



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
<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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED OIL & GAS SERVICES, LLC 056456

Federal Tax I.D.# 20-5975804

785 731 5161
59 61 84
5160 RUP

SERVICE POINT:

Russell KS.

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

DATE 7-17-12	SEC. 11	TWP. 9S	RANGE 14W	CALLED OUT	ON LOCATION	JOB START 4:30 PM	JOB FINISH 5:00 PM
LEASE <u>Willa</u>	WELL# 1	LOCATION <u>Coveat Ks 3W 4N 4E</u>			COUNTY <u>OSBORNE</u>	STATE <u>KANSAS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Mallard DRUG RIG #1
 TYPE OF JOB Rotary Plug
 HOLE SIZE 7 7/8 T.D. 3330
 CASING SIZE 8 5/8 Surface DEPTH 834'
 TUBING SIZE DEPTH
 DRILL PIPE 4 1/2 X-H DEPTH 1162
 TOOL DEPTH
 PRES. MAX 300# MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

OWNER

CEMENT
 AMOUNT ORDERED 165 SX 40 4% GEL
1/4 # Flo-Seal Per SX

COMMON 99 SX @ 16.25	1608.75
POZMIX 66 SX @ 8.50	561.00
GEL 6 SX @ 21.25	127.50
CHLORIDE @	
ASC @	
FLO-SEAL <u>50#</u> 2 SX @ 2.70	135.00
HANDLING <u>191 TOTAL SX</u> @ 2.25	384.75
MILEAGE <u>35 Ton mile</u> @ <u>11.7</u>	409.50 658.35
<u>5986</u>	TOTAL 3475.35

EQUIPMENT

PUMP TRUCK CEMENTER Gilena Cr
 # 417 HELPER Woody O.
 BULK TRUCK 187
 # 473 DRIVER WALTER Ke
 BULK TRUCK
 # DRIVER

REMARKS:

25 SX @ 1162'
100 SX @ 884'
10 SX @ 40' diaper plug
30 SX @ PAT Hole

1 Hour's

SERVICE

DEPTH OF JOB	
PUMP TRUCK CHARGE	1250.00
EXTRA FOOTAGE @	
MILEAGE <u>35 HV mile</u> @ <u>7.00</u>	245.00
MANIFOLD @	
<u>35 L4 M</u> @ <u>4.00</u>	140.00
TOTAL	1635.00

CHARGE TO: Bruce Oil Company
 STREET
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

<u>8 5/8 diaper plug</u> @ <u>64.00</u>	<u>79.00</u>
TOTAL	64.00

To: Allied Oil & Gas Services, 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 Susan McDonald
 SIGNATURE [Signature]

SALES TAX (if Any) 403.59
 TOTAL CHARGES 5174.35
 DISCOUNT 20/50 1347.87 IF PAID IN 30 DAYS
met 3826.48 BS 7-18
before tax

ALLIED OIL & GAS SERVICES, LLC 056453

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell KS

DATE <u>7-12-12</u>	SEC. <u>11</u>	TWP. <u>9 S</u>	RANGE <u>14W</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00 AM</u>	JOB FINISH <u>7:30 AM</u>
LEASE <u>Willis</u>	WELL # <u>#1</u>	LOCATION <u>Covert Ks, 3W 1/4 N 1/4 E</u>			COUNTY <u>OSBORNE</u>	STATE <u>KANSAS</u>	
OLD OR NEW (Circle one)						<u>2.01</u>	<u>7.8</u>

CONTRACTOR Mallard DRIG, Rig #1

TYPE OF JOB Cement Long Surface

HOLE SIZE 12 1/4 ID. 834'

CASING SIZE 8 5/8 DEPTH 834'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL BAFFLE Plate DEPTH 792

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 4.3. 60

CEMENT LEFT IN CSG. 43. 60

PERFS. _____

DISPLACEMENT 50.45 / BBL

OWNER _____

CEMENT AMOUNT ORDERED 400 60 40 POZ.

3% cc

2% Gel

COMMON	<u>240</u> SX	@ <u>16.25</u>	<u>3900.00</u>
POZMIX	<u>160</u> SX	@ <u>8.50</u>	<u>1360.00</u>
GEL	<u>7</u> SX	@ <u>21.25</u>	<u>148.75</u>
CHLORIDE	<u>13</u> SX	@ <u>58.20</u>	<u>756.60</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>420</u> TOTAL SX	@ <u>2.25</u>	<u>945.00</u>
MILEAGE	<u>35</u> 70N Mile	@ <u>.11</u>	<u>167.00</u>
	<u>14,700</u>	TOTAL	<u>8,727.35</u>

