

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1328311
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: _____

1328311

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: 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> _____	PRODUCTION INTERVAL: _____ _____
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HAT DRILLING
12371 KS HWY 7
MOUND CITY, KS 66056
LICENSE # 33734

Sala #4-2
API # 15-091-24442-00-00
SPUD DATE 1-2-17

Footage	Formation	Thickness	Set 41' of 7"
1	Topsoil	1	TD 890'
23	clay	22	Ran 884' of 2 7/8 on 01-03-17
28	lime	5	
30	clay	2	
46	lime	16	
53	shale	7	
62	lime	9	
70	shale	8	
90	lime	20	
106	shale	16	
131	lime	25	
163	shale	32	
170	lime	7	
199	shale	29	
207	lime	8	
216	shale	9	
224	lime	8	
245	shale	21	
264	lime	19	
310	shale	46	
386	lime	76	
562	shale	176	
568	lime	6	
604	shale	36	
608	lime	4	
849	shale	241	
850	sand	1	
851	lime	1	
862	sand	11	good odor, good bleed
890	shale	28	



REMIT TO
 Consolidated Oil Well Services, LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
 Chanute,KS 66720
 620/431-9210,1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 809343

Invoice Date: 01/06/17 Terms: Net 30 Page 1

BRADLEY OIL COMPANY
 P O BOX 21614
 OKLAHOMA CITY OK 73156-1614
 USA
 4057519146

SALA #4-2

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	55.000	675.00
CE0002	Equipment Mileage Charge - Heavy Equipment	30.000	7.1500	55.000	96.53
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	55.000	297.00
WE0853	80 BBL Vacuum Truck (Cement Services)	2.000	100.0000	55.000	90.00
CC5840	Poz-Blend I A (50:50)	139.000	13.5000	55.000	844.43
CC5965	*Bentonite*	333.000	0.3000	55.000	44.96
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	55.000	20.25

Subtotal 4,595.90
 Discounted Amount 2,527.75
 SubTotal After Discount 2,068.15
 Amount Due 4,752.05 If paid after 02/05/17

Tax: 70.27
 Total: 2,138.44

VALIDATED
Oil Services, LLC

7324
7024

TICKET NUMBER 50287
LOCATION Okla, KS
FOREMAN Casey Kennedy

Chanute, KS 66720
210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT Invoice # 809343

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
1/31/12	11601	Sala # 4-2	SW 33	14	22	JO			
CUSTOMER		TRUCK #		DRIVER		TRUCK #		DRIVER	
Bradley Oil Co		729		Casper		✓		Safety, Meeting	
MAILING ADDRESS		467		KeiCar		✓			
PO Box 21614		503		AdMcD		✓			
CITY		369		MikHaa		✓			
Oklahoma City									
STATE									
OK									
ZIP CODE									
73156									

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 890' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 884' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.12 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100# Gel followed by 5 bbls fresh water, mixed & pumped, 139 sks Portland IA cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 5.12 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	30 mi	MILEAGE	24.50	
CE0711	min	you mileage	600.00	
WE0853	2 hrs	80 Vac	200.00	
		trucks	2574.50	
		- 55%	1415.98	
		subtotal		1158.52
CC5840	139 sks	Portland IA cement	1876.50	
CC5965	333 #	Gel	99.90	
CP876	1	2 1/2" rubber plug	45.00	
		materials	2021.40	
		- 55%	1111.77	
		subtotal		909.63
		7.725%		70.27
		SALES TAX		70.27
		ESTIMATED TOTAL		2138.42

AUTHORIZATION No Rep TITLE _____ DATE (4752.05)

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.



