

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1
June 2009
**Form Must Be Typed
Form must be Signed
All blanks must be Filled**

**WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE |**

OPERATOR: License # 31847
Name: Bradley Oil Company
Address 1: PO Box 21614
Address 2: _____
City: Oklahoma City State: OK Zip: 73156 + 1614
Contact Person: Bradd Schwartz
Phone: (405) 823-8136
CONTRACTOR: License # 33734
Name: Hat Drilling Company
Wellsite Geologist: none
Purchaser: Pacer Energy

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD SLOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Corr, 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
 Conv. to GSW

Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>08/05/2011</u>	<u>08/05/2011</u>	<u>08/08/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 1509123490000
Spot Description: see below
SE-DCJ NW SW-SW NW Sec. 28 Twp. 14 S. R. 22 East West
4571 4556 Feet from North / South Line of Section
4550 4519 Feet from East / West Line of Section
GPS-KCC
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: Phegley Well #: I-16
Field Name: Gardner South
Producing Formation: Bartlesville
Elevation: Ground: n/a Kelly Bushing: n/a
Total Depth: 915 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 908
feet depth to: Ø w/ 136 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 #: _____

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CONSERVATION DIVISION
WICHITA, KS

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Bradd Schwartz

KCC Office Use ONLY

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
Alt 2 log - 12/7/11

Operator Name: Bradley Oil Company Lease Name: Phegley Well #: I-16
 Sec. 28 Twp. 14 S. R. 22 East West County: Johnson

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Bartlesville 856 866 Total Depth 915
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CASING RECORD <input type="checkbox"/> New <input checked="" 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
Surface casing	7 5/8	7"	n/a	20ft	portland	5	
Production	5 5/8	2 7/8	n/a	915 <i>908</i>	50/50 poz	136	

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
3	856-866	spot acid on perforations	

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TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CONSERVATION DIVISION WICHITA, KS
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 854-868
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HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

Phegley PH-I-16
 API # 15-091-23491-00-00
 SPUD DATE 8-5-11

Footage	Formation	Thickness	Set 20' of 8 5/8" TD 915' Ran 908' of 2 7/8
2	Topsoil	2	
13	clay	11	
50	shale	37	
73	lime	23	
81	shale	8	
90	lime	9	
98	shale	8	
115	lime	17	
129	shale	14	
215	lime	86	
236	shale	21	
245	lime	9	
263	shale	18	
272	lime	9	
276	shale	4	
285	lime	9	
331	shale	46	
405	lime	74	
587	shale	182	
601	lime	14	
613	shale	12	
616	lime	3	
623	shale	7	
662	lime	39	
668	shale	6	
676	sandy shale	8	
744	shale	68	
748	sand	4	
860	shale	112	
866	sand	6	good bleed
915	shale	49	

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CONSOLIDATED
OIL WELL SERVICES, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER **32735**
LOCATION **Ottawa, KS**
FOREMAN **Casey Kennedy**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/8/11	1601	Phegley # I-16	N6 29	14	22	JO
CUSTOMER Bradley Oil Co.			TRUCK #			
MAILING ADDRESS PO Box 21614			DRIVER		TRUCK #	
CITY Oklahoma City		STATE OK	ZIP CODE 73156		DRIVER	
			389	Castlen	JC	
			368	Keuffner	KH	
			558	DerMS	DM	
			370	Art McD	ARM	

JOB TYPE logstring HOLE SIZE 5 5/8" HOLE DEPTH 915' CASING SIZE & WEIGHT 2 1/8" EUG
 CASING DEPTH 908' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" rubber plug
 DISPLACEMENT 5.28 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100# Premium Gel followed by 10 bbls fresh water, mixed & pumped 136 sks 80/80 Pozmix cement w/ 276 Gal per sk, cement to surface, flushed, pump clean, displaced 2 1/2" rubber plug to casing ID w/ 5.28 bbls fresh water, pressured to 800 PSI, released pressure to set float valve, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE cement pump 368 400		975.00
5406	30	MILEAGE pump truck 208 4000		120.00
5402	908'	casing footage		—
5407	minimum	ton mileage 558		330.00
5502C	2 hrs	80 hbl Vac Truck 370		180.00
1124	136 sks	5950 Pozmix cement		1421.20
1118B	329 #	Premium Gel		65.80
4402	1	2 1/2" rubber plug		28.00

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#243290

Ravin 9737 7.525% SALES TAX 114.01
ESTIMATED TOTAL 3234.01
AUTHORIZATION Bradley TITLE 8-8-11 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.