



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
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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 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> <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

Hicks #1-22
 API # 15-091-24030-00-00
 SPUD DATE 12-17-12

Thickness
 Set 45' of 7"
 TD 880'
 Ran 876' of 2 7/8"

Footage	Formation	Thickness	Notes
2	Topsoil	2	
13	clay	11	
20	sand stone	7	
34	shale	14	
39	lime	5	
45	shale	6	
60	lime	15	
68	shale	8	
102	lime	34	
121	shale	19	
128	lime	7	
135	sand	7	
147	shale	12	
200	lime	53	
223	shale	23	
233	lime	10	
251	shale	18	
259	lime	8	
262	shale	3	
272	lime	10	
303	shale	31	
305	lime	2	
317	shale	12	
345	lime	28	
354	shale	9	
393	lime	39	
400	shale	7	
408	lime	8	
577	shale	169	
583	lime	6	
599	shale	16	
603	lime	4	
608	shale	5	
620	lime	12	
839	shale	219	good odor, little bleed
845	sand	6	
847	sand/shale	2	
880	shale	33	

Signed _____

Date _____

Parts:	1631.35	Freight:	.00	Tax:	122.76	AR	3434.11
Labor:	.00	Misc:	.00	Total:	3434.11		
Sublt:	.00	Supplies:	.00	Change:	.00		

Part Number	Description	Qty	Unit Price	Total
510	MIN. BULK DELIVERY	1.00	350.00	350.00
666	CEMENT PUMP	1.00	1030.00	1030.00
666	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
666	CASING FOOTAGE	876.00	.00	.00
675	80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
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

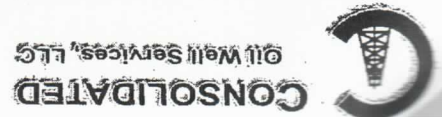
BRADLEY OIL COMPANY
 P O BOX 21614
 OKLAHOMA CITY OK 73156-1614
 (405) 751-9146
 HICKS I-22
 39008
 12-19-2012
 KS

INVOICE # 255548
 Invoice Date: 12/26/2012
 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



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	12/19/12 11:01	CUSTOMER #	41cks # I-22	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
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CUSTOMER	Bradley Oil Co.	MAILING ADDRESS	PO Box 21614	CITY	OK	STATE	OK	ZIP CODE	73156
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JOB TYPE	Logging	HOLE SIZE	5 7/8"	HOLE DEPTH	880'	CASING SIZE & WEIGHT	2 7/8" EUE
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REMARKS: hold safety meeting, established circulation, mixed + pumped 100# Premium Gcl followed by 10 bbls fresh water, mixed + pumped 140 lbs 5% Horiz Gcl cement w/ 2% gel per st, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 5.07 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	5401	QUANTITY OF UNITS	1	DESCRIPTION OF SERVICES OR PRODUCT	PUMP CHARGE	UNIT PRICE	TOTAL
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5402	30 mi	876	30 mi	MILEAGE	1000.00		1000.00
5403	minimum	2 hrs	80 vac	80 vac	352.00		352.00
5502C	140 lbs	5% Horiz cement	1533.00				1533.00

1188	335 #	Premium Gcl	70.35				70.35
4402	1	2 1/2" rubber plug	28.00				28.00

Completed

AUTHORIZATION 110 Co Rep on location TITLE _____ DATE _____

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.

255548

TICKET NUMBER 39008
LOCATION Offshore, KS
FOREMAN Cassey Kennedy