



**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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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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HAT DRILLING  
 12371 KS HWY 7  
 MOUND CITY, KS 66056  
 LICENSE # 33734

Eldon Gordon #I-16  
 API # 15-091-23898-00-00  
 SPUD DATE 9-13-12

Footage	Formation	Thickness	Set 40' of 7"
2	Topsoil	2	TD 917'
16	clay	14	Ran 911' of 2 7/8
30	shale	23	
57	lime	18	
61	shale	4	
71	lime	10	
78	shale	-	
85	lime	17	
102	shale	7	
110	lime	8	
118	shale	8	
138	lime	20	
165	shale	27	
179	lime	14	
185	shale	6	
198	lime	13	
217	shale	19	
240	lime	23	
258	shale	18	
268	lime	10	
285	shale	17	
292	lime	7	
298	shale	6	
313	lime	15	
350	shale	37	
374	lime	24	
384	shale	10	
411	lime	27	
418	shale	7	
426	lime	8	
596	shale	170	
601	lime	5	
615	shale	14	
619	lime	4	
643	shale	24	
648	lime	5	
680	shale	32	
688	lime	8	
873	shale	185	
877	sand	4	
917	shale	40	

RECEIVED  
 DEC 28 2012  
 KCC WICHITA

CASING MECHANICAL INTEGRITY TEST

Disposal  Enhanced Recovery:   
 NW-OP Repressuring   
 Flood   
 Tertiary   
 Date injection started \_\_\_\_\_  
 API #15 - 091 - 23898

NESE NE NW, Sec 30, T 14 S, R 22 ED  
 GPS 4347 Feet from South Section Line  
2567 Feet from East Section Line  
 Lease Eldon Gordon Well # I-16  
 County Johnson

Operator: Bradley Oil Company  
 Name & Address PO Box 2164  
Oklahoma City, OK 73156

Operator License # 31847  
 Contact Person Bradd Schwartz  
 Phone 405-340-7752  
 RECEIVED  
 DEC 28 2012  
 KCC WICHITA

Max. Inj. Press.	psi	Max. Inj. Rate	bbl/d
at Dual Completion - Injection above production		Production	Injection below production
Conductor	Surface	Liner	Tubing
	<u>7</u>	<u>278</u>	
	<u>40</u>	<u>91</u>	Size _____
	<u>90</u>	<u>0</u>	Set at _____
	<u>90</u>	<u>911</u>	Type _____
Dr. Perf.		TD and plug back	<u>917</u> 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.  
 E 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 \_\_\_\_\_ bbis.  
 D  
 A  
 T  
 T

Tested: Casing  or Casing - Tubing Annulus   
 The bottom of the tested zone is shut in with Rubber Plug  
 Test Date 9/17/2012 Using Consolidated Company's Equipment  
 The operator hereby certifies that the zone between 0 feet and 911 feet  
 was the zone tested Bradd O. Smit Signature President Title

The results were Satisfactory , Marginal \_\_\_\_\_, Not Satisfactory \_\_\_\_\_  
 State Agent Taylor C. Herman Title Pres # Witness: Yes \_\_\_\_\_ Not \_\_\_\_\_  
 REMARKS: Well not perforated

Origin. Conservation Div.;  KDHE/T;  Dist. Office;  
 Computer Update  
 38.808735 -95.010485  
 NAO 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 # 252984

Invoice Date: 09/18/2012 Terms: 0/0/30,n/30

Page 1

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

ELDON GORDAN I-16  
34916  
30-14-22  
09-17-2012  
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
368 CEMENT PUMP	1.00	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
368 CASING FOOTAGE	911.00	.00	.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

RECEIVED  
DEC 28 2012  
KCC WICHITA

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 \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

EL DORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

PONCA CITY, OK  
580/762-2303

OAKLEY, KS  
785/672-2227

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

GILLETTE, WY  
307/686-4914

