



KANSAS CORPORATION COMMISSION 1105712
OIL & GAS CONSERVATION DIVISION

Form AGO-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>09/5/2012</u>	<u>09/06/2012</u>	<u>09/06/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23905-00-00

Spot Description: _____
NW SE NE NW Sec. 28 Twp. 14 S. R. 22 East West
4567 Feet from North / South Line of Section
3087 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Johnson

Lease Name: Hicks Well #: 16

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 1037 Kelly Bushing: 0

Total Depth: 915 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 Gamson Date: 01/04/2013



1105712

Operator Name: Bradley Oil Company Lease Name: Hicks Well #: 16
 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-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>860</td> <td>867</td> </tr> </table>	Name	Top	Datum	Bartlesville	860	867
Name	Top	Datum					
Bartlesville	860	867					

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	910	50-50 poz	130	

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	860-870	spot acid on perms and frac wellw ith water gel and 10 sacks of sand	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. 10/15/2012		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. 2	Gas Mcf 0	Water Bbls. 0
		Gas-Oil Ratio	Gravity 23

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

Hicks #16
API # 15-091-23905-00-00
SPUD DATE 9-5-12

Footage	Formation	Thickness	Set 40' of 7"
2	Topsoil	2	TD 915'
22	clay	20	Ran 910' of 2 7/8
50	shale	28	
76	lime	26	
83	shale	7	
92	lime	9	
100	shale	8	
119	lime	19	
135	shale	16	
155	lime	20	
161	shale	6	
224	lime	63	
239	shale	15	
248	lime	9	
266	shale	18	
274	lime	8	
279	shale	5	
288	lime	9	
320	shale	32	
322	lime	2	
332	shale	10	
397	lime	65	
400	shale	3	
408	lime	8	
595	shale	187	
598	lime	3	
621	shale	23	
630	lime	9	
662	shale	32	
665	lime	3	
723	shale	58	
725	sand	2	
765	shale	40	
767	lime	2	
852	shale	85	
853	lime	1	
860	sand	7	
915	shale	55	

RECEIVED
DEC 28 2012
KCC WICHITA

CASING MECHANICAL INTEGRITY TEST

DATE: 12/28/2012

Disposal Enhanced Recovery:

NESE NE NW, Sec 28, T 14 S, R 22 E

NWOP

Repressuring
Flood
Tertiary

4413 Feet from South Section Line
2927 Feet from East Section Line

Date injection started _____
API #15 - 091 - 23900

Lease Hicks Well # I-16
County Johnson

Operator: Bradley Oil Company
Name & Address: P.O. Box 21644
Oklahoma City, OK 73156

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

Max. Act. 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 1/8 _____ _____
Set at _____ 90 _____ 904 _____ _____
Cement Top _____ 90 _____ 904 _____ _____
Bottom _____ 90 _____ 904 _____ _____
TD/Perf. _____ TD (and plug back) _____ 908 _____ 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 _____ bbis.
D
A
T
A

Tested: Casing or Casing - Tubing Annulus

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

Test Date 9/10/2012 Using Consolidated Company's Equipment

The operator hereby certifies that the zone between 0 feet and 904 feet

was the zone tested
Signature: Benjamin A. Schatz Title: President

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 SP YCM
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 # 252676

Invoice Date: 09/11/2012 Terms: 0/0/30,n/30

Page 1

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

HICKS #16
39635
28-14-22
09-06-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	130.00	10.9500	1423.50
1118B	PREMIUM GEL / BENTONITE	318.00	.2100	66.78
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	910.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
558 MIN. BULK DELIVERY	1.00	350.00	350.00

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DEC 28 2012
KCC WICHITA

Parts:	1518.28	Freight:	.00	Tax:	114.26	AR	3312.54
Labor:	.00	Misc:	.00	Total:	3312.54		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39635
LOCATION Ottawa
FOREMAN Alan Maden

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-6-12	1601	Hicks #16	NW 28	14	22	To
CUSTOMER <u>Bradley Oil</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 21614</u>			DRIVER			
CITY <u>OKlahoma City</u>			TRUCK #			
STATE <u>OK</u>			DRIVER			
ZIP CODE <u>73156</u>			TRUCK #			
JOB TYPE <u>long string</u>			DRIVER			
HOLE SIZE <u>5 7/8</u>			TRUCK #			
HOLE DEPTH <u>915</u>			DRIVER			
CASING SIZE & WEIGHT <u>2 7/8</u>			TRUCK #			
CASING DEPTH <u>910</u>			DRIVER			
DRILL PIPE			TUBING			
OTHER			OTHER			
SLURRY WEIGHT			WATER gal/sk			
SLURRY VOL			CEMENT LEFT in CASING			
DISPLACEMENT <u>5 1/4</u>			DISPLACEMENT PSI <u>800</u>			
DISPLACEMENT PSI <u>800</u>			MIX PSI <u>800</u>			
RATE <u>4 bpm</u>			RATE <u>4 bpm</u>			
REMARKS: <u>Well crew meet Established rate. Mixed & pumped 100# gel followed by 130 sk 50/150 cement plus 2 1/2 gal. Circulated gel. Flushed pump. Pumped plus to casing TD. Well held 800 PSI. Set float closed valve</u>						

HAT, Eric

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
6401	1	PUMP CHARGE	368	1030.00
5406	30	MILEAGE	368	120.00
5402	910	casing footage	368	
5407	min	ten miles		350.00
5502L	2	80 vac		180.00
112-1	130	50/150 cement		1423.50
118B	318#	gel		66.78
N402	1	2 1/2 plug		28.00
RECEIVED				
DEC 28 2012				
KCC WICHITA				
SALES TAX				114.26
ESTIMATED TOTAL				3312.54

Ravin 3737

NO COMPANY REP

AUTHORIZATION Jim OK's 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

2501.71.