

Kansas Corporation Commission Oil & Gas Conservation Division

1107822

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15 -
Name:	Spot Description:
Address 1:	SecTwpS. R 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□ NE □ NW □ SE □ SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Amount of Surface Pipe Set and Cemented at: Feet
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Multiple Stage Cementing Collar Used? Yes No
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan
Well Name:	(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content:ppm Fluid volume:bbls
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Dewatering method used:
Conv. to GSW	Location of fluid disposal if hauled offsite:
Plug Back: Plug Back Total Depth Commingled Permit #:	Location of fluid disposal if fladied offsite.
Commingled Permit #: Dual Completion Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R
☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

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:

Side Two



Operator Name:				_ Lease N	lame:			Well #:			
Sec Twp	S. R	East	West	County:							
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	sures, bottom h	ole temp	erature, fluid	
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample	
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum	
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No								
List All E. Logs Run:											
		Report all	CASING I		New	Used mediate, producti	on, etc.				
Purpose of String Size Hole Drilled Size Casin Set (In O.I.		sing	Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent Additives		
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD					
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	h Type of Cement #			Used	Type and Percent Additives					
Shots Per Foot	PERFORATI Specify I	s Set/Type orated			cture, Shot, Cemei mount and Kind of N		d	Depth			
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:					
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0			
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Water		ols.	Gas-Oil Ratio		Gravity	
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTIO	ON INTER	VAL:	
Vented Sold	Used on Lease	Open	Hole Specify)	Perf.	Dually ((Submit AC		nmingled mit ACO-4)				

on a per well basis Form must be completed All blanks must be Filled Form U-5

tseW

OIL & GAS CONSERVATION DIVISION KANSAS CORPORATION COMMISSION

COMMENCEMENT ORTERMINATION NOTICE OF INJECTION

sas known this 14 day of January , 2013 KCC Office Use: KCC District # Submit the following: a field report other:	I certify that the above is a true and accurate statement of the facts Signature: Signature: Mame: Ashabarararararararararararararararararara
Office, injection will resume on or about (date)	If well is Temporary Abandoned, file TA form CP-111 with District of when the following work is completed:
an ACO-1 form) (File a CP-111 form with District Office) m is attached.	(File a CP-1 form) (File a CP-4 form) (File a CP-4 form) A COPY of the CP-1, CP-4, A ACO-1 or CP-111 for (Please mark one)
urned to production Temporary abandoned	For Notice of Termination: Well is plugged Peti
Zone Used for Injection: Bartlesville	
County:	Phone Number: (405) 823-8136
Well Number(s):	Bradd Schwartz
Gambi cono	
dopa05	Address: Oklahoma City, Oklahoma 73156-1614
Please list all leases and wells affected by this document:	БО Вох 51614 Изине:
	Operator: Bradley Oil Company (As listed on Operator License) Bradd Schwartz Name:
Lease Description: NE/4	Operator License #: 33734
P10 Feet from East \ West Section Line	Effective Date: 01-01-2013
4565 Feet from North / South Section Line	Disposal Fnhanced Recovery
Entire Permit: V Yes No Sec. 30 Twp. 14 S. R. 22 Teast	noination Pes Timre Permit No
Permit Number:	Notice of Injection: (check one)

