



KANSAS CORPORATION COMMISSION 1105749
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>09/06/2012</u> | <u>09/10/2012</u> | <u>09/10/2012</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-091-23900-00-00
Spot Description: _____
NE SE NE NW Sec. 28 Twp. 14 S. R. 22 East West
4413 Feet from North / South Line of Section
2927 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-16
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1042 Kelly Bushing: 0
Total Depth: 908 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 Gantson Date: 01/04/2013



1105749

Operator Name: Bradley Oil Company Lease Name: Hicks Well #: I-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>864</td> <td>871</td> </tr> </table> | Name | Top | Datum | Bartlesville | 864 | 871 |
| Name | Top | Datum | | | | | |
| Bartlesville | 864 | 871 | | | | | |

| 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 | 908 | 50-50 poz | 149 | |
| | | | | | | | |

| 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 | 864-871 | spot acids 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: <u>864-871</u> |
|---|--|--|

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

Hicks #I-16
API # 15-091-23900-00-00
SPUD DATE 9-6-12

| Footage | Formation | Thickness | Set 40' of 7" |
|---------|-----------|-----------|-------------------|
| 2 | Topsoil | 2 | TD 908' |
| 24 | clay | 22 | Ran 905' of 2 7/8 |
| 54 | shale | 30 | |
| 78 | lime | 24 | |
| 85 | shale | 7 | |
| 94 | lime | 9 | |
| 102 | shale | 8 | |
| 123 | lime | 21 | |
| 138 | sand | 15 | |
| 160 | lime | 22 | |
| 164 | shale | 4 | |
| 228 | lime | 64 | |
| 241 | shale | 13 | |
| 250 | lime | 9 | |
| 268 | shale | 18 | |
| 276 | lime | 8 | |
| 281 | shale | 5 | |
| 300 | lime | 19 | |
| 336 | shale | 36 | |
| 358 | lime | 22 | |
| 370 | shale | 12 | |
| 401 | lime | 31 | |
| 403 | shale | 2 | |
| 410 | lime | 7 | |
| 595 | shale | 185 | |
| 599 | lime | 4 | |
| 615 | shale | 16 | |
| 630 | lime | 15 | |
| 732 | shale | 102 | |
| 738 | sand | 6 | |
| 857 | shale | 119 | |
| 864 | sand | 7 | |
| 908 | shale | 44 | |

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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 # 252825

=====
Invoice Date: 09/12/2012 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-16
39656
28-14-22
09-10-2012
KS

| Part Number | Description | Qty | Unit Price | Total |
|-------------|-------------------------|--------|------------|---------|
| 1124 | 50/50 POZ CEMENT MIX | 149.00 | 10.9500 | 1631.55 |
| 1118B | PREMIUM GEL / BENTONITE | 350.00 | .2100 | 73.50 |
| 4402 | 2 1/2" RUBBER PLUG | 1.00 | 28.0000 | 28.00 |

| Description | Hours | Unit Price | Total |
|----------------------------------|--------|------------|---------|
| 548 MIN. BULK DELIVERY | 1.00 | 350.00 | 350.00 |
| 666 CEMENT PUMP | 1.00 | 1030.00 | 1030.00 |
| 666 EQUIPMENT MILEAGE (ONE WAY) | 30.00 | 4.00 | 120.00 |
| 666 CASING FOOTAGE | 904.00 | .00 | .00 |
| 675 80 BBL VACUUM TRUCK (CEMENT) | 2.00 | 90.00 | 180.00 |

pd 10-7-12

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Parts: 1733.05 Freight: .00 Tax: 130.41 AR 3543.46
Labor: .00 Misc: .00 Total: 3543.46
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

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 39656
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---|------------|--------------------|-------------------------------|----------|-------|--------|
| 9/10/12 | 1601 | Hicks # I-16 | NW 28 | 14 | 22 | JO |
| CUSTOMER Bradley Oil Co. | | | TRUCK # DRIVER TRUCK # DRIVER | | | |
| MAILING ADDRESS PO Box 21614 | | | 481 | Casey | dc | |
| CITY STATE ZIP CODE Oklahoma City OK 73156 | | | 1616 | Garth | GM | |
| | | | 675 | Kei Dot | KD | |
| | | | 548 | Mik Hea | MH | |

JOB TYPE Logging HOLE SIZE 5 7/8" HOLE DEPTH 908' CASING SIZE & WEIGHT 2 7/8"
 CASING DEPTH 904' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.26 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 149 sks 50/50 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 7/8" rubber plug to casing TD w/ 5.26 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, shut in casing.

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|-----------------|
| 5401 | 1 | PUMP CHARGE | | 1030.00 |
| 5406 | 30 mi | MILEAGE | | 120.00 |
| 5402 | 904' | casing footage | | |
| 5407 | minimum | ten mileage | | 350.00 |
| 5502C | 2 hrs | 80 Vac | | 180.00 |
| 1124 | 149 sks | 50/50 Pozmix cement | | 1631.55 |
| 111873 | 350 # | Premium Gel | | 73.50 |
| 4402 | 1 | 2 7/8" rubber plug | | 28.00 |
| | | | | 7,525.76 |
| | | | | SALES TAX |
| | | | | ESTIMATED TOTAL |
| | | | | 130.41 |
| | | | | 3543.46 |

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AUTHORIZATION No Co. Rep. location 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

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