



KANSAS CORPORATION COMMISSION 1109825
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 #: _____
12/31/2012 1/2/2013 1/2/2013
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-24028-00-00
Spot Description: _____
SE SE NE NW Sec. 28 Twp. 14 S. R. 22 East West
3988 Feet from North / South Line of Section
2648 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-20
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1040 Kelly Bushing: 0
Total Depth: 885 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 45 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: 01/25/2013



1109825

Operator Name: Bradley Oil Company Lease Name: Hicks Well #: I-20
 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 Wireline 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>856</td> <td>882</td> </tr> </table>	Name	Top	Datum	Bartlesville	856	882
Name	Top	Datum					
Bartlesville	856	882					

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	45	portland	20	
production	5.625	2.875	8	885	50-50 poz	132	

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	856-882	spot acid on perfs	856-882

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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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 # **255725**

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Invoice Date: 01/15/2013 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-20
39077
28-14-22
1-2-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	132.00	10.9500	1445.40
1118B	PREMIUM GEL / BENTONITE	322.00	.2100	67.62
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	879.00	.00	.00
548	MIN. BULK DELIVERY	.50	350.00	175.00
675	80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

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Parts: 1541.02 Freight: .00 Tax: 115.97 AR 3161.99
Labor: .00 Misc: .00 Total: 3161.99
Sublt: .00 Supplies: .00 Change: .00
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Signed _____ Date _____

**CONSOLIDATED**

Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676**FIELD TICKET & TREATMENT REPORT**
CEMENTTICKET NUMBER 39013
LOCATION Chanute, KS
FOREMAN Casey Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/28/12	11601	Hicks # 19	NW 28	14	22	JO
CUSTOMER Bradley Oil Co.			TRUCK #			
MAILING ADDRESS PO Box 21614			DRIVER			
CITY Oklahoma City			TRUCK #			
STATE OK	ZIP CODE 73156	DRIVER				
JOB TYPE <u>long string</u>	HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH <u>881'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>			
CASING DEPTH <u>877'</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
DISPLACEMENT <u>5.08 bbls</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4.5 bpm</u>			

REMARKS: held safety meeting, established circulation, mixed + pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 133 sks 50/50 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 5.08 bbls fresh water, pressured to 800 PSI, 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	877'	casing footage		
5407	minimum	ton mileage		350.00
5502C	2 hrs	80 Vac		180.00
1124	133 sks	50/50 Pozmix cement		1456.35
1118B	323 #	Premium Gel		67.83
4402	1	2 1/2" rubber plug		28.00
			7.525%	SALES TAX 116.80
				ESTIMATED TOTAL 3348.98

completed

Ravln 3737

AUTHORIZATION No. Co. Rep. on location TITLE 255669 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.

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

Hicks #1-20
API # 15-091-24028-00-00
SPUD DATE 12-31-12

Footage	Formation	Thickness	Set 45' of 7" TD 885' Ran 881' of 2 7/8
2	Topsoil	2	
21	clay	19	
52	shale	31	
78	lime	26	
84	shale	6	
93	lime	9	
100	shale	7	
119	lime	19	
135	sand	16	
155	lime	20	
162	shale	7	
216	lime	54	
239	shale	23	
248	lime	9	
270	shale	22	
277	lime	7	
280	shale	3	
288	lime	8	
332	shale	44	
388	lime	56	
392	shale	4	
397	lime	5	
402	shale	5	
406	lime	4	
577	shale	171	
583	lime	6	
594	shale	11	
600	lime	6	
615	shale	15	
619	lime	4	
856	shale	237	
862	sand	6	good odor, good bleed
885	shale	23	