



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1104565  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed  
Form must be Signed  
All blanks must be Filled

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
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical 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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1104565

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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  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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____					
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input 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 <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Bruce Oil Company, L.L.C.
Well Name	LS Unit 1
Doc ID	1104565

All Electric Logs Run

cpi
micro
ducp
dil

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

January 03, 2013

Levi Koehn  
Bruce Oil Company, L.L.C.  
1704 LIMESTONE RD  
MCPHERSON, KS 67460-6500

Re: ACO1  
API 15-141-20454-00-00  
LS Unit 1  
NW/4 Sec.25-08S-14W  
Osborne County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
Levi Koehn

# ALLIED CEMENTING CO., LLC. 034664

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
RUSSELL

DATE <u>10-12-12</u>	SEC <u>25</u>	TWP. <u>8</u>	RANGE <u>14</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>LS UNIT</u>	WELL# <u>1</u>	LOCATION <u>COVERS - 3/4" - 3/4" - 3"</u>			COUNTY <u>OSBORNE</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>1/4" - WEST INTO</u>					

CONTRACTOR MURFIN 16 OWNER

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D.

CASING SIZE 8 5/8 DEPTH 833.08

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 44.14 FT

PERFS.

DISPLACEMENT 50.25 bbl

EQUIPMENT

PUMP TRUCK CEMENTER Bob S. - TONY

# 409 HELPER Kevin

BULK TRUCK

# 481 DRIVER WALTER

BULK TRUCK

# DRIVER

CEMENT AMOUNT ORDERED 350 SK 64/40

2% oil 3% oil

COMMON 210 @ 17.9 3759.00

POZMIX 140 @ 9.35 1309.00

GEL 6 @ 23.4 140.40

CHLORIDE 11 @ 64.00 704.00

ASC @

@

@

@

@

@

@

HANDLING 375.6 FT @ 2.48 931.50

MILEAGE 568.44 T/M X 2.6 1477.94

TOTAL 8321.82

REMARKS:

Pumped 350 SK = 83.52 bbl

COVERS - 1097.95 FT

CEMENT CIRCULATED

TO SURFACE

THANKS

SERVICE

DEPTH OF JOB 833

PUMP TRUCK CHARGE 2058.5

EXTRA FOOTAGE @

MILEAGE H 36 @ 7.7 277.2

MANIFOLD @

60V 36 @ 4.4 158.4

@

TOTAL 2494.1

CHARGE TO: BRUCE OIL

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

8 5/8

BAFFLE PLATE @ 131.04

BA SK ET @ 559.26

CENTRALIZER 3 @ 74.88 224.64

TOP RUBBER PLUG @ 131.04

@

TOTAL 1045.98

To Allied Cementing Co., LLC.  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) 542.75

TOTAL CHARGES 11861.92

DISCOUNT 3321.34 IF PAID IN 30 DAYS

net 8540.58 BS 10-12

before tax

PRINTED NAME

SIGNATURE Ag Label

# ALLIED CEMENTING CO., LLC. 034666

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell

DATE <u>10-16-12</u>	SEC <u>25</u>	TWP. <u>8E</u>	RANGE <u>14W</u>	CALLED OUT	ON LOCATION	JOB START <u>6AM</u>	JOB FINISH <u>7AM</u>
LEASE <u>LS unit</u>	WELL# <u>1</u>	LOCATION <u>COVERT 3/4" - 1" - 3" - 3/4"</u>			COUNTY <u>OSBORNE</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)				<u>west into</u>		<u>2.2</u> <u>7.8</u>	

CONTRACTOR MURFIN 16

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. 3105

CASING SIZE 5 7/8 DEPTH 3100

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 20.35

PERFS.

DISPLACEMENT 73.29

EQUIPMENT

PUMP TRUCK CEMENTER Bob Si 1

# 417 HELPER woody 2

BULK TRUCK

# 410 DRIVER walter 3

BULK TRUCK

# DRIVER

REMARKS:

Pumped out 170 sk = 40.5

RAT Hole 560L

mud flush 12 hr

Thanks

CHARGE TO: Bruce o/c

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

To Allied Cementing Co., LLC.  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME LEVE KOEHN

SIGNATURE L. Koehn

OWNER \_\_\_\_\_

CEMENT AMOUNT ORDERED 200 SK 60/40

10% SALT 2% 60L

COMMON	<u>120</u>	@	<u>17.9</u>	<u>2148.00</u>
POZMIX	<u>80</u>	@	<u>9.35</u>	<u>748.00</u>
GEL	<u>6</u>	@	<u>23.4</u>	<u>140.40</u>
CHLORIDE		@		
ASC		@		
<u>SALT</u>	<u>21</u>	@	<u>26.35</u>	<u>553.35</u>
		@		
<u>1000# Gilsomite</u>	<u>20</u>	@	<u>0.98</u>	<u>980.00</u>
		@		
<u>mud flush</u>	<u>12</u>	@	<u>58.7</u>	<u>704.40</u>
		@		
		@		
HANDLING	<u>241.46 FT<sup>3</sup></u>	@	<u>2.48</u>	<u>598.81</u>
MILEAGE	<u>347.37 T/m</u>	@	<u>2.06</u>	<u>703.18</u>
				TOTAL <u>6776.14</u>

SERVICE

DEPTH OF JOB	<u>3100 FT</u>
PUMP TRUCK CHARGE	<u>2558.75</u>
EXTRA FOOTAGE	@ _____
MILEAGE	<u>11</u> @ <u>27.27</u> <u>299.50</u>
MANIFOLD	@ _____
<u>60L</u>	<u>3.5</u> @ <u>41.4</u> <u>154.90</u>
	@ _____

TOTAL 2982.25

PLUG & FLOAT EQUIPMENT

5 1/2

CATCH down	<u>1</u>	@	<u>324.09</u>
Guide shoe	<u>1</u>	@	<u>475.02</u>
BASKET	<u>10</u>	@	<u>394.29</u> <u>3942.9</u>
		@	

TOTAL 4742.01

SALES TAX (If Any) 781.26

TOTAL CHARGES 14500.40

DISCOUNT 5800.16 IF PAID IN 30 DAYS

Net 8700.24 135 10-16  
before tax