



KANSAS CORPORATION COMMISSION 1105703  
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 # \_\_\_\_\_

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 Recompletion Date      Date Reached TD      Completion Date or 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: \_\_\_\_\_



1105703

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

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

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

Phegley PH-I-26  
API # 15-091-23890-00-00  
SPUD DATE 8-17-12

Footage	Formation	Thickness	Set 42' of 7"
2	Topsoil	2	TD 928'
15	clay	13	Ran 921' of 2 7/8
19	sand stone	4	
59	shale	40	
86	lime	27	
95	shale	9	
130	lime	35	
143	shale	13	
227	lime	84	
247	shale	20	
256	lime	9	
277	shale	21	
284	lime	7	
290	shale	6	
298	lime	8	
343	shale	45	
418	lime	75	
593	shale	175	
595	lime	2	
607	shale	12	
620	lime	13	
631	shale	11	
635	lime	4	
642	shale	7	
651	lime	9	
872	shale	221	
883	sand	11	
928	shale	45	

RECEIVED  
DEC 28 2012  
KCC WICHITA

CASING MECHANICAL INTEGRITY TEST

DOCKET # E-26359

Disposal  Enhanced Recovery:

NENWSW NW, Sec 28, T 14 S, R 22 E

NW-OP

Repressuring   
Flood   
Tertiary

495 31676 Feet from South Section Line  
4966 Feet from East Section Line

Date injection started  
API #15 - 091 - 23890

Lease Pnealey Well # I-26  
County Johnson

Operator: Bradley Oil Company  
Name & Address Po Box 21614  
Oklahoma City, OK 73156

Operator License # 31847  
Contact Person Bradd Schwartz  
Phone 405-340-7752

RECEIVED  
DEC 28 2012  
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 \_\_\_\_\_ 42 921 \_\_\_\_\_ Set at \_\_\_\_\_  
Cement Top \_\_\_\_\_ 0 \_\_\_\_\_ Type \_\_\_\_\_  
" Bottom \_\_\_\_\_ 42 \_\_\_\_\_  
DV/Perf. \_\_\_\_\_ TD (and plug back) \_\_\_\_\_ 928 \_\_\_\_\_ 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 I E L D D A T A  
Time: Start 10 Min. 20 Min. 30 Min.  
Pressures: 800 800 800 Set up 1 System Pres. during test \_\_\_\_\_  
Set up 2 Annular Pres. during test \_\_\_\_\_  
Set up 3 Fluid loss during test \_\_\_\_\_ bbls.

Tested: Casing  or Casing - Tubing Annulus   
The bottom of the tested zone is shut in with Rubber Plug  
Test Date 8-20-2012 Using Consolidated Company's Equipment  
The operator hereby certifies that the zone between 0 feet and 921 feet  
was the zone tested Fred Mader Title \_\_\_\_\_  
Signature \_\_\_\_\_

The results were Satisfactory , Marginal \_\_\_\_\_, Not Satisfactory \_\_\_\_\_  
State Agent Taylor C. Heenan Title Permit Witness: Yes  No \_\_\_\_\_  
REMARKS: Well not perforated

Origin. Conservation Div.;  KDHE/T;  Dist. Office;  
 Computer Update  
38.806810 -94.981930  
NAD83  
KCC Form U-7 6/84



**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 # 252260

Invoice Date: 08/22/2012 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-26  
39501  
28-14-22  
08-20-2012  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	137.00	10.9500	1500.15
1118B	PREMIUM GEL / BENTONITE	330.00	.2100	69.30
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

  

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	921.00	.00	.00
548 MIN. BULK DELIVERY	1.00	350.00	350.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

RECEIVED  
DEC 28 2012  
KCC WICHITA

Parts:	1597.45	Freight:	.00	Tax:	120.21	AR	3397.66
Labor:	.00	Misc:	.00	Total:	3397.66		
Sublt:	.00	Supplies:	.00	Change:	.00		

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

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/20/12	1601	Phigley # I-26	NW 28	14	22	JO

CUSTOMER  
Bradley Oil Co

MAILING ADDRESS  
P.O. Box 21614

CITY  
Oklahoma City STATE  
OK ZIP CODE  
73156

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fred Mad	Safety	MKJ
495	Harvey	HB	J
675	Keith	RD	
548	Milkhaa	MH	

JOB TYPE Logstring HOLE SIZE 5 7/8 HOLE DEPTH 928' CASING SIZE & WEIGHT 2 7/8 EUE

CASING DEPTH 921' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_

SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug

DISPLACEMENT 5.35 BB DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5.3 RPM

REMARKS: Establish circulation. Mix + Pump 100# Gel Flush. Mix + Pump 137 SKS 50/50 Poz Mix Cement 270 Gal. Cement to Surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800# PSI. Hold + monitor pressure for 30 min MIT. Release pressure to set float valve. Shut in casing.

KCC Rep: Taylor Norman  
Hat Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 <sup>98</sup>
5406	30 mi	MILEAGE	495	120 <sup>98</sup>
5402	921	Casing footage		N/C
5407	Minimum	Ton Miles	598	350 <sup>98</sup>
5520	2 hrs	80 BBL Vac Truck	675	180 <sup>98</sup>
5124	137 SKS	50/50 Poz Mix Cement		1500 <sup>15</sup>
1118B	330#	Premium Gel		69 <sup>30</sup>
4402	1	2 1/2" Rubber Plug		25 <sup>00</sup>

RECEIVED  
DEC 28 2012  
KCC WICHITA

			7.525%	SALES TAX	120.21
				ESTIMATED TOTAL	3397.66

AUTHORIZATION [Signature] 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.

252260