



KANSAS CORPORATION COMMISSION 1105746
 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 #: _____

09/19/2012	09/20/2012	09/20/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23888-00-00

Spot Description: _____
NW SW SW NE Sec. 30 Twp. 14 S. R. 22 East West
3094 Feet from North / South Line of Section
2497 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-13
 Field Name: _____
 Producing Formation: Bartlesville
 Elevation: Ground: 1058 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 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



1105746

Operator Name: Bradley Oil Company Lease Name: Gillespie Well #: I-13
 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: cased hole log	<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>899</td> <td>905</td> </tr> </table>	Name	Top	Datum	Bartlesville	899	905
Name	Top	Datum					
Bartlesville	899	905					

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	132	

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 (Amount and Kind of Material Used)	Depth
3	899-906	spot acid on pers	

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 (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: <u>899-906</u>
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HAT DRILLING
12371 KS HWY 7
MOUND CITY, KS 66056
LICENSE # 33734

Gillespie I-13
API # 15-091-23888-00-00
SPUD DATE 9-19-12

Footage	Formation	Thickness	Set 41' of 7"
2	Topsoil	2	TD 948'
18	clay	16	Ran 942' of 2 7/8
57	shale	39	
128	lime	71	
138	shale	10	
162	lime	24	
173	shale	11	
200	lime	27	
206	shale	6	
220	lime	14	
236	shale	16	
262	lime	26	
278	shale	16	
288	lime	10	
304	shale	16	
308	lime	4	
318	shale	10	
325	lime	7	
366	shale	41	
390	lime	24	
402	shale	12	
423	lime	21	
435	shale	12	
440	lime	5	
608	shale	168	
616	lime	8	
628	shale	12	
633	lime	5	
648	shale	15	
653	lime	5	
840	shale	187	
845	sand	5	good bleed, good odor
893	shale	48	
899	sand	6	good bleed, good odor
948	shale	49	

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CASING MECHANICAL INTEGRITY TEST

Disposal Enhanced Recovery:

NW-4

Repressuring
Flood
Tertiary

Date injection started _____
API #15 - 091 - 23888

NW1/4 SW NE, Sec 30, T 14 S, R 22 CW

605 3094 Feet from South Section Line
2497 Feet from East Section Line

Lease Gilgripie Well # I-13
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 Size Tubing
Size _____ 7 2 7/8 _____ Size _____
Set at _____ 40 942 _____ Set at _____
Cement Top _____ 0 _____ Type _____
" Bottom _____ 40 942 _____
DV/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.

E 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.

T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with Rubber Plug

Test Date 9/20/2012 Using Consolidated Company's Equipment

The operator hereby certifies that the zone between 0 feet and 942 feet

was the zone tested Alon Mader LOWS Foreman
Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Tanya C. Henman Title Per. It Witness: Yes _____ No

REMARKS: Well not perforated

Origin. Conservation Div.; KDHE/T; Dist. Office;

Computer Update

38.805294 - 95.010232

NAD 83



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 # 25311

Invoice Date: 09/25/2012 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-13
34933
30-14-22
09-20-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	132.00	10.9500	1445.4
1118B	PREMIUM GEL / BENTONITE	322.00	.2100	67.6
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.0

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1030.00	1030.0
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.0
368 CASING FOOTAGE	942.00	.00	.0
T-106 WATER TRANSPORT (CEMENT)	1.50	112.00	168.0
510 MIN. BULK DELIVERY	1.00	350.00	350.0

10/20/20

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Parts:	1541.02	Freight:	.00	Tax:	115.97	AR	3324.9
Labor:	.00	Misc:	.00	Total:	3324.99		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 34933

LOCATION Ottawa

FOREMAN Alan Maden

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
9-20-12	1601	Gillespie I-13	NE 30	14	22	Jo

CUSTOMER
Bradley Oil
MAILING ADDRESS
P.O. Box 21614
CITY
Oklahoma City STATE
OK ZIP CODE
73156

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Ala Mad	Safety	Meier
368	Art Mad	ARM	
505/1106	Mik Hoo	MH	
510	Set Tuc	ST	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 948 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 942 DRILL PIPE TUBING OTHER
SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING YES
DISPLACEMENT 5 1/2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by 132 sk 50/50 cement, plus 2% gel. Circulated cement. Flashed pump. Pumped plug to casing TD. Well held 800 P.S.I. for 30 minute M.I.T. Set float. Closed valve.

HAT, Eric

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030.00
5406	30	MILEAGE	368	120.00
5402	942	casing footage	368	
5407	min	ton miles	510	350.00
5501C	1 1/2	transport	T-106	168.00
1124	132	50/50 Cement		1445.40
1118B	222#	gel		67.62
4402	1	2 1/2 plug		28.00

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SALES TAX 115.97
ESTIMATED TOTAL 3324.99
AUTHORIZATION Jim OK'd 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

752111