

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 **RECEIVED**
Name: Hat Drilling Company **APR 18 2012**
Wellsite Geologist: n/a
Purchaser: Crude Marketing **KCC WICHITA**
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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

01/03/2012	01/04/2012	01/05/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15091237190000
Spot Description: _____
nw ne sw sw Sec. 33 Twp. 14 S. R. 22 East West
1,025 Feet from North / South Line of Section
4,298 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: Sala Well #: 1-26
Field Name: Paola-Rantoul
Producing Formation: Bartlesville
Elevation: Ground: 999 Estimated Kelly Bushing: _____
Total Depth: 877 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 40 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 #: _____

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
Title: President Date: 4-10-2012

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dg Date: 4/24/12

Operator Name: Bradley Oil Company Lease Name: Sala Well #: I-26
 Sec. 33 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 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 type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Bartlesville</td> <td>842</td> <td>847</td> </tr> <tr> <td>TD</td> <td></td> <td>877</td> </tr> </table>	Name	Top	Datum	Bartlesville	842	847	TD		877
Name	Top	Datum								
Bartlesville	842	847								
TD		877								

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	7 5/8	7		40	Portland	5	
Production	5 5/8	2 7/8		877	50/50 poz	140	

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 <i>(Amount and Kind of Material Used)</i>	Depth
3	829-839	spot acid on perforations	865

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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 (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: <u>829-839</u> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div>
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APR 18 2012

KCC WICHITA

CASING MECHANICAL INTEGRITY TEST

DOCKET # E-27255

Disposal Enhanced Recovery:

NE NE SW SW, Sec 33, T 14 S, R 22 EW

NW-CP

Repressuring
Flood
Tertiary

GPS 1040
4250

Feet from South Section Line
Feet from East Section Line

Date injection started
API #15 - 091 - 2379

Lease SALA Well # I26
County JOHNSA

Operator: Bradley Oil Company
Name & Address Po Box 21614
Oklahoma City, OK 73156

Operator License # 31847
Contact Person Bradd Schwartz
Phone 405-823-8136

Max. Auth. Injection Press. _____ psi; Max. Inj. Rate _____ bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____
Conductor Surface Production Liner Size Tubing
Size _____ 8 5/8 _____ 2 7/8 _____ _____ Size _____
Set at _____ 40 _____ 873 _____ Set at _____
Cement Top _____ 0 _____ 0 _____ Type _____
" Bottom _____ 40 _____ 873 _____
DV/Perf. _____ TD (and plug back) _____ 877 _____ ft. depth
Packer type _____ Size _____ Set at _____
Zone of injection _____ ft. to ft. _____ Perf. or open hole _____

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 10 Min. 20 Min. 30 Min.
I Pressures: 800 800 800 Set up 1 System Pres. during test _____
E _____ _____ _____ Set up 2 Annular Pres. during test _____
L _____ _____ _____ Set up 3 Fluid loss during test _____ bbls.
D _____ _____ _____

A Tested: Casing or Casing - Tubing Annulus
The bottom of the tested zone is shut in with Rubber Plug

Test Date 1-5-2012 Using Consolidated Company's Equipment
The operator hereby certifies that the zone between 0 feet and 873 feet
was the zone tested Full Mader Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____
State Agent Taylor C Herman Title PET II Witness: Yes No _____
REMARKS: Well not perforated

Origin. Conservation Div.; KDHE/T; Dist. Office;
 Computer Update 38.784990 -94.979285
KCC Form U-7 6/84
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APR 18 2012
KCC WICHITA
NAD 83

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

Sala I-26
 API # 15-091-23719-00-00
 SPUD DATE 1-3-12

Footage	Formation	Thickness	Set 40' of 8 5/8" TD 877'
2	Topsoil	2	
9	clay	7	Ran 873' of 2 7/8
11	sand stone	2	
30	lime	19	
37	shale	7	
47	lime	10	
55	shale	8	
74	lime	19	
92	shale	8	
116	lime	24	
150	shale	34	
158	lime	8	
183	shale	25	
192	lime	9	
202	shale	10	
210	lime	8	
232	shale	22	
252	lime	20	
296	shale	44	
322	lime	26	
328	shale	6	
353	lime	25	
356	shale	3	
359	lime	3	
365	shale	6	
371	lime	6	
526	shale	155	
528	lime	2	
547	shale	19	
552	lime	5	
567	shale	15	
574	lime	7	
840	shale	266	
844	sandy shale	4	} 10 little odor good odor, good bleed little odor, little bleed
848	sand	4	
850	sandy shale	2	
877	shale	27	

RECEIVED
 APR 18 2012
 KCC WICHITA



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 # 246896

Invoice Date: 01/13/2012 Terms:

Page 1

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

sala I-26
36800
SW 33 14 22 JO
01/05/2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	140.00	10.9500	1533.00
1118B	PREMIUM GEL / BENTONITE	335.00	.2100	70.35
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495 CASING FOOTAGE	873.00	.00	.00
510 MIN. BULK DELIVERY	1.00	350.00	350.00

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Parts:	1631.35	Freight:	.00	Tax:	122.76	AR	3434.11
Labor:	.00	Misc:	.00	Total:	3434.11		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 36800

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/5/12	1601	Sala # T-26	SW 33	14	22	JO
CUSTOMER Bradley Oil Co			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 21614			506	FREMAO	Safety	MXG
CITY STATE ZIP CODE OKlahoma City OK 73156			495	HARBEC	HJB	J
			369	DERMAS	DM	
			510	KEICAR	KC	

JOB TYPE Logstring HOLE SIZE 5 7/8 HOLE DEPTH 877' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 873' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.08 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE. 50 BPM

REMARKS: Establish circulation. Mix+ Pump 100# Premium Gel Flush.
Mix+ Pump 140 sks 50/50 Poz Mix Cement 2% Gel. Cement to
Surface. Flush pump + lines clean. Displace 2 1/2" Rubber Plug
to casing TD w/ 5.08 BBL Fresh Water. Pressure to 800# (PSI)
Hold pressure for 30 min MIT. Release pressure to Set
float Valve. Shut in Casing

Hat Drilling.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1038.00
5406	30mi	MILEAGE	495	120.00
5402	873	Casing footage		N/C
5407	Minimum	Tow Miles		350.00
5502C	2hrs	80 BBL Vac Truck		180.00
1124	140 SKS	50/50 Poz Mix Cement		1533.00
1118B	335#	Premium Gel		70.35
4402	1	2 1/2" Rubber Plug		28.00
RECEIVED				
APR 18 2012				
KCO WICHITA				
7.52078				
			SALES TAX	122.76
			ESTIMATED	
			TOTAL	3434.41

lavln 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

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.