



**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 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-15  
API # 15-091-23895-00-00  
SPUD DATE 9-17-12

Footage	Formation	Thickness	Set 41' of 7"
2	Topsoil	2	TD 948'
20	clay	18	Ran 937' of 2 7/8
58	shale	38	
65	lime	7	
73	shale	8	
107	lime	34	
114	shale	7	
123	lime	9	
130	shale	7	
150	lime	20	
168	shale	18	
191	lime	23	
197	shale	6	
208	lime	11	
228	shale	20	
256	lime	28	
270	shale	14	
279	lime	9	
297	shale	18	
302	lime	5	
310	shale	8	
326	lime	16	
361	shale	35	
385	lime	24	
396	shale	11	
435	lime	39	
605	shale	170	
609	lime	4	
626	shale	17	
630	lime	4	
690	shale	60	
692	lime	2	
794	shale	102	
796	lime	2	
885	shale	89	
895	sand	10	good odor, good bleed
948	shale	53	

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KCC WICHITA

CASING MECHANICAL INTEGRITY TEST

Disposal  Enhanced Recovery:

NW-OP  
 Repressuring   
 Flood   
 Tertiary

Date injection started \_\_\_\_\_  
 API #15 - 091 - 23895

SWSWNW NE, Sec 30, T 14 S, R 22 BW

3963 Feet from South Section Line  
 2519 Feet from East Section Line

Lease Gillespie Well # I-15  
 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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Max. Auth. Injection Press. \_\_\_\_\_ psi; Max. Inj. Rate \_\_\_\_\_ bbl/d;  
 If Dual Completion - Injection above production \_\_\_\_\_ Injection below production \_\_\_\_\_

Size	Conductor	Surface	Production	Liner	Size	Tubing
_____	_____	<u>7</u>	<u>2 7/8</u>	_____	_____	_____
Set at _____	_____	<u>40</u>	<u>937</u>	_____	Set at _____	_____
Cement Top _____	_____	<u>0</u>	<u>0</u>	_____	Type _____	_____
" Bottom _____	_____	<u>40</u>	<u>937</u>	_____	_____	_____
CV/Perf. _____	_____	_____	_____	_____	TD (and plug back) <u>948</u>	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.

Pressures:	<u>800</u>	<u>800</u>	<u>800</u>	Set up 1	System Pres. during test _____
	_____	_____	_____	Set up 2	Annular Pres. during test _____
	_____	_____	_____	Set up 3	Fluid loss during test _____ bbls.

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Casing  or Casing - Tubing Annulus

The bottom of the tested zone is shut in with Rubber Plug

Test Date 9/18/2012 Using Consolidated Company's Equipment

The operator hereby certifies that the zone between 0 feet and 937 feet was the zone tested

Bradd Schwartz Signature President Title

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

State Agent Tara C. Herman Title Perit II Witness: Yes \_\_\_\_\_ Not \_\_\_\_\_

REMARKS: Well not perforated

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

Computer Update 50 JCM

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 # 253046

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-15  
34923  
30-14-22  
09-18-2012  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	141.00	10.9500	1543.95
1118B	PREMIUM GEL / BENTONITE	337.00	.2100	70.77
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	937.00	.00	.00
510 MIN. BULK DELIVERY	1.00	350.00	350.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

*JD 10/4*

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Parts: 1642.72 Freight: .00 Tax: 123.62 AR 3446.34  
Labor: .00 Misc: .00 Total: 3446.34  
Sublt: .00 Supplies: .00 Change: .00

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



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 34923  
LOCATION Ottawa  
FOREMAN Alan Maden

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
9-18-12	11601	Gillespie #15	NE 30	14	22	To
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Bradley Oil			516	Al Mad	Set Tr	Meet
MAILING ADDRESS			368	Al Mad		
P.O. Box 21614			675	Kei Det	5D	
CITY	STATE	ZIP CODE	<del>675</del> 510	Set Tr	5T	
Oklahoma City	OK	73156				
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
long string	5 7/8	948	2 7/8			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
937						
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
			yes			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
	800	200	4 bpm			

REMARKS: Held crew meet established rate. Mixed & pumped 100# gel followed by 141 gal 50/50 cement plus 2 1/2 gal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve. Held pressure for 30 minutes. M.I.T.

HAT, E Bil

*Alan Maden*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030.00
5402	30	MILEAGE	368	120.00
5402	937	Casing footage	368	
5407	min	ton miles	510	350.00
5502C	2	8D val	675	180.00
4124	141	50/50 cement		1543.95
1118B	337#	gel		70.77
4402	1	2 1/2 plug		28.00
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KCC WICHITA				
SALES TAX				123.62
ESTIMATED TOTAL				3746.31

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 for

253046