



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1222032
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: _____

1222032

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> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

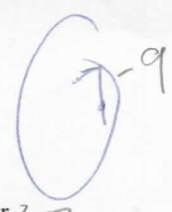
DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

Schmidt I-13
 API # 15-091-24294-00-00
 SPUD DATE 6-27-14

Footage	Formation	Thickness	Set 40' of 7" TD 898'
2	Topsoil	2	
11	clay	9	Ran 893' of 2 7/8 on 6-30-14
30	lime	19	
35	shale	5	
48	lime	13	
54	shale	6	
72	lime	18	
93	shale	21	
118	lime	25	
137	shale	19	
174	lime	37	
190	shale	16	
194	lime	4	
210	shale	16	
216	lime	6	
236	shale	20	
252	lime	16	
288	shale	36	
291	lime	3	
303	shale	12	
325	lime	22	
331	shale	6	
353	lime	22	
357	shale	4	
371	lime	14	
547	shale	176	
551	lime	4	
555	shale	4	
560	lime	5	
569	shale	9	
577	lime	8	
590	shale	13	
596	lime	6	
607	shale	11	
610	lime	3	
740	shale	130	
744	lime	4	
833	shale	89	
835	lime	2	
840	oil sand	5	
842	black sand	2	
854	white shale	12	
861	black sand	7	
898	shale	37	

16'



good odor 2
 good bleed 5
 2

no odor 7



REMIT TO
FINV
 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 # 26919

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

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

SCHMIDT I-13
 47320
 SW5-15-22
 06/30/2014
 KS

Description	Hours	Unit Price	Total
CEMENT PUMP	1.00	1085.00	1085.00

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	124.00	11.5000	1426.00
1118B	PREMIUM GEL / BENTONITE	308.00	.2200	67.76
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-448.13

Description	Hours	Unit Price	Total
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
503 MIN. BULK DELIVERY	1.00	368.00	368.00
503 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
675 CASING FOOTAGE	893.00	.00	.00

Amount Due 3414.61 if paid after 07/10/2014

Parts:	1523.26	Freight:	.00	Tax:	79.30	AR	2933.43
Labor:	.00	Misc:	.00	Total:	2933.43		
Sublt:	-448.13	Supplies:	.00	Change:	.00		

Signed _____ Date _____

ATED
Services, LLC

269196

TICKET NUMBER 47320
LOCATION Ottawa
FOREMAN Alan Mader

...ute, KS 66720
or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3014 1601	Schmid + T-13	SW 5	15	22	JD

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Ala Mad	Safety	Meert
368	Art McD		
675	Kei Det		
503	Trotter		

CUSTOMER: Bradley O:1
MAILING ADDRESS: P.O. Box 21614
CITY: Oklahoma City STATE: OK ZIP CODE: 73156

JOB TYPE: long string HOLE SIZE: 5 7/8 HOLE DEPTH: 878 CASING SIZE & WEIGHT: 2 7/8
CASING DEPTH: 893 DRILL PIPE: _____ TUBING: _____ OTHER: _____
SLURRY WEIGHT: _____ SLURRY VOL: _____ WATER gal/sk: _____ CEMENT LEFT in CASING: YES
DISPLACEMENT: 5.19 DISPLACEMENT PSI: 800 MIX PSI: 200 RATE: 41 bpm

REMARKS: Hold meeting. Established rate. Mixed & pumped 100% gel. Full owed by 124 sk 50150 cement. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI for 30 minute MIT. Set float. Closed valve.

HAT, Eric

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	30	MILEAGE	368	126.00
5402	893'	Casing footage	368	368.00
5407	min	ton miles	503	200.00
5503L	2	80 gal	675	1350.00
1124	1241	50150 cement	1426.00	17493.76
1118B	308#	gel	67.76	20888.00
		material sub		1493.76
		less 30%		-448.13
		material total		1045.63
4402	1	2 1/2 plug		29.50
				3414.60
			SALES TAX	79.30
			ESTIMATED TOTAL	2933.43

SCANNED

Ravin 3737

NO company rep
J.M. OKO

AUTHORIZATION _____ 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.