



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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
NOTICE OF INJECTION
COMMENCEMENT OR TERMINATION

Permit Number: 26359 API # 1509120810 0001

Entire Permit: Yes No

Sec. 28 Twp. 14 S. R. 22 East East West

Feet from North / South Section Line 4725

Feet from East / West Section Line 4862

Lease Description: NW/4

Please list all leases and wells affected by this document:

Lease Name: Phegley

Well Number(s): 4P I-16

County: Johnson

Zone Used for Injection: Bartlesville

Effective Date: 1-1-2013

Operator License #: 33734

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

Name: Bradd Schwartz

Address: PO Box 21614
Oklahoma City, OK 73156

Contact Persons Name: Bradd Schwartz

Phone Number: (405) 823-8136

Notice of Injection: (check one)

Commencement

Termination

Entire Permit Yes No

Disposal Enhanced Recovery

For Notice of Termination:

Well will be plugged (File a CP-1 form)

Well is plugged (File a CP-4 form)

Returned to production (File an ACO-1 form)

Temporary abandoned (File a CP-11 form with District Office)

A **COPY** of the CP-1, CP-4, ACO-1 or CP-11 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)

or when the following work is completed:

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

Signature: Bradd A. Schwartz

Name: Bradd A. Schwartz

Title: President

KCC Office Use: KCC District # _____

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

WELL LOG
 Show all important zones of porosity and contents thereof; core intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.
 SHOW GEOLOGICAL MARKERS, LOGS RUN OR OTHER DESCRIPTIVE INFORMATION.

DEPTH	NAME	BOTTOM	TOP	FORMATION DESCRIPTION, CONTENTS, ETC.
			0	Soil
			1.5	Clay
			6	Shale and Lime
			416	Lime
			424	Shale
			581	Shale and Lime
			640	Shale and Lime
			647	Red Bed
			665	Shale
			672	Lime
			690	Sandy Shale
			690	Shale and Lime
			870	Sand good oil show
			881	Shale and Lime
			925	td.
	Hertha			
	Battle 50111c			

Report of all strings set — surface, intermediate, production, etc. CASING RECORD (New) or (Used)

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs./ft.	Setting depth	Type cement	Sacks	Type and percent additives
Surface	8 3/4	6 5/8	20	102'	Portland	22	neat
Production	5 1/4	2 7/8	4.5	903'	Portland	105	Neat

LINER RECORD				PERFORATION RECORD			
Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval		
			2	2 1/8 alum.	870-874	TUBING RECORD	
						Setting depth	Packer set at
ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD							

Amount and kind of material used		Depth interval treated	
30 gal 28% acid, 15 sx 12 x 30, 15 sx 10 x 20, 20 sx 8 x 12,			870-874
120 bbl. gelled H2O			

Date of first production		Producing method (flowing, pumping, gas lift, etc.)	
9/2/82		Gravily	23
RATE OF PRODUCTION PER 24 HOURS		Disposition of gas (vented, used on lease or sold)	
Oil	12	Gas	0
MCF	25	Water	4
bbbl.		Gas-oil ratio	
CFPB		Perforations	870-874