



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: _____



1108941

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Signed _____

Date _____

Parts:	1872.36	Freight:	.00	Tax:	140.89	AR	3737.25
Labor:	.00	Misc:	.00	Total:	3737.25		
Sublt:	.00	Supplies:	.00	Change:	.00		

3662
2/14

Part Number	Description	Qty	Unit Price	Total
495	CEMENT PUMP	1.00	1030.00	1030.00
495	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495	CASING FOOTAGE	880.00	.00	.00
T-106	WATER TRANSPORT (CEMENT)	2.00	112.00	224.00
558	MIN. BULK DELIVERY	1.00	350.00	350.00
1124	50/50 POZ CEMENT MIX	144.00	10.9500	1576.80
1118	PREMIUM GEL / BENTONITE	342.00	.2100	71.82
1111	SODIUM CHLORIDE (GRANULA	278.00	.3700	102.86
1107A	PHENOSEAL (M) 40# BAG)	72.00	1.2900	92.88
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

BRADLEY OIL COMPANY
 P O BOX 21614
 OKLAHOMA CITY OK 73156-1614
 (405) 751-9146
 GILLESPIE A-3
 39050
 19-14-22
 12-18-2012
 KS

INVOICE # 255483 Invoice Date: 12/19/2012 Terms: 0/0/30,n/30 Page 1

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



FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 39050
LOCATION OxKawa, KS
FOREMAN Fred Madar

DATE	12/15/12	CUSTOMER #	1401	WELL NAME & NUMBER	Gillette # A-3
CUSTOMER	Bradley Oil Co.	TRUCK #	ME 19	SECTION	14
MAILING ADDRESS	P.O. Box 21614	TRUCK #	506	RANGE	22
CITY	Oklahoma City	DRIVER	Fire Mad	COUNTY	NO

JOB TYPE	Long string	DRILL PIPE	5 7/8	WATER gal/sk	14-15 #
CASING DEPTH	580'	DISPLACEMENT PSI	2-4 1/2 BPM	CEMENT LEFT in CASING	2
SLURRY WEIGHT	14-15 #	MIX PSI	2-4 1/2 BPM	OTHER	
DRILL PIPE	5 7/8	DISPLACEMENT PSI	2-4 1/2 BPM		
HOLE SIZE	5 7/8				
HOLE DEPTH	588'				
CASING SIZE & WEIGHT	2 1/2" 50T				
TRUCK #	506	DRIVER	Fire Mad	TRUCK #	506
TRUCK #	495	DRIVER	Harber	TRUCK #	495
TRUCK #	506/7104	DRIVER	Jas Ric	TRUCK #	JR
TRUCK #	558	DRIVER	Bie Man	TRUCK #	Bm

REMARKS: Note! used flow mg injector water from adjoining wells on arrival
Customer rigged well head to shut in annulus upon completion
Cement Job. Mix Pump 100# Gal Flush. Mix Pump 144 Skid
50/50 For Mix Cement 2% Col 1/2" Pheno Seal/1st Cement to surface.
Flush pump + has clean. Displace 2 1/2" Rubber plug to
casing. Th. Close annulus valve w/ 1 1/2" BCL Slurry left
to get oil to bottom. Pressure to 600. Pump pressure
to 1000 # PSI w/ plug in bottom. Release pressure to set plug valve.
Slut in casing.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1038.00
5406	30 mi.	MILEAGE	495	120.00
5402	880'	Casing Footage	N/C	
5407	Minimum	Ton Miles	548	350.00
5501c	2 hrs	Transport	505/706	274.00
1124	144 Skid	50/50 For Mix Cement		1576.00
116B	342 #	Premium Gal		71.82
111	278 #	Granulated Salt		102.86
1107A	72 #	Pheno Seal		92.88
4402	1	2 1/2" Rubber Plug		26.00
TOTAL				3737.25

Completed

[Signature]

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 form

055483

HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

Gillespie A-3
 API # 15-091-24031-00-00
 SPUD DATE 12-13-12

Set 45' of 7"
 TD 888'
 Ran 880' of 2 7/8"

Footage	Formation	Thickness	Notes
2	Topsoil	2	
25	clay	23	
34	shale	9	
38	lime	4	
46	shale	8	
68	lime	22	
76	shale	8	
85	lime	9	
92	shale	7	
113	lime	21	
128	shale	15	
150	lime	22	
159	shale	9	
171	lime	12	
186	shale	15	
213	lime	27	
230	shale	17	
242	lime	12	
254	shale	12	
262	lime	8	
270	shale	8	
280	lime	10	
321	shale	41	
351	lime	30	
358	shale	7	
380	lime	22	
383	shale	3	
398	lime	15	
566	shale	168	
570	lime	4	
574	shale	4	
579	lime	5	
583	shale	4	
588	lime	5	
605	shale	17	
610	lime	5	
630	shale	20	
636	redbed	6	
650	shale	14	
658	lime	8	
740	shale	82	
742	sand	2	
795	shale	53	
797	sand	2	
845	shale	48	
852	sand	7	
888	shale	36	good odor, good bleed