



KANSAS CORPORATION COMMISSION 1105712
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: _____



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 Bbbs.	Gas Mcf	Water Bbbs.	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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	--	--

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

Hicks #16
API # 15-091-23905-00-00
SPUD DATE 9-5-12

Footage	Formation	Thickness	Set 40' of 7"
2	Topsoil	2	TD 915'
22	clay	20	Ran 910' of 2 7/8
50	shale	28	
76	lime	26	
83	shale	7	
92	lime	9	
100	shale	8	
119	lime	19	
135	shale	16	
155	lime	20	
161	shale	6	
224	lime	63	
239	shale	15	
248	lime	9	
266	shale	18	
274	lime	8	
279	shale	5	
288	lime	9	
320	shale	32	
322	lime	2	
332	shale	10	
397	lime	65	
400	shale	3	
408	lime	8	
595	shale	187	
598	lime	3	
621	shale	23	
630	lime	9	
662	shale	32	
665	lime	3	
723	shale	58	
725	sand	2	
765	shale	40	
767	lime	2	
852	shale	85	
853	lime	1	
860	sand	7	
915	shale	55	

RECEIVED
DEC 28 2012
KCC WICHITA

CASING MECHANICAL INTEGRITY TEST

WELL # E-16

Disposal Enhanced Recovery:

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

NW-OP

Repressuring
Flood
Tertiary

4413 Feet from South Section Line
2927 Feet from East Section Line

Date injection started _____
API #15 - 091 - 23900

Lease Hicks Well # I-16
County Johnson

Operator: Bradley Oil Company
Name & Address P.O. Box 2164
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 Tubing
Size _____ Set at _____
Cement Top _____ Bottom _____
TD (and plug back) _____ ft. depth
Packer type _____ 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.

Tested: Casing or Casing - Tubing Annulus
The bottom of the tested zone is shut in with Rubber Plug
Test Date 9/10/2012 Using Consolidated Company's Equipment
The operator hereby certifies that the zone between 0 feet and 904 feet
was the zone tested Brenda A. Schmitz Signature President Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____
State Agent Taylor C. Herman Title Perit Witness: Yes _____ No
REMARKS: Well not perforated

Origin. Conservation Div.; KDHE/T; Dist. Office;
 Computer Update 50 YCM
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 # 252676

Invoice Date: 09/11/2012 Terms: 0/0/30,n/30

Page 1

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

HICKS #16
39635
28-14-22
09-06-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	130.00	10.9500	1423.50
1118B	PREMIUM GEL / BENTONITE	318.00	.2100	66.78
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	910.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00

RECEIVED
DEC 28 2012
KCC WICHITA

Parts: 1518.28 Freight: .00 Tax: 114.26 AR 3312.54
Labor: .00 Misc: .00 Total: 3312.54
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 39635

LOCATION Ottawa

FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-6-12	1601	Hicks #16	NW 28	14	22	Jo
CUSTOMER Bradley Oil			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 21614			516	Almad	Safety	Meat
CITY STATE ZIP CODE Oklahoma City OK 73156			368	Al Mad	AM	
JOB TYPE <u>long string</u> HOLE SIZE <u>5 7/8</u> HOLE DEPTH <u>915</u> CASING SIZE & WEIGHT <u>2 1/2</u>			369	Der Mas	DM	
CASING DEPTH <u>910</u> DRILL PIPE _____ TUBING _____ OTHER _____			558	Bre Man	BM	
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING <u>yes</u>						
DISPLACEMENT <u>5 1/4</u> DISPLACEMENT PSI <u>800</u> MIX PSI <u>800</u> RATE <u>4 bpm</u>						
REMARKS: <u>Held crew meet. Established rate. Mixed & pumped 100# gel followed by 130 sk 50/150 cement plus 2 1/2 gal. Circulated gel. Flushed pump. Pumped plus to casing TD. Well held 800 PSI. Set float closed valve.</u>						

HAT, Eric

Alan Maden

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	910	casing footage	368	3350.00
5407	min	ton miles		180.00
5502L	2	80 vac		
1121	130	50/150 cement		1423.50
1118B	318#	gel		66.78
11402	1	2 1/2 plug		28.00
RECEIVED				
DEC 28 2012				
KCC WICHITA				
SALES TAX				114.26
ESTIMATED TOTAL				3312.54

Ravin 3737 no company rep
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

2501.71