



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1222015
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: _____

1222015

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

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

Schmidt 8-14
 API # 15-091-24301-00-00
 SPUD DATE 6-4-14

Footage	Formation	Thickness	Set 40' of 7"
2	Topsoil	2	TD 870'
10	clay	8	Ran 863' of 2 7/8 on 6-5-14
33	lime	23	
39	shale	6	
48	lime	9	
55	shale	7	
74	lime	19	
78	shale	4	
82	redbed	4	
95	shale	13	
120	lime	25	
163	shale	43	
174	lime	11	
196	shale	22	
219	lime	23	
235	shale	16	
256	lime	21	
290	shale	34	
330	lime	40	
335	shale	5	
374	lime	39	
548	shale	174	hertha
553	lime	5	
568	shale	15	
572	lime	4	
591	shale	19	
595	lime	4	
834	shale	239	
840	oil sand	6	good odor, good bleed 6
843	white mulky shale	3	no odor
845	black sand	2	strong odor, no bleed 2
870	shale	25	

9' 7"

6-8'

Pit closure form
 waste transfer
 9/16/14



REMIT TO
INVOICE
 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

INVOICE Invoice # 268778

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 Invoice Date: 06/12/2014 Terms: 0/30/10,n/30 Page 1

BRADLEY OIL COMPANY
 P O BOX 21614
 OKLAHOMA CITY OK 73156-1614
 (405)751-9146

SCHMIDT 8-14
 47332
 SW 5-15-22
 06-06-2014
 KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	121.00	11.5000	1391.50
1118B	PREMIUM GEL / BENTONITE	304.00	.2200	66.88
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-437.51

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
495 CEMENT PUMP	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
495 CASING FOOTAGE	863.00	.00	.00
510 MIN. BULK DELIVERY	1.00	368.00	368.00

Amount Due 3376.61 if paid after 06/22/2014

Parts:	1487.88	Freight:	.00	Tax:	77.46	AR	2906.83
Labor:	.00	Misc:	.00	Total:	2906.83		
Sublt:	-437.51	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650

268778

TICKET NUMBER 47332

LOCATION Ottawa KS

FOREMAN Fred Mader

Chanute, KS 66720
0 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
14 1601	Schmidt #8-14	SW 5	15	22	JO
OPERATOR	TRUCK #		DRIVER	TRUCK #	DRIVER
Bradley Oil Co.	712		Fred Mader		
MAILING ADDRESS	495		Har Ber		
P.O. Box 21614	369		Mik Haag		
CITY	STATE	ZIP CODE	510	Mik Fox - Ki Car	
Oklahoma City	OK	73154	HOLE DEPTH <u>870</u> CASING SIZE & WEIGHT <u>2 7/8 EUE</u>		
JOB TYPE <u>Longstring</u>	HOLE SIZE <u>5 7/8</u>	TUBING		OTHER	
CASING DEPTH <u>863</u>	DRILL PIPE	WATER gal/sk		CEMENT LEFT in CASING <u>2 1/2" Plug</u>	
SLURRY WEIGHT	SLURRY VOL	CEMENT LEFT in CASING		RATE <u>5 BPM</u>	
DISPLACEMENT <u>5.02 BBL</u>	DISPLACEMENT PSI	MIX PSI			

REMARKS: Hold crew safety meeting. Establish circulation. Mix & Pump 100# Gel Flush. Mix & Pump 121 SKS 50/50 Por Mix Cement 2% Gel & # Pheno Seal/stk. Cement to Surface. Flush pump & lines clean. Displace 2 1/2" Rubber Plug to casing TD. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

Next Drilling:

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰ ✓
5406	30 mi	MILEAGE	495	126 ⁰⁰ ✓
5402	863	Casing Footage	510	N/C ✓
5407	Minimum	Ton Miles	510	368 ⁰⁰ ✓
5502C	2 hrs.	80 BBL Vac Truck	369	200 ⁰⁰ ✓
1124	121 SKS	50/50 Por Mix Cement	1391 ⁵⁰	✓
1116B	304#	Premium Gel	66 ⁵⁰	✓
		Material	1458 ³⁰	✓
		less 30%	-437 ⁵¹	✓
		Total		1020 ⁸⁹
41402	1	2 1/2" Rubber Plug		29 ⁵⁰ ✓
			3376.61	✓
		7.375	SALES TAX	77 ⁴⁶ ✓
			ESTIMATED TOTAL	2906 ⁸³ ✓

completed

Revin 3737

AUTHORIZATION No. Co. Rep on Site. 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