



KANSAS CORPORATION COMMISSION 1105747
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 #: _____

<u>09/18/2012</u>	<u>09/19/2012</u>	<u>09/19/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23894-00-00
Spot Description: _____
SW NW SW NE Sec. 30 Twp. 14 S. R. 22 East West
3475 Feet from North / South Line of Section
2533 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: Gillespie Well #: I-14
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1052 Kelly Bushing: 0
Total Depth: 948 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 41 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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input checked="" type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Garrison</u> Date: <u>01/04/2013</u>



1105747

Operator Name: Bradley Oil Company Lease Name: Gillespie Well #: I-14
 Sec. 30 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 logs	<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>897</td> <td>902</td> </tr> </table>	Name	Top	Datum	Bartlesville	897	902
Name	Top	Datum					
Bartlesville	897	902					

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	41	Portland	20	
production	5.625	2.875	8	948	50-50 poz	140	

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	897-902	spot acid on perms	

TUBING RECORD:	Size:	Set At:	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 <i>(Explain)</i> _____		
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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: <u>897-902</u>
---	---	--

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

Gillespie I-14
API # 15-091-23894-00-00
SPUD DATE 9-18-12

Footage	Formation	Thickness	Set 41' of 7"
2	Topsoil	2	TD 948'
22	clay	20	Ran 940' of 2 7/8
78	shale	56	
87	lime	9	
98	shale	11	
114	lime	16	
122	shale	8	
130	lime	8	
143	shale	13	
165	lime	22	
181	shale	16	
197	lime	16	
205	shale	8	
219	lime	14	
240	shale	21	
263	lime	23	
278	shale	15	
284	lime	6	
305	shale	21	
330	lime	25	
369	shale	39	
398	lime	29	
404	shale	6	
444	lime	40	
612	shale	168	
620	lime	8	
628	shale	8	
631	lime	3	
893	shale	262	
898	sand	5	good odor, good bleed
948	shale	50	

RECEIVED
DEC 28 2012
KCC WICHITA

CASING MECHANICAL INTEGRITY TEST

Disposal Enhanced Recovery:

NW-09

Repressuring
Flood
Tertiary

Date injection started _____
API #15 - 091 - 23894

SENESE NW, Sec 30, T 14S, R 22E

GPS 3475 Feet from South Section Line
2533 Feet from East Section Line

Lease Gillespie Well # I-14
County Johnson

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

Operator License # 31847 RECEIVED
Contact Person Bradd Schwartz DEC 28 2012
Phone 405-340-7752 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 Tubing
Size _____ 7 _____ 2 7/8 _____ Size _____
Set at _____ 40 _____ 940 _____ Set at _____
Cement Top _____ 0 _____ 0 _____ Type _____
" Bottom _____ 40 _____ 940 _____
TV/Perf. _____ TD (and plug back) _____ 948 _____ 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 9-19-2012 Using Consolidated Company's Equipment
The operator hereby certifies that the zone between 0 feet and 940 feet
was the zone tested Alan Mader COWS Foreman
Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Taylor C. Herman Title PEET # Witness: Yes _____ No

REMARKS: Well not perforated

Origin. Conservation Div.; KDHE/T; Dist. Office;
 Computer Update 38.806340 - 95.010361 NAD 83
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
Chanule, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE Invoice # 253047

Invoice Date: 09/21/2012 Terms: 0/0/30,n/30 Page 1

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

GILLESPIE I-14
34927
30-14-22
09-19-2012
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
510	MIN. BULK DELIVERY	1.00	350.00	350.00
666	CEMENT PUMP	1.00	1030.00	1030.00
666	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
666	CASING FOOTAGE	940.00	.00	.00
675	80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

300000

RECEIVED
DEC 28 2012
KCC WICHITA

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 _____

BARTLESVILLE, OK EL DORADO, KS EUREKA, KS PONCA CITY, OK OAKLEY, KS OTTAWA, KS TOWER, KS

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
9-19-12	1601	Coilwell #1 Edgar I-14	NE 30	14	22	JD
CUSTOMER Bradley Oil			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 21614			516 Alan Mader Safety Meet			
CITY STATE ZIP CODE Oklahoma City OK 73156			666 Keith Car KC			
JOB TYPE <u>long string</u> HOLE SIZE <u>5 7/8</u> HOLE DEPTH <u>948</u> CASING SIZE & WEIGHT <u>2 7/8</u>			675 Keith Det KD			
CASING DEPTH <u>940</u> DRILL PIPE _____ TUBING _____ OTHER _____			510 Set Trc ST			
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING <u>yes</u>			DISPLACEMENT _____ DISPLACEMENT PSI <u>800</u> MIX PSI <u>200</u> RATE _____			
REMARKS: <u>Well crew meet. Established rate. Mixed & pumped 100# gal followed by 140 gal 50/50 cement plus 2% gal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI for 30 min. MIT. Set float. Closed valve.</u>						

NAT, Eric

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	666	1230.00
5406	30	MILEAGE	666	120.00
5402	940	Casing footage	666	—
5407	min	ton miles	510	350.00
5302C	2	80 gal	675	180.00
1124	140	50/50 cement		1533.00
119B	335	set		70.35
4402	1	2 1/2 plug		28.00
RECEIVED				
DEC 28 2012				
KCC WICHITA				
SALES TAX				122.76
ESTIMATED TOTAL				3434.11

Revin 3737

NO company rep
Jim DKD

253047

AUTHORIZATION _____ 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 fo