



KANSAS CORPORATION COMMISSION 1105751
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) 812-826
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>08/31/2012</u>	<u>09/05/2012</u>	<u>09/05/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23901-00-00

Spot Description: _____
NW SE NE NW Sec. 28 Twp. 14 S. R. 22 East West
4413 Feet from North / South Line of Section
3254 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-17

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 1031 Kelly Bushing: 0

Total Depth: 888 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



1105751

Operator Name: Bradley Oil Company Lease Name: Hicks Well #: I-17
 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 logs	<input 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>845</td> <td>855</td> </tr> </table>	Name	Top	Datum	Bartlesville	845	855
Name	Top	Datum					
Bartlesville	845	855					

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	40	
production	5.625	2.875	8	888	50-50	129	

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	845-855	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

Hicks #I-17
API # 15-091-23901-00-00
SPUD DATE 8-31-12

Footage	Formation	Thickness	Set 40' of 7"
2	Topsoil	2	TD 888'
24	clay	22	Ran 882' of 2 7/8
35	shale	11	
66	lime	31	
75	shale	9	
110	lime	35	
128	shale	18	
145	lime	17	
153	shale	8	
210	lime	57	
231	shale	21	
240	lime	9	
259	shale	19	
265	lime	6	
270	shale	5	
279	lime	9	
324	shale	45	
353	lime	29	
358	shale	5	
380	lime	22	
383	shale	3	
388	lime	5	
392	shale	4	
399	lime	7	
582	shale	183	
591	lime	9	
605	shale	14	
610	lime	5	
618	shale	8	
621	lime	3	
624	shale	3	
628	lime	4	
635	shale	7	
640	red bed	5	
704	shale	64	
706	lime	2	
845	shale	139	
853	sand	8	good odor, good bleed
888	shale	35	

RECEIVED
DEC 28 2012
KCC WICHITA



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 # 252657

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Invoice Date: 09/11/2012 Terms: 0/0/30,n/30 Page 1
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BRADLEY OIL COMPANY
P O BOX 21614
OKLAHOMA CITY OK 73156-1614
(405)751-9146

HICKS I-17
39631
28-14-22
09-05-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	129.00	10.9500	1412.55
1118B	PREMIUM GEL / BENTONITE	317.00	.2100	66.57
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	882.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
548 MIN. BULK DELIVERY	1.00	350.00	350.00

P2 10-7-12

RECEIVED
DEC 28 2012
KCC WICHITA

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Parts: 1507.12 Freight: .00 Tax: 113.41 AR 3345.53
Labor: .00 Misc: .00 Total: 3345.53
Sublt: .00 Supplies: .00 Change: .00
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Signed _____ Date _____

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
9-5-12	1601	Hicks T-17	NW 28	14	22	JD
CUSTOMER <u>Bradley Oil</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 21614</u>			<u>516</u>	<u>AlaMad</u>	<u>Safet</u>	<u>Meef</u>
CITY	STATE	ZIP CODE	<u>368</u>	<u>ArMad</u>	<u>ABM</u>	
<u>Oklahoma City</u>	<u>OK</u>	<u>73156</u>	<u>369</u>	<u>DerMas</u>	<u>JM</u>	
JOB TYPE <u>long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>889</u>	<u>548</u>	<u>MikHq</u>	<u>MB</u>	
CASING DEPTH <u>882</u>	DRILL PIPE	TUBING	CASING SIZE & WEIGHT <u>2 7/8</u>			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>			
DISPLACEMENT <u>3.1</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>46 pm</u>			
REMARKS: <u>Held over meet. Established rate. Mixed & pump 100# gel followed by 129 SK 50/50 cement plus 29# gel. Circulated cement. Flushed pump pumped plug to casing TD. Well held 800 PSI for 30 min M.I.T. Set float. Closed valve.</u>						

HAT, Eric

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE	368	1030.00
5406	30	MILEAGE	368	12000
5402	892	casing footage	368	
5407	min	minor ton miles	348	35000
5502C	2 1/2	8 Dual	369	22500
1124	129	50/50 cement		1412.55
118B	317#	gel		1060.51
4402	1	2 1/2 plug		28.00
RECEIVED				
DEC 28 2012				
KCC WICHITA				
SALES TAX				113.41
ESTIMATED TOTAL				3345.55

Ravin 3737

NO COMPANY REP
J.M. DK'2

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 form.

252657