



KANSAS CORPORATION COMMISSION 1109862
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: CVR

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- 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>12/19/2012</u>	<u>12/27/2012</u>	<u>12/27/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-24029-00-00
Spot Description: _____
SE SE NE NW Sec. 28 Twp. 14 S. R. 22 East West
4037 Feet from North / South Line of Section
2933 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-21
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1035 Kelly Bushing: 0
Total Depth: 888 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 48 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: 01/25/2013



1109862

Operator Name: Bradley Oil Company Lease Name: Hicks Well #: I-21
 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: gamma ray/neutron/ccl	<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>846.5</td> <td>855.5</td> </tr> </table>	Name	Top	Datum	Bartlesville	846.5	855.5
Name	Top	Datum					
Bartlesville	846.5	855.5					

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	48	portland	20	
production	5.625	2.875	8	888	50-50 poz	126	

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	846.5.-855.5	spot acid on perms	846.5-855.5

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>Bartlesville</u>
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HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

Hicks #1-21
 API # 15-091-24029-00-00
 SPUD DATE 12-19-12

Footage	Formation	Thickness	Set 48' of 7"
2	Topsoil	2	TD 888'
23	clay	21	Ran 880' of 2 7/8
43	shale	20	
49	lime	6	
52	shale	3	
67	lime	15	
77	shale	10	
85	lime	8	
91	shale	6	
111	lime	20	
120	sand	9	
128	shale	8	
145	lime	17	
168	shale	23	
208	lime	40	
231	shale	23	
241	lime	10	
258	shale	17	
270	lime	12	
324	shale	54	
331	lime	7	
340	shale	9	
350	lime	10	
359	shale	9	
380	lime	21	
383	shale	3	
385	lime	2	
393	shale	8	
398	lime	5	
568	shale	170	
576	lime	8	
584	shale	8	
594	lime	10	
605	shale	11	
608	lime	3	
740	shale	132	
743	sand	3	little bleed, good odor
846	shale	103	
856	sand	10	good odor, good bleed
888	shale	32	



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 # 255627

Invoice Date: 12/28/2012 Terms: 0/0/30,n/30

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

HICKS I-21
39072
28-14-22
12-27-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	126.00	10.9500	1379.70
1118B	PREMIUM GEL / BENTONITE	312.00	.2100	65.52
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	878.00	.00	.00
510	MIN. BULK DELIVERY	1.00	350.00	350.00
675	80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

Parts: 1473.22 Freight: .00 Tax: 110.86 AR 3264.08
 Labor: .00 Misc: .00 Total: 3264.08
 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 39072
LOCATION Ottawa
FOREMAN Alan Maden

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
12-27-12	1601	Hicks I-21	NW 28	14	22	JO
CUSTOMER Bradley Oil			TRUCK #			
MAILING ADDRESS P.O. Box 21614			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
Oklahoma City			OK			
73156			516			
JOB TYPE <u>logs strings</u>			368			
HOLE SIZE <u>3 7/8</u>			675			
HOLE DEPTH <u>280</u>			510			
CASING SIZE & WEIGHT <u>2 7/8</u>			Set Jac			
DRILL PIPE			TUBING			
SLURRY WEIGHT			WATER gal/sk			
SLURRY VOL			CEMENT LEFT in CASING			
DISPLACEMENT <u>5.1</u>			DISPLACEMENT PSI <u>800</u>			
DISPLACEMENT PSI <u>800</u>			MIX PSI <u>200</u>			
REMARKS: <u>Held meeting. Established rate. Mixed & pumped 100# gel followed by 126sk 50/50 cement plus 2% gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held pressure. Set float. Closed Valve.</u>			RATE <u>4 bpm</u>			
			CEMENT LEFT in CASING <u>yes</u>			

Well hold 800 PSI for 30 minute MIT
HFA Drilling, Eric
Alan Maden

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401	1	PUMP CHARGE	368	368.00
3406	30	MILEAGE	368	11040.00
3402	878'	Casing footage	368	323104.00
3407	1000	ton miles	510	510000.00
3508L	2	80 vac	675	1350.00
1124	126	50/50 cement		37.70
1183	312#	gel		65.52
4402	1	2 1/2 plug		28.00
				SALES TAX
				ESTIMATED
				TOTAL
				110.86
				3264.08

Completed

AUTHORIZATION [Signature] 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.

255627