



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: _____

1105747



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

Gillespie I-14
API # 15-091-23894-00-00
SPUD DATE 9-18-12

Footage	Formation	Thickness	Set 41' of 7"
2	Topsoil	2	TD 948'
22	clay	20	Ran 940' of 2 7/8
78	shale	56	
87	lime	9	
98	shale	11	
114	lime	16	
122	shale	8	
130	lime	8	
143	shale	13	
165	lime	22	
181	shale	16	
197	lime	16	
205	shale	8	
219	lime	14	
240	shale	21	
263	lime	23	
278	shale	15	
284	lime	6	
305	shale	21	
330	lime	25	
369	shale	39	
398	lime	29	
404	shale	6	
444	lime	40	
612	shale	168	
620	lime	8	
628	shale	8	
631	lime	3	
893	shale	262	
898	sand	5	good odor, good bleed
948	shale	50	

RECEIVED
DEC 28 2012
KCC WICHITA

CASING MECHANICAL INTEGRITY TEST

Disposal Enhanced Recovery:

NW-CP

Repressuring
Flood
Tertiary

Date injection started _____
API #15 - 091 - 23894

SENESE NW, Sec 30, T 14S, R 22E

GPS 3475 Feet from South Section Line
2533 Feet from East Section Line

Lease Gillespie Well # I-14
County Johnson

Operator: Bradley O.J 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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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 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

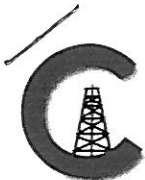
Test Date 9-19-2012 Using Consolidated Company's Equipment
The operator hereby certifies that the zone between 0 feet and 940 feet
was the zone tested Alan Mader COWS Foreman
Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Taylor C. Henson Title Per # Witness: Yes _____ No

REMARKS: Well not perforated

Origin. Conservation Div.; KDHE/T; Dist. Office;
 Computer Update
38.806340 - 95.010361
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 # 253047

Invoice Date: 09/21/2012 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-14
34927
30-14-22
09-19-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	140.00	10.9500	1533.00
1118B	PREMIUM GEL / BENTONITE	335.00	.2100	70.35
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
510 MIN. BULK DELIVERY	1.00	350.00	350.00
666 CEMENT PUMP	1.00	1030.00	1030.00
666 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
666 CASING FOOTAGE	940.00	.00	.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

PD 10/22

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Parts:	1631.35	Freight:	.00	Tax:	122.76	AR	3434.11
Labor:	.00	Misc:	.00	Total:	3434.11		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

