



KANSAS CORPORATION COMMISSION 1105704
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>08/30/2012</u>	<u>08/30/2012</u>	<u>08/30/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23903-00-00
Spot Description: _____
NE SE NE NW Sec. 28 Twp. 14 S. R. 22 East West
4425 Feet from North / South Line of Section
2646 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: Hicks Well #: I-19
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1049 Kelly Bushing: 0
Total Depth: 917 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 cmf.

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



1105704

Operator Name: Bradley Oil Company Lease Name: Hicks Well #: I-19
 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: 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>865</td> <td>874</td> </tr> </table>	Name	Top	Datum	Bartlesville	865	874
Name	Top	Datum					
Bartlesville	865	874					

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	10	
production	5.625	2.875	8	913	50-50 poz	121	

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	865-874	spot acid on perms	865-874

TUBING RECORD: Size: <u>2.875</u> Set At: <u>917</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: _____ _____
---	--	--

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

Hicks #1-19
 API # 15-091-23903-00-00
 SPUD DATE 8-30-12

Footage	Formation	Thickness	Set 40' of 7" TD 917'
2	Topsoil	2	Ran 913' of 2 7/8
19	clay	17	
25	sand stone	6	
61	shale	36	
84	lime	23	
91	shale	7	
100	lime	9	
108	shale	8	
120	lime	12	
145	shale	25	
162	lime	17	
171	shale	9	
222	lime	51	
248	shale	26	
257	lime	9	
287	shale	30	
299	lime	12	
343	shale	44	
366	lime	23	
376	shale	10	
398	lime	22	
402	shale	4	
404	lime	2	
411	shale	7	
417	lime	6	
587	shale	170	
590	lime	3	
593	shale	3	
597	lime	4	
604	shale	7	
608	lime	4	
626	shale	18	
628	lime	2	
744	shale	116	
748	sand	4	good odor, little bleed
777	shale	29	
780	lime	3	
868	shale	88	
873	sand	5	
917	shale	44	good odor, good bleed

RECEIVED
 DEC 28 2012
 KCC WICHITA

CASING MECHANICAL INTEGRITY TEST

DUCKET # KE 40527

Disposal Enhanced Recovery:

NWSWNW NE, Sec 28, T 14 S, R 22 EW

NWSW

Repressuring
Flood
Tertiary

GPS 4425 Feet from South Section Line
2646 Feet from East Section Line

Date injection started _____
API #15 - 091 - 23903

Lease Hicks Well # I-19
County Johnson

Operator: Bredley Oil Company
Name & Address Po Box 21614

Operator License # 31847 RECEIVED
Contact Person Bradd Schwartz DEC 28 2012
Phone 405-340-7152 KCC WICHITA

Oklahoma City, OK 73156

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 _____ 9 1/3 _____ Set at _____
Cement Top _____ 0 _____ 0 _____ Type _____
" Bottom _____ 40 _____ 9 1/3 _____
TV/Perf. _____ TD (and plug back) _____ 917 _____ 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 Tested: Casing or Casing - Tubing Annulus

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

Test Date 8-30-2012 Using Consolidated Company's Equipment

The operator hereby certifies that the zone between 0 feet and 913 feet

was the zone tested Alan Muder Supervisor
Signature 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

WJY
38.808866 -94.97377

KCC Form U-7 6/84

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 # 252554

=====
Invoice Date: 08/31/2012 Terms: 0/0/30,n/30

Page 1

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

HICKS I-19
39605
28-14-22
08-30-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	121.00	10.9500	1324.95
1118B	PREMIUM GEL / BENTONITE	303.00	.2100	63.63
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	913.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

RECEIVED
DEC 28 2012
KCC WICHITA

Parts:	1416.58	Freight:	.00	Tax:	106.60	AR	3203.18
Labor:	.00	Misc:	.00	Total:	3203.18		
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



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39605
LOCATION Ottawa
FOREMAN Alan Maden

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-30-12	1601	Hicks I-19	NW 28	14	27	JO
CUSTOMER <u>Bradley O I</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			
CASING DEPTH <u>913</u>			TRUCK #			
SLURRY WEIGHT			DRIVER			
DISPLACEMENT <u>3.3</u>			TRUCK #			
REMARKS: <u>Held crew meet. Established rate. Mixed & pumped 100# gel followed by 121 SK 50/10 cement plus 270 gel. Circulated cement. Flushed pump. Pumped plus to casing ID. Well held 800 PSI for 30 minute M.T. Set float. Closed valve.</u>			TRUCK #			

HAT, Eric
Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	30	MILEAGE		120.00
5402	913'	casing footage		
5407	min	ton miles		350.00
7302L	2	8D vac		180.00
1124	121	50/10 cement		1324.95
11813	303#	gel		63.63
4402	1	2 1/2 plug		28.00
RECEIVED				
DEC 28 2012				
KCC WICHITA				
SALES TAX				106.60
ESTIMATED TOTAL				3203.18

NO COMPANY VEP
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.

252554