



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: _____



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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Form	ACO1 - Well Completion
Operator	Bruce Oil Company, L.L.C.
Well Name	Alice 2
Doc ID	1106599

All Electric Logs Run

Microresisitivity
dual induction
dual compensated porosity
borehole comp. sonic log

ALLIED OIL & GAS SERVICES, LLC

056451

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell Ks.

DATE <u>7-10-12</u>	SEC. <u>24</u>	TWP. <u>8 S</u>	RANGE <u>14 W</u>	CALLED OUT	ON LOCATION	JOB START <u>1:00 PM</u>	JOB FINISH <u>1:30 PM</u>
LEASE <u>Alice</u>	WELL # <u>#2</u>	LOCATION <u>Luray Ks, 18N 3W 1/2 S</u>			COUNTY <u>OSBORNE</u>	STATE <u>Kansas</u>	
OLD OR NEW (Circle one)		<u>3W 1/2 S 1 1/4 W 1 NW T1N7D</u>					

CONTRACTOR Mallard DRIG. Rig #1
 TYPE OF JOB PRODUCTION STRING
 HOLE SIZE 7 7/8 T.D. @ 3756'
 CASING SIZE 5 1/2 used DEPTH @ 3304
 TUBING SIZE 2 1/2 # CSG. DEPTH 3304
 DRILL PIPE Packer Shoe DEPTH @ 3290'
 TOOL LATCH DOWN Plug Assy DEPTH @ 3290'
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 15.92
 CEMENT LEFT IN CSG. 15.92
 PERFS.
 DISPLACEMENT 88-70 Release F 64 1/2 / BBL

OWNER
 CEMENT
 AMOUNT ORDERED 200 SX 40 10% SALT
2 1/2 GEL 5# GILSONITE PER SX.
500 GAL WFR-2 MUD FLUSH
 COMMON 120 SX @
 POZMIX 80 SX @
 GEL 6 SX @
 CHLORIDE @
 ASC @
 SALT 21 SX @
 GILSONITE 20 SX @ -NC-
 HANDLING @
 MILEAGE 50

EQUIPMENT

PUMP TRUCK CEMENTER GLENN G.
 # 417 HELPER WOODY O.
 BULK TRUCK
 # 410 DRIVER ROBERT Y.
 BULK TRUCK
 # DRIVER

REMARKS:

Ran 75 joints of used 2 1/2 # 5 1/2 CSG.
Set @ 3304, received circulation,
Drop packer shoe ball & open @ 800 #
Circulate 1 HR, Pump flush w/ cement
w/ 170 SX 40 10% salt 2 1/2 GEL, 5# Gilsonite,
Clear-line, Release Flex-Latch DN. Plug,
& Displace to BBL H₂O @ 3290' #
Release plug (1100), THANK'S!
BACK TO 64 BBL & SHUT IN

SERVICE

DEPTH OF JOB
 PUMP TRUCK CHARGE
 EXTRA FOOTAGE @
 MILEAGE 50 HV MI @
 MANIFOLD @
50 LV MI @

CHARGE TO: Bruce Oil Company LLC.

STREET
 CITY STATE ZIP

30sx @ Rat Hole

PLUG & FLOAT EQUIPMENT

5 1/2 CSG
 I-R. 1- Packer Shoe
W. 5 BASKETS @
W. 5 TURBO CONT @
W. 1 LATCH DOWN FIX Plug @

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 4619

Cell 785-324-1041

Date	7-4-12	Sec.	24	Twp.	8	Range	14	County	Osborne	State	KS	On Location		Finish	10:00 AM
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Lease	Alice	Well No.	#2	Location	
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Contractor	Muller & Sons Drilling	Owner	Covey w/o 180rd N to T Xw Nind
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Type Job	Seblan	To Quality Oilwell Cementing, Inc.
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Hole Size	12 1/4	T.D.	771	You are hereby requested to rent cementing equipment and furnish
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Csg.	8 5/8	Depth	728	center and helper to assist owner or contractor to do work as listed.
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Tbg. Size		Depth		Charge To	Bruce oil company LLC
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Tool		Depth		Street	1764 Limestone RD
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Cement Left in Csg.	42 42	Shoe Joint	42 42	City	Mcpherson	State	KS	The above was done to satisfaction and supervision of owner agent or contractor.
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Meas Line		Displace	43.32	Cement Amount Ordered	325 3% CC 2% Del
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EQUIPMENT

Pumptrk #9 No.	Cementer	Matt	Common	325
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Bulktrk #13 No.	Helper		Poz. Mix	
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Bulktrk #4 No.	Driver	Trans	Gel.	#56
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Bulktrk #4 No.	Driver	Duog	Calcium	12
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JOB SERVICES & REMARKS

Remarks:	Hulls
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Rat Hole	Salt
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Mouse Hole	Flowseal
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Centralizers	Kol-Seal
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Baskets	Mud CLR 48
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D/V or Port Collar	CFL-117 or CD110 CAF 38
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Baffle plate	Sand
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Cement did cable cut	Handling	3:13
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	Mileage	
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FLOAT EQUIPMENT

	Guide Shoe
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	Centralizer
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	Baskets
--	---------

	AFU Inserts
--	-------------

	Float Shoe
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	Latch Down
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	Baffle Plat
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	1 8 5/8 Rubber plug
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	Pumptrk Charge	Long Surface
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	Mileage	41
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X Signature *Mal J. E...*

Tax	
Discount	
Total Charge	