



**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: \_\_\_\_\_



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
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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
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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 (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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HAT DRILLING  
 12371 KS HWY 7  
 MOUND CITY, KS 66056  
 LICENSE # 33734

Hicks #I-19  
 API # 15-091-23903-00-00  
 SPUD DATE 8-30-12

Footage	Formation	Thickness	Set 40' of 7"
2	Topsoil	2	TD 917'
19	clay	17	Ran 913' of 2 7/8
25	sand stone	6	
61	shale	36	
84	lime	23	
91	shale	7	
100	lime	9	
108	shale	8	
120	lime	12	
145	shale	25	
162	lime	17	
171	shale	9	
222	lime	51	
248	shale	26	
257	lime	9	
287	shale	30	
299	lime	12	
343	shale	44	
366	lime	23	
376	shale	10	
398	lime	22	
402	shale	4	
404	lime	2	
411	shale	7	
417	lime	6	
587	shale	170	
590	lime	3	
593	shale	3	
597	lime	4	
604	shale	7	
608	lime	4	
626	shale	18	
628	lime	2	
744	shale	116	
748	sand	4	good odor, little bleed
777	shale	29	
780	lime	3	
868	shale	88	
873	sand	5	
917	shale	44	good odor, good bleed

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CASING MECHANICAL INTEGRITY TEST

DUCKET # 240307

Disposal  Enhanced Recovery:

NWSWNW NE, Sec 28, T 14 S, R 22 E

NW-CP

Repressuring   
Flood   
Tertiary

GPS 4425 Feet from South Section Line  
2646 Feet from East Section Line

Date injection started \_\_\_\_\_  
API #15 - 091 - 23903

Lease Hicks Well # I-19  
County Johnson

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

Operator License # 31847 RECEIVED  
Contact Person Bradd Schwartz DEC 28 2012  
Phone 405-340-7152 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 Tubing  
Size \_\_\_\_\_ 7 \_\_\_\_\_ 2 7/8 \_\_\_\_\_ Size \_\_\_\_\_  
Set at \_\_\_\_\_ 40 \_\_\_\_\_ 913 \_\_\_\_\_ Set at \_\_\_\_\_  
Cement Top \_\_\_\_\_ 0 \_\_\_\_\_ 0 \_\_\_\_\_ Type \_\_\_\_\_  
" Bottom \_\_\_\_\_ 40 \_\_\_\_\_ 913 \_\_\_\_\_  
DV/Perf. \_\_\_\_\_ TD (and plug back) \_\_\_\_\_ 917 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

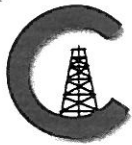
F Time: Start 10 Min. 20 Min. 30 Min.  
I Pressures: 800 800 800 Set up 1 System Pres. during test \_\_\_\_\_  
L Set up 2 Annular Pres. during test \_\_\_\_\_  
D Set up 3 Fluid loss during test \_\_\_\_\_ bbls.

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

T Test Date 8-30-2012 Using Consolidated Company's Equipment  
A The operator hereby certifies that the zone between 0 feet and 913 feet  
was the zone tested Alan Muder Signature Supervisor Title

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

Origin. Conservation Div.;  KDHE/T;  Dist. Office;  
 Computer Update  
38.808866 -94.973797  
NAD 83  
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 # 252554

=====  
Invoice Date: 08/31/2012 Terms: 0/0/30,n/30

Page 1

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

HICKS I-19  
39605  
28-14-22  
08-30-2012  
KS

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Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	121.00	10.9500	1324.95
1118B	PREMIUM GEL / BENTONITE	303.00	.2100	63.63
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	913.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

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Parts: 1416.58 Freight: .00 Tax: 106.60 AR 3203.18  
Labor: .00 Misc: .00 Total: 3203.18  
Sublt: .00 Supplies: .00 Change: .00  
=====

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



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 39605

LOCATION Ottawa

FOREMAN Alan Madu

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

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-30-12	1601	Hicks J-19	NW 28	14	22	JO
CUSTOMER Bradley O. I			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 21614			516	Ala Mad	Safety	Meet
CITY Oklahoma City			368	Ala Mad	AM	
STATE OK			369	Der Mas	DM	
ZIP CODE 73156			503	Don Det	DD	
JOB TYPE long string	HOLE SIZE 5 7/8	HOLE DEPTH 917	CASING SIZE & WEIGHT 2 7/8			
CASING DEPTH 913	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING YES			
DISPLACEMENT 5.3	DISPLACEMENT PSI 800	MIX PSI 200	RATE 4 bpm			
REMARKS: Held crew meet. Established rate. Mixed & pumped 100 # gel followed by 121 SK 50/50 cement plus 200 gal. Circulated cement. Flushed pump. Pumped plug to casing ID. Well held 800 PSI for 30 minute MFT. Set float. Closed valve.						

HAT, Eric

*Alan Madu*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	130	MILEAGE		120.00
5402	913'	casing footage		
5407	min	ten miles		350.00
5302L	2	8D val		180.00
1124	121	50/50 cem		1324.95
1183	303#	gel		63.63
4402	1	2 1/2 plug		28.00
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SALES TAX				1010.60
ESTIMATED TOTAL				3203.18

Ravin 3737

NO COMPANY VED  
AUTHORIZATION Jim OK'd 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.

252554