



KANSAS CORPORATION COMMISSION 1105754  
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 ) 340-7752  
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 #: \_\_\_\_\_  
09/11/2012    09/13/2012    09/13/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-091-23899-00-00  
Spot Description:  
SW NW NW NE Sec. 30 Twp. 14 S. R. 22  East  West  
4861 Feet from  North /  South Line of Section  
2589 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Johnson  
Lease Name: Eldon Gordon Well #: I-17  
Field Name: \_\_\_\_\_  
Producing Formation: Bartlesville  
Elevation: Ground: 1028 Kelly Bushing: 0  
Total Depth: 900 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: 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



1105754

Operator Name: Bradley Oil Company Lease Name: Eldon Gordon Well #: I-17  
 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 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>854</td> <td>863</td> </tr> </table>	Name	Top	Datum	Bartlesville	854	863
Name	Top	Datum					
Bartlesville	854	863					

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	40	portland	20	
production	5.625	2.875	8	900	50-50 poz	131	

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	854-863	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 (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

Eldon Gordon #I-17  
API # 15-091-23899-00-00  
SPUD DATE 9-11-12

Footage	Formation	Thickness	Set 40' of 7"
2	Topsoil	2	TD 900'
10	clay	8	Ran 892' of 2 7/8
41	shale	31	
50	lime	9	
63	shale	13	
94	lime	31	
101	shale	7	
123	lime	22	
140	shale	17	
161	lime	21	
167	shale	6	
182	lime	15	
188	shale	6	
225	lime	37	
240	shale	15	
250	lime	10	
267	shale	17	
278	lime	11	
281	shale	3	
295	lime	14	
333	shale	38	
341	lime	8	
345	shale	4	
361	lime	16	
366	shale	5	
394	lime	28	
399	shale	5	
406	lime	7	
580	shale	174	
587	lime	7	
618	shale	31	
625	lime	7	
742	shale	117	
745	sand	3	
855	shale	110	
863	sand	8	
900	shale	37	

RECEIVED  
DEC 28 2012  
KCC WICHITA

CASING MECHANICAL INTEGRITY TEST

Disposal  Enhanced Recovery:   
 NWOP Repressuring   
 Flood   
 Tertiary   
 Date injection started \_\_\_\_\_  
 API #15 - 091 - 23899

SENECA NW, Sec 30, T 14 S, R 22 CW

GPS 4861 Feet from South Section Line  
 2589 Feet from East Section Line

Lease Eldon Gordon Well # I-17  
 County Lincoln

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

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

RECEIVED  
 DEC 28 2012  
 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 _____	<u>7</u>	<u>2 7/8</u>	_____	_____	_____
Set at _____	<u>40</u>	<u>892</u>	_____	Set at _____	_____
Cement Top _____	<u>0</u>	<u>0</u>	_____	Type _____	_____
" Bottom _____	<u>40</u>	<u>892</u>	_____	_____	_____
DV/Perf. _____	_____	_____	_____	_____	_____
Packer type _____	_____	_____	_____	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 \_\_\_\_\_

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

Test Date 9/12/2012 Using Consolidated Company's Equipment

The operator hereby certifies that the zone between 0 feet and 892 feet  
 was the zone tested Bradley & S. City Signature President Title

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

Origin. Conservation Div.;  KDHE/T;  Dist. Office;  
 Computer Update  
 38.810146 - 95.010565  
 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  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 252889

Invoice Date: 09/17/2012 Terms: 0/0/30,n/30

Page 1

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

ELDON GORDAN I-17  
39678  
30-14-22  
09-13-2012  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	131.00	10.9500	1434.45
1118B	PREMIUM GEL / BENTONITE	320.00	.2100	67.20
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

  

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
368 CASING FOOTAGE	892.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
548 MIN. BULK DELIVERY	1.00	350.00	350.00

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KCC WICHITA

Parts:	1529.65	Freight:	.00	Tax:	115.11	AR	3324.7
Labor:	.00	Misc:	.00	Total:	3324.76		
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
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**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 39678

LOCATION Ottawa

FOREMAN Alan Mader

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-487-8876

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
9-13-12	11601	Eldon Gordon I-17		NE 30	14	22	Sp
CUSTOMER <u>Bradley Oil</u>				TRUCK #			
MAILING ADDRESS <u>21614</u>				DRIVER			
CITY <u>Oklahoma City</u>		STATE <u>OK</u>	ZIP CODE <u>73156</u>	<u>516</u>	<u>Ala Mader</u>	<u>Safety</u>	<u>Meat</u>
JOB TYPE <u>long string</u>				HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>900</u>	CASING SIZE & WEIGHT <u>2 7/8</u>	
CASING DEPTH <u>892</u>		DRILL PIPE	TUBING	<u>368</u>	<u>Art McD</u>	<u>ADM</u>	
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	<u>369</u>	<u>Der Mas</u>	<u>DM</u>	
DISPLACEMENT <u>5.2</u>		DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	<u>548</u>	<u>bre man</u>	<u>BM</u>	
REMARKS: <u>Held crew meet. Established rate. Mixed &amp; pumped 100# gel followed by 131 sk 50/50 cement plus 200 gal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI for 30 minute MIT. Set float. Closed valve.</u>				CEMENT LEFT IN CASING <u>YES</u>			

HAT, Eric

*Alan Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	30	MILEAGE	4.00	120.00
5402	892'	casing footage	0.00	-
5407	min	ten miles	58.33	350.00
5502C	2	80 gal	90.00	180.00
1124	131 sk	50/50 cement	11.00	1434.45
1118B	320 #	gel	0.21	67.20
4402	1	2 1/2 plug	28.00	28.00
RECEIVED				
DEC 28 2012				
KCC WICHITA				
SALES TAX ESTIMATED TOTAL				115.11

Revin 3737

*No company rep*

AUTHORIZATION Jim Oksa 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

*OK*