

#### Kansas Corporation Commission Oil & Gas Conservation Division

#### 1069495

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 #	API No. 15				
Name:	Spot Description:				
Address 1:	Sec Twp S. R 🗌 East 🗌 West				
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	Feet from East / West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	County:				
Name:	Lease Name: Well #:				
Wellsite Geologist:	Field Name:				
Purchaser:	Producing Formation:				
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:				
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:				
☐ Oil         ☐ WSW         ☐ SIOW           ☐ Gas         ☐ D&A         ☐ ENHR         ☐ SIGW           ☐ OG         ☐ GSW         ☐ Temp. Abd.           ☐ CM (Coal Bed Methane)         ☐ Cathodic         ☐ Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?				
If Workover/Re-entry: Old Well Info as follows:	·				
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Original Comp. Date: Original Total Depth: Conv. to ENHR	Chloride content: ppm Fluid volume: bbls  Dewatering method used:				
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:				
Commingled Permit #:	Operator Name:				
Dual Completion Permit #:	Lease Name: License #:				
SWD Permit #:	Quarter Sec TwpS. R				
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:				
Spud Date or Date Reached TD Completion Date or Recompletion Date  Recompletion Date  Recompletion Date					

#### **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 Approved by: Date:				

Side Two



Operator Name:			Lease Nan	ne:		_ Well #:	
Sec Twp	S. R	East West	County:				
INSTRUCTIONS: Show time tool open and clos recovery, and flow rates ine Logs surveyed. Att	ed, flowing and shut if gas to surface tes	in pressures, whethe st, along with final cha	r shut-in pressure	e reached static leve	l, hydrostatic pres	sures, bottom h	ole temperature, fluid
Drill Stem Tests Taken (Attach Additional Sh	neets)	Yes No		Log Formati	on (Top), Depth a	nd Datum	Sample
Samples Sent to Geolo	gical Survey	Yes No		Name		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)		Yes No Yes No					
ist All E. Logs Run:							
			NG RECORD [ et-conductor, surface	New Used	ction, 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
		ADDITION	IAL CEMENTING	/ SQUEEZE RECORI	)		I
Purpose:  — Perforate — Protect Casing — Plug Back TD  Depth Top Bottom  Type of Cement		Type of Cement	# Sacks Use	Sacks Used Type and Percent Additives			
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)  De		
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No	)	
Date of First, Resumed P	roduction, SWD or ENF	HR. Producing M	lethod:	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION	N OF GAS:	· .	METHOD OF CC	MPLETION:		PRODUCTIO	ON INTERVAL:
Vented Sold	Used on Lease	Open Hole	Perf.	Dually Comp. Co	ommingled		
(If vented, Subn		Other (Specify)	•	ubmit ACO-5) (Su	bmit ACO-4)		

Form	ACO1 - Well Completion
Operator	Bruce Oil Company, L.L.C.
Well Name	Thibault 2
Doc ID	1069495

### All Electric Logs Run

Sonic Cement Bond
Microresistivity
Dual Compensated Porosity
Dual Induction

## ALLIED CEMENTING CO., LLC. 038312

Federal Tax I.I	D.# 20-5975804			
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You are hereby requested to rent cementing equipment	R BASKE	75	@	<u>, determined by</u>
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# LLIED CEMENTING CO., LLC. 038334 Federal Tax I.D.# 20-5975804

You are hereby requested to rent cementing equipment

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