



KANSAS CORPORATION COMMISSION 1105703  
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     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 #: \_\_\_\_\_  
08/17/2012    08/20/2012    08/20/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-091-23890-00-00  
Spot Description: \_\_\_\_\_  
NW NW SW NW Sec. 28 Twp. 14 S. R. 22  East  West  
3676 Feet from  North /  South Line of Section  
4966 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Johnson  
Lease Name: Phegley Well #: I-26  
Field Name: \_\_\_\_\_  
Producing Formation: Bartlesville  
Elevation: Ground: 1027 Kelly Bushing: 0  
Total Depth: 921 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 cm.

**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

Operator Name: Bradley Oil Company Lease Name: Phegley Well #: I-26  
 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:  case hole log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border: none;"> <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>877</td> <td>885</td> </tr> </table>	Name	Top	Datum	Bartlesville	877	885
Name	Top	Datum					
Bartlesville	877	885					

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	7.625	7	8	42	portland	10	
production	5.625	2.875	8	921	50-50 poz	137	

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	-			

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	877-885	spot acid on perms	877-885

TUBING RECORD: Size: <u>2.875</u> Set At: <u>921</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" 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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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HAT DRILLING  
12371 KS HWY 7  
MOUND CITY, KS 66056  
LICENSE # 33734

Phegley PH-I-26  
API # 15-091-23890-00-00  
SPUD DATE 8-17-12

Footage	Formation	Thickness	Set 42' of 7"
2	Topsoil	2	TD 928'
15	clay	13	Ran 921' of 2 7/8
19	sand stone	4	
59	shale	40	
86	lime	27	
95	shale	9	
130	lime	35	
143	shale	13	
227	lime	84	
247	shale	20	
256	lime	9	
277	shale	21	
284	lime	7	
290	shale	6	
298	lime	8	
343	shale	45	
418	lime	75	
593	shale	175	
595	lime	2	
607	shale	12	
620	lime	13	
631	shale	11	
635	lime	4	
642	shale	7	
651	lime	9	
872	shale	221	
883	sand	11	
928	shale	45	

RECEIVED  
DEC 28 2012  
KCC WICHITA

DOCKET # E210359

CASING MECHANICAL INTEGRITY TEST

Disposal  Enhanced Recovery:  
NW-OP Repressuring   
Flood   
Tertiary

NENWSW NW, Sec 28, T 14 S, R 22 EN

EPS 31676 Feet from South Section Line  
49166 Feet from East Section Line

Date injection started \_\_\_\_\_  
API #15 - 091 - 23890

Lease Pnealey Well # I-26  
County Johnson

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

Operator License # 31847  
Contact Person Bradd Schwartz  
Phone 405-340-7752

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KCC WICHITA

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 \_\_\_\_\_ 7 2 1/8 \_\_\_\_\_ Size \_\_\_\_\_  
Set at \_\_\_\_\_ 47 \_\_\_\_\_ Set at \_\_\_\_\_  
Cement Top \_\_\_\_\_ 0 \_\_\_\_\_ Type \_\_\_\_\_  
" Bottom \_\_\_\_\_ 92 \_\_\_\_\_  
DV/Perf. \_\_\_\_\_ TD (and plug back) 928 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 8-20-2012 Using Consolidated Company's Equipment  
The operator hereby certifies that the zone between 0 feet and 921 feet  
was the zone tested Fred Mader Signature \_\_\_\_\_ Title \_\_\_\_\_

The results were Satisfactory , Marginal \_\_\_\_\_, Not Satisfactory \_\_\_\_\_  
State Agent Taylor C. Heuman Title Partner Witness: Yes  No \_\_\_\_\_  
REMARKS: Well not perforated

Origin. Conservation Div.;  KDHE/T;  Dist. Office;  
 Computer Update \_\_\_\_\_  
38.806810 -94.981930  
NAD83  
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 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 252260

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Invoice Date: 08/22/2012 Terms: 0/0/30,n/30

Page 1

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

PHEGLEY I-26  
39501  
28-14-22  
08-20-2012  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	137.00	10.9500	1500.15
1118B	PREMIUM GEL / BENTONITE	330.00	.2100	69.30
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
Description		Hours	Unit Price	Total
495	CEMENT PUMP	1.00	1030.00	1030.00
495	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
495	CASING FOOTAGE	921.00	.00	.00
548	MIN. BULK DELIVERY	1.00	350.00	350.00
675	80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

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Parts: 1597.45 Freight: .00 Tax: 120.21 AR 3397.66  
Labor: .00 Misc: .00 Total: 3397.66  
Sublt: .00 Supplies: .00 Change: .00  
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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

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
5/20/17	1601	Phigley # I-26	NW 28	14	22	JO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Bradley Oil Co			506	Fred Mad	Safely	Mad
MAILING ADDRESS			495	Harbor	HD	
P.O. Box 21614			675	Re: Det	RD	
CITY	STATE	ZIP CODE	548	Michha	MH	
Oklahoma City	OK	73156				

JOB TYPE Logstring HOLE SIZE 5 7/8 HOLE DEPTH 928' CASING SIZE & WEIGHT 2 1/8 EUE  
 CASING DEPTH 921' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
 DISPLACEMENT 5.35 BB DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5.3 RPM

REMARKS: Establish circulation. Mix + Pump 100\* Gal Flush. Mix + Pump  
137 SKS 50/50 Poz Mix Cement 270 Gal. Cement to Surface. Flush  
pump + lines clean. Displace 2 1/2" Rubber plug to casing TD.  
Pressure to 800\* PSI. Hold + monitor pressure for 30 min MIT.  
Release pressure to set float valve. Shut in casing.

KCC Rep: Taylor Norman.  
Not Drilling.

*Fred Maden*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 <sup>10</sup>
5406	30 mi	MILEAGE	495	120 <sup>10</sup>
5402	921	Casing footage		N/C
5467	Minimum	Ten Miles	548	350 <sup>10</sup>
5520	2 hrs	80 BBL Vac Truck	675	180 <sup>10</sup>
5124	137 SKS	50/50 Poz Mix Cement		1500 <sup>15</sup>
1188	330*	Premium Gel		69 <sup>20</sup>
4402	1	2 1/2" Rubber Plug		25 <sup>00</sup>
			RECEIVED	
			DEC 28 2017	
			KCC WICHITA	
		7.525%	SALES TAX ESTIMATED TOTAL	120.21
				3397 <sup>66</sup>

Revin 3737

AUTHORIZATION *[Signature]* 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.

252260