



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1186233
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: _____

1186233

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 <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 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				

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____						
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

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> _____	PRODUCTION INTERVAL: _____ _____
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LIMITED
Services, LLC

FIELD TICKET & TREATMENT REPORT
CEMENT

KS 66720
JO-467-8676

TICKET NUMBER **44822**
LOCATION **Offawa, KS**
FOREMAN **Casper Kennedy**

WELL NAME & NUMBER **Gilchrist # I-4**
CUSTOMER # **1601**
SECTION **NE 30** TOWNSHIP **14** RANGE **22** COUNTY **JO**

TRUCK #	DRIVER	TRUCK #	DRIVER
329	Casper	503	Don Det
		370	Cas Eic

Box 21014
RES#
City
STATE OK ZIP CODE 73156
HOLE SIZE 5 7/8" HOLE DEPTH 953'
CASING SIZE & WEIGHT 2 1/2" EUE
TUBING
OTHER
CEMENT LEFT IN CASING
WATER gals/sk
SLURRY VOL
DISPLACEMENT PSI
MIX PSI
RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Pozmix cement w/ 270 gal per sk, cement to surface, flushed pump clean, pumped followed by 10 bbls fresh water, mixed & pumped 163 sks 50/50 Pozmix 2 1/2" rubber plug to casing TD w/ 5.49 bbls fresh water, pressured to 600 PSI, well held pressure for 30 min MT, released pressure, shut in casing.

[Signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	30 mi.	MILEAGE	126.00	126.00
5402	949'	Casing footage	3108.00	3108.00
5407	minimum	from mileage	180.00	180.00
6502c	2 hrs	80 Vac	1874.50	1874.50
1124	163 sks	50/50 Pozmix cement	82.28	82.28
118B	374 #	Premium Gel	29.50	29.50
4402	1	2 1/2" rubber plug		
ESTIMATED SALES TAX	7.375%		146.49	146.49
ESTIMATED TOTAL				3891.77

completed

AUTHORIZATION **No Co. Rep on location**
DATE _____ TITLE _____
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

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

Gillespie #1-4
 API # 15-091-24227-00-00
 SPUD DATE 11-15-13

Set 45' of 7'
 TD 953'
 Ran 949' of 2 7/8 on 11-15-13

Footage	Formation	Thickness	Hertha	Cattleman, good bleed, good odor	good bleed, good odor
2	Topsoil	2			
22	clay	20			
59	shale	37			
62	lime	3			
69	shale	7			
75	sand	6			
100	lime	25			
103	shale	3			
112	lime	9			
119	shale	7			
146	lime	27			
157	shale	11			
179	lime	22			
187	shale	8			
200	lime	13			
218	shale	18			
243	lime	25			
258	shale	15			
268	lime	10			
297	shale	29			
307	lime	10			
347	shale	40			
378	lime	31			
382	shale	4			
413	lime	31			
589	shale	176	Hertha		
595	lime	6			
600	shale	5			
603	lime	3			
629	shale	26			
633	lime	4			
814	shale	181			
820	sand	6		Cattleman, good bleed, good odor	
868	shale	48			
879	sand	11			good bleed, good odor
953	shale	74			

SWNE SW NE, Sec 30, T14 S, R 22 EW
 Feet from South Section Line 3495
 Feet from East Section Line 1805
 Lease Gillespie Johnson
 County Johnson
 Well # I-4

Operator: Bradley Oil Company
 Name & Address: PO Box 21414
 Operator License # 31847
 Contact Person: Brad Schwirtz
 Oklahoma City, OK 73156
 Phone: 405-823-8136

Size	Set at	Cement Top	DV/Perf.	Packer type	Zone of injection	ft. to ft.	Perf. or open hole
7	45	0	Bottom				
2 1/8	45	0					
9 5/8	45	0					
9 5/8	45	0					
9 5/8	45	0					
9 5/8	45	0					

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

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

I Pressures: 800 800 800

J Set up 1 System Pres. during test

K Set up 2 Annular Pres. during test

L Set up 3 Fluid loss during test

D Tested: Casing or Casing - Tubing Annulus

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

Test Date 11/15/2013 using Conserved Company's Equipment

The operator hereby certifies that the zone between 0 feet and 949 feet was the zone tested

Signature: [Signature]

Title: Manager

State Agent: [Signature]

Title: [Signature]

Witness: Yes No

REMARKS: The results were Satisfactory, Marginal, or Not Satisfactory. Will not perforated

Computer Update 88,826,406 -95,007,806 -95,007,806
 NOV 27 2013

Orgn. Conservation Div.: KDH/E/T: Dist. Office: