



KANSAS CORPORATION COMMISSION 1109222
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 #: _____
12/11/2012 12/13/2012 12/13/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-24032-00-00
Spot Description: _____
SW SW SW NE Sec. 30 Twp. 14 S. R. 22 East West
2858 Feet from North / South Line of Section
2369 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: Gillespie Well #: A-6
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1053 Kelly Bushing: 0
Total Depth: 928 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 42 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: 01/24/2013



1109222

Operator Name: Bradley Oil Company Lease Name: Gillespie Well #: A-6
 Sec. 30 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>891</td> <td>897</td> </tr> </table>	Name	Top	Datum	Bartlesville	891	897
Name	Top	Datum					
Bartlesville	891	897					

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	42	portland	20	
production	5.625	2.875	8	928	50-50 poz	140	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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	891-897	spot acid on perms	891-897
		frac well with water gel and 10 sacks of sand	

TUBING RECORD:		Size: <u>1"</u>	Set At: <u>928</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>1/14/2013</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls. <u>2</u>	Gas Mcf	Water Bbls. <u>0</u>	Gas-Oil Ratio	Gravity <u>23</u>

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 # **255359**

Invoice Date: 12/17/2012 Terms: 0/0/30,n/30

Page **1**

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

GILLESPIE A-6
38998
30-14-22
12-13-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	140.00	10.9500	1533.00
1118B	PREMIUM GEL / BENTONITE	335.00	.2100	70.35
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
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	920.00	.00	.00

3365-42
12/24

Parts:	1631.35	Freight:	.00	Tax:	122.76	AR	3434.11
Labor:	.00	Misc:	.00	Total:	3434.11		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 38998

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

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
12/13/12	1601	Gillespie # A-6	NE 30	14	22	JO
CUSTOMER <u>Bradley Oil Co.</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>PO Box 21614</u>			481	Casey	✓ Safety Meeting	
CITY <u>Oklahoma City</u>			546	KeiCar	✓	
STATE <u>OK</u>			548	Dandot	✓	
ZIP CODE <u>73150</u>			570	Jas Ric	✓	

JOB TYPE logging HOLE SIZE 5 7/8" HOLE DEPTH 928' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 720' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.33 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 140 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/ 5.33 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	920'	casing footage		
5407	minimum	for mileage		350.00
5502C	2 hrs	80 Vac		180.00
1124	140 sks	50/50 Pozmix cement		1533.00
1118B	335 #	Premium Gel		70.35
4402	1	2 1/2" rubber plug		28.00
			7.525%	SALES TAX
				ESTIMATED TOTAL

Completed!
 7.525% SALES TAX
 ESTIMATED TOTAL 3434.11

Ravin 3737 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

255359

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

Gillespie A-6
API # 15-091-24032-00-00
SPUD DATE 12-11-12

Footage	Formation	Thickness	Set 42' of 7" TD 928'
2	Topsoil	2	
16	clay	14	Ran 922' of 2 7/8
77	shale	61	
81	lime	4	
85	shale	4	
88	lime	3	
94	shale	6	
127	lime	33	
134	shale	7	
158	lime	24	
173	shale	15	
196	lime	23	
204	shale	8	
220	lime	16	
235	shale	15	
264	lime	29	
276	shale	12	
310	lime	34	
315	shale	5	
328	lime	13	
365	shale	37	
393	lime	28	
401	shale	8	
422	lime	21	
425	shale	3	
440	lime	15	
608	shale	168	
617	lime	9	
648	shale	31	
652	lime	4	
662	shale	10	
664	lime	2	
690	shale	26	
698	lime	8	
833	shale	135	
839	sand	6	good odor, good bleed
891	shale	52	
894	sand	3	good odor, good bleed
898	sand	4	
928	shale	30	