



KANSAS CORPORATION COMMISSION 1105716
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 LLC
Wellsite Geologist: none
Purchaser:
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 (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 #:
08/23/2012 08/24/2012 08/24/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-091-23906-00-00
Spot Description:
NE SW NE NW Sec. 28 Twp. 14 S. R. 22 East West
4565 Feet from North / South Line of Section
3410 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE NW SE SW
County: Johnson
Lease Name: Hicks Well #: 17
Field Name:
Producing Formation: Bartlesville
Elevation: Ground: 1025 Kelly Bushing: 0
Total Depth: 907 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 42 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: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated
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

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 01/04/2013

1105716

Operator Name: **Bradley Oil Company**

Lease Name: **Hicks**

Well #: **17**

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Bartlesville	846	856
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

List All E. Logs Run:

cased hole log

CASING RECORD New 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	7.625	7	8	42	portland	10	
production	5.625	2.875	8	906	50-50 poz	121	

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
Plug Off Zone				

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated

Shots Per Foot	Depth	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>
3	846-856	spot acid on perms and frac well with water gel and 10 sacks of sand

TUBING RECORD: Size: **1"** Set At: **906** Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR.
10/15/2012

Producing Method:
 Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
	3		0			

DISPOSITION OF GAS:

Vented Sold Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION:

Open Hole Perf. Dually Comp. Commingled
(Submit ACO-5) *(Submit ACO-4)*
Other (Specify)

PRODUCTION INTERVAL:

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

Hicks #17
API # 15-091-23906-00-00
SPUD DATE 8-23-12

Footage	Formation	Thickness	Set 42' of 7" TD 912' Ran 907' of 2 7/8
2	Topsoil	2	
18	clay	16	
39	shale	21	
64	lime	25	
73	shale	9	
106	lime	33	
120	shale	14	
208	lime	88	
228	shale	20	
240	lime	12	
257	shale	17	
280	lime	23	
310	shale	30	
313	lime	3	
322	shale	9	
350	lime	28	
361	shale	11	
398	lime	37	
583	shale	185	
595	lime	12	
604	shale	9	
611	lime	7	
623	shale	12	
625	lime	2	
635	shale	10	
640	red bed	5	
669	shale	29	
674	lime	5	
848	shale	174	
857	sand	9	good odor, good bleed
912	shale	55	

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DEC 28 2012
KCC WICHITA

CASING MECHANICAL INTEGRITY TEST

DUCKET # 2-46327

Disposal Enhanced Recovery:

NWSENE NW, Sec 28, T 14 S, R 22 EW

NWCP Repressuring
Flood
Tertiary

443 Feet from South Section Line
3254 Feet from East Section Line

Date injection started _____
API #15 - 091 - 23901

Lease Hicks Well # I-17
County Johnson

Operator: Bradley Oil Company
Name & Address Po Box 2164
Oklahoma City, OK 73156

Operator License # 31847 RECEIVED
Contact Person Bradd Schwartz DEC 28 2012
Phone 405-340-7752 KCC WICHITA

Max. Autor. Injection Press. _____ psi; Max. Inj. Rate _____ bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____
Conductor Surface Production Liner Tubing
Size _____ 7 _____ 2 7/8 _____ _____
Set at _____ 40 _____ 882 _____ _____
Cement Top _____ 0 _____ 0 _____ _____
Bottom _____ 40 _____ 882 _____ _____
TD (and plug back) _____ 888 _____ 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 _____
L Set up 2 Annular Pres. during test _____
D Set up 3 Fluid loss during test _____ bbls.
D
A
T
A

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

Test Date 9/5/2012 Using Consolidated Company's Equipment

The operator hereby certifies that the zone between 0 feet and 882 feet
was the zone tested Bradd A. Schif Signature President Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____
State Agent Taylor Catterman Title President Witness: Yes _____ No
REMARKS: Well not perforated

Origin. Conservation Div.; KDHE/T; Dist. Office;
 Computer Update 50 WEM
KCC Form U-7 6/84



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 68720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 252375

Invoice Date: 08/27/2012 Terms: 0/0/30,n/30 Page 1

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

HICKS #17
39544
28-14-22
08-24-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	121.00	10.9500	1324.95
1118B	PREMIUM GEL / BENTONITE	303.00	.2100	63.63
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
503 MIN. BULK DELIVERY	1.00	350.00	350.00
T-106 WATER TRANSPORT (CEMENT)	1.50	112.00	168.00
666 CEMENT PUMP	1.00	1030.00	1030.00
666 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
666 CASING FOOTAGE	906.00	.00	.00

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15091 23906 0000

Parts:	1416.58	Freight:	.00	Tax:	106.60	AR	3191.18
Labor:	.00	Misc:	.00	Total:	3191.18		
Sublt:	.00	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 785/672-2227 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39544
LOCATION Ottawa
FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-24-12	1601	Hicks #17	NW28	14	22	JO
CUSTOMER Bradley O:1			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 21614			516 Alan Mader Safety Meet			
CITY STATE ZIP CODE Oklahoma City OK 73156			1666 Ken Car KC			
JOB TYPE long string			305/T106 Jas Ric JK			
HOLE SIZE 5 7/8			303 Dan Det DD			
HOLE DEPTH 912			CASING SIZE & WEIGHT 2 1/8			
CASING DEPTH 906			OTHER			
SLURRY WEIGHT			CEMENT LEFT in CASING yes			
DISPLACEMENT 5 1/4			RATE 5 bpm			
REMARKS: field crew meet. Ests blushed rate. Mixed + pumped 100 # gel followed by 121 sk 50/150 cement plus 20 # gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.						

HAT, E.C.C. Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030	1030.00
5406	30	MILEAGE	4.00	120.00
6402	906	casing footage	0.00	
5407	min	ten miles	350	350.00
3501.C	1 1/2	transport	112.00	168.00
1124	121	50/150 cement	11.32	1371.95
118B	303 #	gel	0.21	63.63
4402	1	2 1/2 plug	28.00	28.00
RECEIVED				
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KCC WICHITA				
SALES TAX				106.64
ESTIMATED TOTAL				3191.18

NO COMPANY REP
AUTHORIZATION Jim Dick 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.

252375