MIDWEST SURVEYS
 LOGGING - PERFORATING - CONSULTING SERVICES
 P.O. Box 68, Osawatomie, KS 66064
 913.755.2128

File No.:

Company: **Bradley Oil Company**

Well: **Sala No. 4-2**

Field: **Paola / Rantoul**

County: **Johnson** State: **Kansas**

Location: **1633 FSL & 3938th FEL
 SW-SW-NE-SW**

Other Services: **Perforate**

Sec. 33 Typ. 14s Rge. 22e Elevation 1019'

Perforant Datum: GL Log Measured From: GL Drilling Measured From: GL

Date: 01-11-2017

Run Number: One

Depth Driller: 883.5

Bottom Logged Interval: 882.5

Top Log Interval: 20.0

Fluid Level: Full

Type Fluid		BORE-HOLE RECORD		CASING RECORD				
Density / Viscosity	Salinity - PPM Cl	No.	BIT	TO	SIZE	WGT.	FROM	TO
NA	NA	One	9.875"	410	7.00"	17.0#	0.0	410
NA	NA	Two	5.625"	410	2.875"	6.5#	0.0	684.0

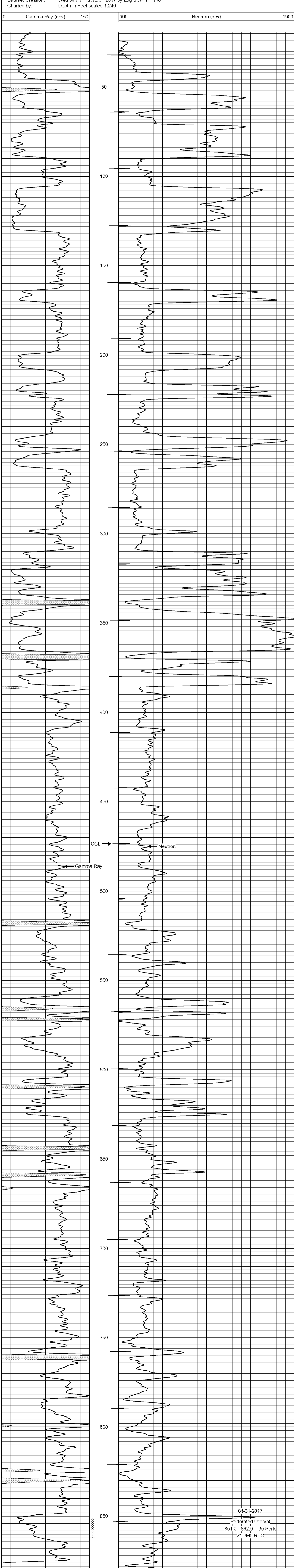
<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

Drilling Contractor :
 Hat Drilling, LLC.

Database File: sala 4-2.db
 Dataset Pathname: pass1
 Presentation Format: gr-n-ccl
 Dataset Creation: Wed Jan 11 12:16:01 2017 by Log SCH 111116
 Charted by: Depth in Feet scaled 1:240



CMI Gardner

790 E. Warren

Gardner, KS 66030

Phone : 913-856-8122 Fax : 913-856-8439

Invoice # 115272

Taken On : 11/30/2016 at 02:16 PM

Date Printed: 02/20/2017 at 12:38:12 PM

Sold To
BRADLEY OIL CO.
BRADD SCHWARTZ
P.O.BOX 21614
OKLAHOMA CITY, OK 73156

ShipTo
BRADLEY OIL CO.
BRADD SCHWARTZ
P.O.BOX 21614
OKLAHOMA CITY, OK 73156

Tax Category : (13) Taxable Sales (9.225%)
Account Rep : (18) Fred Kirk
Sales Clerk : (0) Dave

Account # 997
Ordered By :
PO #

Qty Ord	Qty Ship	UOM	Item Number	Description	Unit Price	Extended
48	48	Each	P0000	PORTLAND TYPE 1 GRAY	12.2700	588.96

*****MEMO*****

175TH W GARDNER RD TO 4 CORNERS RD 1/4 MILE SOUTH
WEST SIDE OF ROAD 1-620-363-1140

END OF MEMO

Cash :	\$0.00	Check :	\$0.00	Credit Card :	\$0.00	On Account :	\$643.29
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SubTotal :	\$588.96
Discount :	\$0.00
Deposit :	\$0.00
Tax (9.225%) :	\$54.33
Shipping :	\$0.00
Total :	\$643.29
Tendered :	\$0.00
Change Due :	\$0.00
Amount Due :	\$0.00