



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1186231  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed  
Form must be Signed  
All blanks must be Filled

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
- Plug Back       Conv. to GSW       Conv. to Producer
- 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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx)      (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical 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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1186231

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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SE SE SW NE, Sec 32, T 14S, R 22 (EM)

Lease Gillespie Johnson County Johnson

Operator: Bradley Oil Company Operator License # 31847

Name & Address: PO Box 21614

Contact Person: Brad Schwartz Phone: 405-823-8136

City: Oklahoma City, OK 73156

Operator License # 31847

Lease Gillespie Johnson County Johnson

Operator: Bradley Oil Company

Name & Address: PO Box 21614

Contact Person: Brad Schwartz Phone: 405-823-8136

City: Oklahoma City, OK 73156

Max. Auth. Injection Press. \_\_\_\_\_ psi; Max. Inj. Rate \_\_\_\_\_ bbl/d;

if Dual completion - Injection above production \_\_\_\_\_ Surface Production \_\_\_\_\_

Size	Set at	Cement Top	" Bottom	DV/Perf.	Packer type	Zone of injection
7	46	0	0	0	46	ft. to ft. _____
2 7/8	922	0	0	0	922	Perf. or open hole _____
0	922	0	0	0	926	
Set at _____	Set at _____	Set at _____	Set at _____	Set at _____	Set at _____	ft. depth _____

Conductor \_\_\_\_\_

Injection below production \_\_\_\_\_

Type Mit: Pressure  Radioactive Tracer Survey  Temperature Survey

F Time: Start 10 Min. 20 Min. 30 Min.

I Pressures: 800 800 800

E Set up 1 System Pres. during test \_\_\_\_\_

L Set up 2 Annular Pres. during test \_\_\_\_\_

D Set up 3 Fluid loss during test \_\_\_\_\_ bbls.

Tested: Casing  or Casing - Tubing Annulus

The bottom of the tested zone is shut in with Rubber Plug

Test Date 11/3/2013 using Consolidated Company's Equipment

The operator hereby certifies that the zone between 0 feet and 922 feet was the zone tested

Signature: [Signature] Title Manager

REMARKS: The results were Satisfactory , Marginal \_\_\_\_\_, Not Satisfactory \_\_\_\_\_

State Agent Langston Title Rec II Witness: Yes  No

Well not perforated

Computer Update 38,804151 -95,006061 N4083

Org'n. Conservation Div.:  KDH/E/T:  Dist. Office:

KCC Form U-7 6/84 NOV 27 2013

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

Gillespie #1-18  
 API # 15-091-24204-00-00  
 SPUD DATE 11-4-13

Set 46' of 7'  
 TD 926'  
 Ran 922' of 2 7/8 on 11-11-13

Footage	Formation	Thickness	Hertha	Notes
2	Topsoil	2		
26	clay	24		
37	shale	11		
43	lime	6		
54	shale	11		
71	lime	17		
78	shale	7		
117	lime	39		
140	shale	23		
155	lime	15		
164	shale	9		
174	lime	10		
191	shale	17		
218	lime	27		
234	shale	16		
244	lime	10		
260	shale	16		
267	lime	7		
275	shale	8		
283	lime	8		
325	shale	42		
353	lime	28		
362	shale	9		
405	lime	43		
573	shale	168		
582	lime	9		
641	shale	59		
643	red bed	2		
770	shale	127		
772	lime	2		
852	shale	80		
857	sand blk	5		good bleed, good odor
859	shale, grey mulky	2		
926	shale dark grey	67		

Signed \_\_\_\_\_

Date \_\_\_\_\_

Parts:	2033.82	Freight:	.00	Tax:	150.00	AR	3942.82
Labor:	.00	Misc:	.00	Total:	3942.82		
Sublt:	.00	Supplies:	.00	Change:	.00		

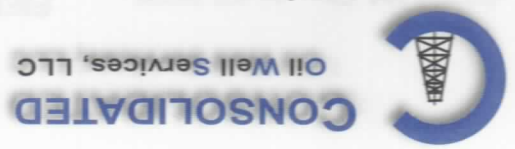
Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	167.00	11.5000	1920.50
1118B	PREMIUM GEL / BENTONITE	381.00	.2200	83.82
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
495	CEMENT PUMP	1.00	1085.00	1085.00
495	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
495	CASING FOOTAGE	922.00	.00	.00
548	MIN. BULK DELIVERY	1.00	368.00	368.00
675	80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

BRADLEY OIL COMPANY  
 P O BOX 21614  
 OKLAHOMA CITY OK 73156-1614  
 (405) 751-9146  
 GILLESPIE I-18  
 44839  
 NE 30-14-22  
 11-13-2013  
 KS

Invoice Date: 11/18/2013 Terms: 0/0/30,n/30 Page 1

INVOICE # 263981 Invoice #

**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



**DATED**  
SERVICE, LLC

263981

TICKET NUMBER 44839

LOCATION Ottawa, MS

FOREMAN Fred Madar

**FIELD TICKET & TREATMENT REPORT**

KS 66720  
00-467-9676

**CEMENT**

CUSTOMER #	1601	WELL NAME & NUMBER	Collinspire # I-18
SECTION	AE 30	TOWNSHIP	14
RANGE	22	COUNTY	JO

TRUCK #	712	DRIVER	FreMad
TRUCK #	495	DRIVER	MadBac
TRUCK #	675	DRIVER	Ko: Day
TRUCK #	545	DRIVER	MikHaa

JOB TYPE	Long string	HOLE SIZE	5 7/8
CASING DEPTH	926	HOLE DEPTH	926
SLURRY WEIGHT	5.36	CASING SIZE & WEIGHT	2 7/8 EUE

REMARKS: 170 H new safety meeting. Establish circulations. Mix + Pump 100 # Gel Flush. Mix + Pump 167 SFS 50/50 Permix Cement 270 Gal Cement to surface. Flush pump + lines also. Displace 2 1/2" rubber plug to casing TD. Pressure to 600 # PSI. Release pressure to set float valve. Shut in Casing + Annulles.

Next Drilling  
Fred Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1086.00
5406	30m	MILEAGE	495	126.00
5402	922	Casing Footage	N/C	N/C
5407	Minimum	100 Miles	368	368.00
5502C	2 hrs	80 Gal Vac Truck	180.00	180.00
1104	167 SFS	50/50 Permix Cement	1990.50	1990.50
1158	381 #	Premix Gel	63.50	63.50
4408	1	2 1/2" Rubber Plug	29.50	29.50
TOTAL				3942.82

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
SALES TAX				150.00
ESTIMATED TOTAL				3942.82

AUTHORIZATION No. Co. Report 5/18/18  
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.