



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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
NOTICE OF INJECTION
COMMENCEMENT OR TERMINATION

Permit Number: 24777

Entire Permit: Yes No

Sec. 30 Twp. 14 S. R. 22 East West

Feet from North / South Section Line 4565

Feet from East / West Section Line 710

Lease Description: NE/4

Please list all leases and wells affected by this document:
Lease Name: Gordon
Well Number(s): 5
County: Johnson
Zone Used for Injection: Bartlesville

Operator License #: 33734

Operator: Bradley Oil Company
(As listed on Operator License)

Name: Bradd Schwartz
Address: PO Box 21614
Oklahoma City, Oklahoma 73156-1614

Contact Persons Name: Bradd Schwartz
Phone Number: (405) 823-8136

Effective Date: 01-01-2013

Operator License # 33734

Operator: Bradley Oil Company
(As listed on Operator License)

Name: Bradd Schwartz
Address: PO Box 21614
Oklahoma City, Oklahoma 73156-1614

Contact Persons Name: Bradd Schwartz
Phone Number: (405) 823-8136

For Notice of Termination:

Well will be plugged Well is plugged Returned to production Temporary abandoned

Well will be plugged Well is plugged Returned to production Temporary abandoned

(File a CP-1 form) (File a CP-4 form) (File an ACO-1 form) (File a CP-111 form with District Office)

A copy of the CP-1, CP-4, ACO-1 or CP-111 form is attached. (Please mark one)

If well is Temporary Abandoned, file TA form CP-111 with District Office, injection will resume on or about _____ (date)

I certify that the above is a true and accurate statement of the facts as known this 14 day of January, 2013

KCC Office Use: KCC District # _____

Submit the following: a CP2/3 a field report other: _____

Signature: Bradd A. Schwartz
Name: Bradd A. Schwartz - Bartlesville
Title: President

SIDE TWO

Operator Name: Brown Bear Energy, Inc. Lease Name: Gordon Well # 5 SEC 30 TWP 14S RGE 22 East West

WELL LOG

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Name _____

Top _____ Bottom _____

Formation Description Log Sample

Clay	28
Shale	34
Lime	39
Shale	44
Lime	48
Shale	55
Lime	70
Shale	77
Lime	86
Shale	94
Lime	115
Shale	130
Lime	143
Shale	153
Lime	181
Shale	186
Lime	214
Shale	232
Lime	245
Shale	260
Lime	265
Shale	275
Lime	283
Shale	310
Lime	312
Shale	322
Lime	326
Shale	335
Lime	349
Shale	355
Lime	382
Shale	390
Lime	402

CASING RECORD new 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 additives percent
Surface Production	6 1/4	2 7/8			Portland		OWC

shots per foot	specify footage of each interval perforated	Acid, Fracture, Shot, Cement Squeeze Record (amount and kind of material used)	Depth
2	854-859	5 gal AY-2, 2 1/2 gal AY-46, 2 gal AY-15, 500 gals 7 1/2% acid	

TUBING RECORD size set at _____ packer at _____
 Liner Run Yes No

Date of First Production 9-18-84
 Producing method flowing pumping gas lift Other (explain) _____

Estimated Production Per 24 Hours	Oil 20	Gas	Water	Gas-Oil Ratio	Gravity
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Disposition of gas: vented sold used on lease
 METHOD OF COMPLETION perforation open hole other (specify) _____
 QUALITY COMPLETED Quality Completed Commingled

