TD (and plug back) 904 ft. depth  
Packer type \_\_\_\_\_ Size \_\_\_\_\_ Set at \_\_\_\_\_  
Zone of injection \_\_\_\_\_ ft. to ft. \_\_\_\_\_ Perf. or open hole \_\_\_\_\_

Type Mit: Pressure  Radioactive Tracer Survey  Temperature Survey

F Time: Start 10 Min. 20 Min. 30 Min.  
I Pressures: 800 800 800 Set up 1 | System Pres. during test \_\_\_\_\_  
E \_\_\_\_\_ Set up 2 | Annular Pres. during test \_\_\_\_\_  
L \_\_\_\_\_ Set up 3 | Fluid loss during test \_\_\_\_\_ bbls.  
D \_\_\_\_\_

D Tested: Casing  or Casing - Tubing Annulus   
A The bottom of the tested zone is shut in with Rubber Plug

Test Date 8-17-2012 Using Consolidated Company's Equipment  
The operator hereby certifies that the zone between 0 feet and 898 feet  
was the zone tested Fred Maden Signature Title

The results were Satisfactory , Marginal \_\_\_\_\_, Not Satisfactory \_\_\_\_\_  
State Agent Tanya C. Hermon Title PERIT Witness: Yes \_\_\_\_\_ No   
REMARKS: Well not perforated

Origin. Conservation Div.;  KDHE/T;  Dist. Office;  
 Computer Update 38.807990 -94.981994 KCC Form U-7 6/84  
NAD 83



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 252164

=====  
Invoice Date: 08/20/2012 Terms: 0/0/30,n/30 Page 1  
=====

BRADLEY OIL COMPANY  
P O BOX 21614  
OKLAHOMA CITY OK 73156-1614  
(405)751-9146

PHEGLEY I-27  
39511  
28-14-22  
08-17-2012  
KS

| Part Number | Description             | Qty    | Unit Price | Total   |
|-------------|-------------------------|--------|------------|---------|
| 1124        | 50/50 POZ CEMENT MIX    | 128.00 | 10.9500    | 1401.60 |
| 1118B       | PREMIUM GEL / BENTONITE | 315.00 | .2100      | 66.15   |
| 4402        | 2 1/2" RUBBER PLUG      | 1.00   | 28.0000    | 28.00   |

  

| Description                      | Hours  | Unit Price | Total   |
|----------------------------------|--------|------------|---------|
| 368 CEMENT PUMP                  | 1.00   | 1030.00    | 1030.00 |
| 368 EQUIPMENT MILEAGE (ONE WAY)  | 30.00  | 4.00       | 120.00  |
| 368 CASING FOOTAGE               | 898.00 | .00        | .00     |
| 369 80 BBL VACUUM TRUCK (CEMENT) | 2.00   | 90.00      | 180.00  |
| 510 MIN. BULK DELIVERY           | 1.00   | 350.00     | 350.00  |

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=====  
Parts: 1495.75 Freight: .00 Tax: 112.56 AR 3288.31  
Labor: .00 Misc: .00 Total: 3288.31  
Sublt: .00 Supplies: .00 Change: .00  
=====

Signed \_\_\_\_\_ Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 39511

LOCATION Ottawa

FOREMAN Alan Mad

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

| DATE    | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---------|------------|--------------------|---------|----------|-------|--------|
| 8-17-12 | 1601       | Phegley T-27       | NW 28   | 14       | 22    | Jo     |

  

| CUSTOMER    | MAILING ADDRESS | CITY          | STATE | ZIP CODE |
|-------------|-----------------|---------------|-------|----------|
| Bradley Oil | P.O. Box 21614  | Oklahoma City | OK    | 73156    |

  

| TRUCK # | DRIVER   | TRUCK # | DRIVER |
|---------|----------|---------|--------|
| 516     | Alan Mad | Safety  | Meat   |
| 368     | MI McD   |         |        |
| 369     | Der Mas  | DM      |        |
| 510     | Don Det  | DD      |        |

  

JOB TYPE long string HOLE SIZE 3 5/8 HOLE DEPTH 904 CASING SIZE & WEIGHT 2 7/8  
 CASING DEPTH 898 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
 DISPLACEMENT 5 1/4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4.5 gpm

REMARKS: Hold crew meet. Established rate. Mixed & pumped 100# gel followed by 128 gal 50/50 cement plus 200 gal. Circulated cement. Flushed pump. Pumped plug to casing FD. Well held 800 PSI for 30 min M.T.T. Set float. Closed valve.

Wat Eric

Alan Mad

| ACCOUNT CODE    | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL   |
|-----------------|-------------------|------------------------------------|------------|---------|
| 5401            | 1                 | PUMP CHARGE                        | 368        | 1030.00 |
| 5406            | 30                | MILEAGE                            | 368        | 120.00  |
| 5402            | 898'              | casing footage                     | 368        | —       |
| 5407            | min               | ten miles                          | 510        | 350.00  |
| 5502C           | 2                 | 80 gal                             | 369        | 180.00  |
| 1124            | 128 sk            | 50/50 cement                       |            | 1401.60 |
| 1118B           | 315 #             | gel                                |            | 66.15   |
| 4402            | 1                 | 2 1/2 plug                         |            | 28.00   |
| RECEIVED        |                   |                                    |            |         |
| DEC 28 2012     |                   |                                    |            |         |
| KCC WICHITA     |                   |                                    |            |         |
| SALES TAX       |                   |                                    |            | 112.56  |
| ESTIMATED TOTAL |                   |                                    |            | 3288.31 |

Ravin 3737

NO company rep  
Jim OK 2

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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.

25 2164