Form ACO-1 (7-84)	Notary Public Date Commission Expires 11-6-87
K.C.C. OFFICE USE ONLY	48, et 12434A to yeb 12 sirts am enoted of mows bine bedinsdue
noituditaid	President Date 310-84
C Wireline Log Received	SYMMAN (NAU. D. anutangis
F _ Letter of Confidentiality Attached	(Y) VI 1 V 12 77 (10) C)
K.C.C. OFFICE USE ONLY	(N) 11 7
	agina marin (in ranga an
industry have been fully complied with and the statements	All requirements of the statutes, rules, and regulations promulgsted to regulate the oil and gas herein are complete and correct to the best of my knowledge.
SUSPECT NO. 1940	One copy of all wireline logs and drillers time log shall be attached with this form. Submit C all temporarily abandoned wells.
ed in writing and submitted with the form. See rule 82-3-107	Information on side two of this form will be held confidential for a period of 12 months if request for confidentiality in excess of 12 months.
-vidds /ul-c-zo pus oc	INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kanasa Wichita, Kanasa 67202, within 90 days after completion or recompletion of any well. Rules 82-3-15
******************	Docket #
gninesaring	
Produced Water: Disposal	
(purchased from city, R.W.D.#)	If alternate 2 completion, cement circulated
	If Yes, Show Depth Set feet 🔲 Other (exp.
Sec 1Wp Hge East West	pmq 400h
etc.) Ft West From Southeast Corner Sec Twp Rge East West	Multiple Stage Cementing Collar Used? Yes 100
afer Ft North From Sourtheast Corner and	Service of an action of the service
15044	05 to between her top en'd enerting to transmit
Sec Twp Age East West Sec Twp Age East West	(Well) Total Depth PBTD
ter Ft North From Southeast Corner and	
	Spud Date Reached TD Completion Date
fater Resources Permit #	48-82-8 48-72-8 48-42-8
3,46	Drilling Method: X Mud Rotary Air Rotary Cable Source of Wate
WATER SUPPLY INFORMATION	WELL HISTORY
5280 4950 4620 4620 3630 3630 3630 3630 22970 2640 2310 1980 1650 990 990 9330	
	Comp. Date Old Total Depth
330	Well Name
1320	Operator
0861	If OWWO: old well into as follows:
0152	☐ Dry ☐ Other (Core, Water Supply etc.)
2970	☐ Gas ☐ [n] ☐ Delayed Comp.
3300	Dio X ☐ Temp Abd
0966	X New Well Re-Entry Workover
4620 4620	
0860	Punce Phone Prompany Purchaser, Square Deal Oll Company Designate Type of Completion
infi miliore.	
	Wellsite Geologist
Ound A\V bnuo	name Hawkeye. Drilling. Company Elevation: Gr
	Contractor: license # .2335
#Mation Bartlesville	od prioubor4
Latitute Gandruce So.	Operator Contact Person Bob Harwell Field Name
Cordon Well# 5	City/State/Zip OKIahoma City, OK. 73156
(Note: locate well in section plat below)	**************************************
notreed to remot resolution Southeast Corner of Section 11. 2027.	Drown Bear Energy, Inc.
1E Sec 30 Twp. LS 22 X Vest	DESCRIPTION OF WELL AND LEASE
***************************************	WELL COMPLETION OR RECOMPLETION FORM ACO_1 WELL HISTORY
988,12,190	STATE CORPORATION COMMISSION OF KANSAS OIL & GAS CONSERVATION DIVISION

X East

nsed on lease ☐other (specify) · · · · · · · · · plos [X perforation Disposition of gas:

vented PRODUCTION INTERVAL METHOD OF COMPLETION WCF sida 20 Per 24 Hours Estimated Production Gas-Oil Ratio 78-81-6 gniwoll [] Gas lift Defrer (explain) gnidmud X Producing method Date of First Production packer at 18 198 TUBING RECORD 5 gal AY-15, 2 1/2 gal AY-46, 2 gal AY-15, 500 gals 7 1/2 % acid 1/2 gal AK-14 (amount and kind of material used) specify footage of each interval perforated shots per foot PERFORATION RECORD Production Portland OMC Surface SAVITIDDE pasn cement '11/SQ| (.d.Oni) tea drilled type of percent # aacks Meight gnizeo esiz size hole Purpose of string type and Report all strings set-conductor, surface, intermediate, production, etc. pesn [Mau [CASING RECORD Lime 707 Shale 390 Lime 385 Shale 355 Lime 678 Shlae 335 Lime 356 Shale 322 Lime 315 Shale 310 Lime 283 Shale 575 Lime 597 760 Shale Lime 577 Shale 737 Lime 577 Shale 98T Lime 181 Shale 123 Lime 143 Shale 130 Lime SII Shale 76 Lime 98 Shlae LL ртшб OL Shale 55 Lime 87 Shale 77 Lime 68 Shale 78 Clay 28 монов ON A SOA [□ Sample Samples Sent to Geological Survey 607 [ON X sek 🗆 Formation Description Drill Stem Tests Taken extra sheet if more space is needed. Attach copy of log. level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates it gas to surface during test. Attach giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests METT FOR

Dually Completed.

PHORNEY TANK

Stale Lime Shale Shale Shale Shale Shale