

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1226761

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

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: _____

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

Schmidt 9-14
API # 15-091-24302-00-00
SPUD DATE 5-16-14

Footage	Formation	Thickness	Set 40' of 7"
2	Topsoil	2	TD 882'
22	clay	20	Ran 869' of 2 7/8 on 5-19-14
46	lime	24	
50	shale	4	
60	lime	10	
70	shale	10	
90	lime	20	
105	shale	15	
133	lime	28	
176	shale	43	
184	lime	8	
204	shale	20	
213	lime	9	
218	shale	5	
230	lime	12	
248	shale	18	
268	lime	20	
314	shale	46	
338	lime	24	
348	shale	10	
367	lime	19	
371	shale	4	
385	lime	14	
538	shale	153	hertha
541	lime	3	
559	shale	18	
572	lime	13	
600	shale	28	
606	lime	6	
618	shale	12	
620	lime	2	
732	shale	112	
734	oil sand	2	slight odor, little bleed(squirrell) squirrel
842	shale	108	
843	sandyish	1	slight odor, little bleed 1 1/2 (4) 6
844	oil sand	1	good odor, show light 1 1/2
846	lime	2	
848	oil	2	good odor, light show 2 1/2
860	mulky shale	12	
862	black sand	2	little bleed 2 1/2
882	shale	20	

waste transfer
permit closure form 9/6



CONSOLIDATED
Oil Well Services, LLC

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

INVOICE

Invoice # 268374

Invoice Date: 05/23/2014 Terms: 0/30/10,n/30

Page 1

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

SCHMIDT 9-14
47172
SW 5-15-21
05-20-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	138.00	11.5000	1587.00
1118B	PREMIUM GEL / BENTONITE	432.00	.2200	95.04
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-504.61

Description	Hours	Unit Price	Total
558 MIN. BULK DELIVERY	1.00	368.00	368.00
666 CEMENT PUMP	1.00	1085.00	1085.00
666 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
666 CASING FOOTAGE	869.00	.00	.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00

Amount Due 3616.77 if paid after 06/02/2014

Parts:	1711.54	Freight:	.00	Tax:	89.01	AR	3074.94
Labor:	.00	Misc:	.00	Total:	3074.94		
Sublt:	-504.61	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

TICKET NUMBER 47172
LOCATION Alama, KS
FOREMAN Cory Kennedy
PORT

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/20/14	11001	Schmidt # 9-14	SW 5	15	21	JO

CUSTOMER		
Bradley Oil Co.		
MAILING ADDRESS		
PO Box 21614		
CITY	STATE	ZIP CODE
Oklahoma City	OK	73156

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Gar Ken	✓ 546	Meeting
1414	Gar Moo	✓	
558	Har Bog	✓	
1475	Kei Det	✓	

JOB TYPE Longstring HOLE SIZE 5 7/8" HOLE DEPTH 882' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 869' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 5.03 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm
REMARKS: 1. 1st 100' of casing

REMARKS: held safety meeting, established circulation, mixed & pumped 200# Premix
Gel followed by 10 bbls fresh water, mixed & pumped 138 sfs 5% Portland
cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2"
rubber plug to casing TD w/ 5.03 bbls fresh water, pressured to 800 PSI, released
pressure, shut in casing.

[illegible]

Ravin 3737

AUTHORIZATION No 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.