



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



1105746

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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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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: _____ _____
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HAT DRILLING  
12371 KS HWY 7  
MOUND CITY, KS 66056  
LICENSE # 33734

Gillespie I-13  
API # 15-091-23888-00-00  
SPUD DATE 9-19-12

Footage	Formation	Thickness	Set 41' of 7"
2	Topsoil	2	TD 948'
18	clay	16	Ran 942' of 2 7/8
57	shale	39	
128	lime	71	
138	shale	10	
162	lime	24	
173	shale	11	
200	lime	27	
206	shale	6	
220	lime	14	
236	shale	16	
262	lime	26	
278	shale	16	
288	lime	10	
304	shale	16	
308	lime	4	
318	shale	10	
325	lime	7	
366	shale	41	
390	lime	24	
402	shale	12	
423	lime	21	
435	shale	12	
440	lime	5	
608	shale	168	
616	lime	8	
628	shale	12	
633	lime	5	
648	shale	15	
653	lime	5	
840	shale	187	
845	sand	5	good bleed, good odor
893	shale	48	
899	sand	6	good bleed, good odor
948	shale	49	

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CASING MECHANICAL INTEGRITY TEST

Disposal  Enhanced Recovery:

NW-CP

Repressuring   
Flood   
Tertiary

Date injection started \_\_\_\_\_  
API #15 - 091 - 23888

NW1/4 SW NE, Sec 30, T 14 S, R 22 CW

GPS 3094 Feet from South Section Line  
2497 Feet from East Section Line

Lease Gillespie Well # I-13  
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  
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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 \_\_\_\_\_ Set at \_\_\_\_\_  
Cement Top \_\_\_\_\_ 0 \_\_\_\_\_ Type \_\_\_\_\_  
" Bottom \_\_\_\_\_ 40 \_\_\_\_\_  
DV/Perf. \_\_\_\_\_ TD (and plug back) 948 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 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 9/20/2012 Using Consolidated Company's Equipment

The operator hereby certifies that the zone between 0 feet and 942 feet

was the zone tested Alan Mader Signature COWS Foreman Title

The results were Satisfactory , Marginal \_\_\_\_\_, Not Satisfactory \_\_\_\_\_

State Agent Tanya C. Herriman Title Permit Witness: Yes \_\_\_\_\_ No

REMARKS: Well not perforated

Origin. Conservation Div.;  KDHE/T;  Dist. Office;

Computer Update

38.805294 - 95.010232  
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 # 25311

Invoice Date: 09/25/2012 Terms: 0/0/30,n/30 Page 1

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

GILLESPIE I-13  
34933  
30-14-22  
09-20-2012  
KS

Part Number	Description	Qty	Unit Price	Tota
1124	50/50 POZ CEMENT MIX	132.00	10.9500	1445.4
1118B	PREMIUM GEL / BENTONITE	322.00	.2100	67.6
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.0

  

Description	Hours	Unit Price	Tota
368 CEMENT PUMP	1.00	1030.00	1030.0
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.0
368 CASING FOOTAGE	942.00	.00	.0
T-106 WATER TRANSPORT (CEMENT)	1.50	112.00	168.0
510 MIN. BULK DELIVERY	1.00	350.00	350.0

*Handwritten:* 10/10/20

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Parts:	1541.02	Freight:	.00	Tax:	115.97	AR	3324.9
Labor:	.00	Misc:	.00	Total:	3324.99		
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

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

TICKET NUMBER 34933  
LOCATION Ottawa  
FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-20-12	1601	Gillespie I-13	NE 30	14	22	Do

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

TRUCK #	DRIVER	TRUCK #	DRIVER
516	AlaMad	Safety Meet	
368	Art Mad	ARM	
505/1106	Mik Haa	MH	
510	Set Tuc	ST	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 948 CASING SIZE & WEIGHT 2 7/8  
CASING DEPTH 942 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING yes  
DISPLACEMENT 5 1/2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by 132 sk 50/50 cement plus 2% gel. Circulated cement. Flashed pump. Pumped plug to casing TD. Well held 800 PSI for 30 minute MIT. Set float. Closed valve.

HAT, Eric

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	942	casing footage	368	
5407	mi	ten miles	510	350.00
5501C	1 1/2	transport	T-106	168.00
1124	132	50/50 Cement		1445.40
1118B	222#	gel		67.63
4402	1	2 1/2 plug		28.00
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KCC WICHITA				
SALES TAX				115.97
ESTIMATED TOTAL				3324.99

Rev'n 3737

NO company rep  
Jim Okid

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

252111