



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____ Date: _____



1064546

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input 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

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., LLC.

039723

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell Ks

DATE <u>6-9-2011</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>1:00PM</u>	JOB FINISH <u>1:30</u>
LEASE <u>Wendal</u>	WELL # <u>1-22</u>	LOCATION <u>Paradise Ks 4E 10N 3 1/2 E 1 N</u>		COUNTY <u>OSBORNE</u>	STATE <u>KANSAS</u>		
OLD OR NEW (Circle one)		<u>4W 3N 2W 1N 4W INTO</u>					

CONTRACTOR <u>Mallard DRIG, Rig #</u>	OWNER
TYPE OF JOB <u>PRODUCTION STRING, * 3197 LTD.</u>	
HOLE SIZE <u>7 7/8</u>	T.D. <u>* 3200' RTD</u>
CASING SIZE <u>5 1/2 New</u>	DEPTH <u>3195</u>
TUBING SIZE <u>14 # CSG</u>	DEPTH
DRILL PIPE	DEPTH
TOOL <u>AFU INSERT @</u>	DEPTH <u>3179</u>
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>16.30</u>
CEMENT LEFT IN CSG. <u>16.30</u>	
PERFS.	
DISPLACEMENT <u>77.52 BBL</u>	

CEMENT	AMOUNT ORDERED <u>250 cu yd 10% SALT</u>
	<u>2 1/2 GAL 2% CC 5# GILSONITE PER SX</u>
	<u>500 GAL WFF-2 MOD FLUSH</u>
COMMON	@
POZMIX	@
GEL	@
CHLORIDE	@
ASC	@
	@
	@
	@
	@
	@
	@
	@
	@
HANDLING	@
MILEAGE	@

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Glenn</u>
# <u>417</u>	HELPER <u>Woody</u>
BULK TRUCK	
# <u>423</u>	DRIVER <u>Tony</u>
BULK TRUCK	
#	DRIVER

REMARKS:

Ran 76 JT's New 14# 5 1/2 CSG. Set @ 3195
Circulate on Bottom 1 HR, Pump Flush &
Cement Down Hole w/ 220 SX 22 Gal
10% Salt, 2% CC, 5# Gilsonite Per SX.
Close Line, Release Plug & Displace 77
Land Plug @ 1500', Release Pressure &
30 SX @ Bottom

THANKS
HELD FOOT

TOTAL

SERVICE

DEPTH OF JOB	
PUMP TRUCK CHARGE	
EXTRA FOOTAGE	@
MILEAGE	@
MANIFOLD	@
	@
<u>ROTATION HEAD</u>	@

CHARGE TO: BRUCE OIL CO.

STREET

TOTAL

CITY STATE ZIP

ALLIED CEMENTING CO., LLC. 039719

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell Ks.

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH		
6-5-2011	22	8 S	14W			8:30 AM	9:00 AM		
LEASE	WELL #	LOCATION			COUNTY	STATE			
Wendall	1	Paradise Ks, 1/4E 10N			OSBORNE	KANSAS			
OLD OR NEW (Circle one)		3 1/2 E 1/8 W 3 N 1/4 W 1 1/2 W 1/4 W							

CONTRACTOR Mallard Drllg Rig #
 TYPE OF JOB LONG SURFACE
 HOLE SIZE 12 1/4 T.D. 812
 CASING SIZE 8 5/8 New DEPTH 812
 TUBING SIZE 20 1/4 SSG DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL RATTLE A etc DEPTH @ 770'
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 40'
 CEMENT LEFT IN CSG. 40'
 PERFS. _____
 DISPLACEMENT 48 1/2 BBL

OWNER _____
 CEMENT AMOUNT ORDERED 375 SX 60 / 40
3% CC
2% GEL
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Glen
 # 398 HELPER Woody
 BULK TRUCK _____
 # 473 DRIVER Roy
 BULK TRUCK _____
 # _____ DRIVER _____

REMARKS:

Ran 18 New JTs of 8 5/8 (20")
 Set @ 812, Received Circulation
 mixed 375 SX 60/40 2% GEL, 3% CC
 Release RUBBER Wiper Plug, &
 Displaced 48 1/2 BBL LAND
 Plug @ 550ft, & Shut in,
 Cement did Circulate to
 Surface
THANKS

TOTAL _____

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____

CHARGE TO: Bruce Oil Company LLC
 STREET _____

TOTAL _____