EQUIPMENT

PUMP TRUCK CEMENTER GILMAN GIL

417 HELPER WOODY O.

BULK TRUCK

473 DRIVER ROBERT V.

BULK TRUCK

_____ DRIVER KEVIN MR.

REMARKS:

Run 19 New JOINTS OF 8 5/8 24# Casg.
Set @ 834'. Received CIRCULATION
of Cement w/ 400 SX @ 16.25, FIRST
100 SX @ 13.5# Release TRP,
& Displace 50.45 BBL H₂O & LAND
Plug @ 800# Cement Did
CIRCULATE TO SURFACE

SERVICE

DEPTH OF JOB	<u>834</u>		
PUMP TRUCK CHARGE			<u>112.50</u>
EXTRA FOOTAGE	<u>534</u>	@ <u>0.95</u>	<u>507.30</u>
MILEAGE 35 HVMC		@ <u>7.00</u>	<u>245.00</u>
MANIFOLD		@	
	<u>352</u> HVMC	@ <u>4.00</u>	<u>140.00</u>
		@	

CHARGE TO: Bruce Oil Company

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 2017.3

PLUG & FLOAT EQUIPMENT

W. 1 - FIBER BAFFLE Plate	@	<u>84.00</u>
W. 1 - BASKET	@	<u>335.00</u>
W. 1 - CENTRALIZER	@	<u>45.00</u>
TR. 1 - TRP	@	<u>79.00</u>
	@	

TOTAL 543.00

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SALES TAX (If Any) 523.25

TOTAL CHARGES 11,287.65

DISCOUNT 20/50 2858.13 IF PAID IN 30 DAYS
85 7-12

Net 8429.52
before tax

PRINTED NAME Mark D. Eiser

SIGNATURE Mark D. Eiser



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Bruce Oil Company LLC
 1704 Limestone Rd
 McPherson KS 67460-6500
 ATTN: Lonny Bruce

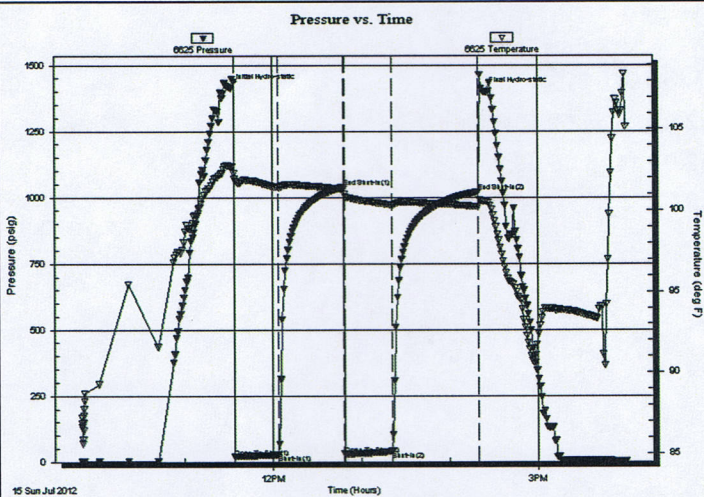
11-9s-14w Osborne,KS
Willa #1
 Job Ticket: 47437 **DST#: 1**
 Test Start: 2012.07.15 @ 09:50:11

GENERAL INFORMATION:

Formation: **Topeka**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 11:34:06
 Time Test Ended: 15:59:35
 Interval: **2916.00 ft (KB) To 2938.00 ft (KB) (TVD)**
 Total Depth: 2938.00 ft (KB) (TVD)
 Hole Diameter: 7.85 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Ray Schwager
 Unit No: 42
 Reference Elevations: 1934.00 ft (KB)
 1929.00 ft (CF)
 KB to GR/CF: 5.00 ft

Serial #: 6625 Inside
 Press@RunDepth: 40.49 psig @ 2917.00 ft (KB)
 Start Date: 2012.07.15 End Date: 2012.07.15
 Start Time: 09:50:11 End Time: 15:59:35
 Capacity: 8000.00 psig
 Last Calib.: 2012.07.15
 Time On Btm: 2012.07.15 @ 11:31:06
 Time Off Btm: 2012.07.15 @ 14:23:05

TEST COMMENT: 30-IFP-surface bl , died in 4min
 45-ISIP-no bl
 30-FFP-no bl
 60-FSIP-no bl



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1414.59	102.71	Initial Hydro-static
3	19.21	101.93	Open To Flow (1)
33	26.95	101.41	Shut-In(1)
77	1039.12	101.29	End Shut-In(1)
78	30.11	100.98	Open To Flow (2)
110	40.49	100.31	Shut-In(2)
169	1021.52	100.21	End Shut-In(2)
172	1400.27	100.55	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	mud w/show of oil	0.02

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

Serial #: 6625

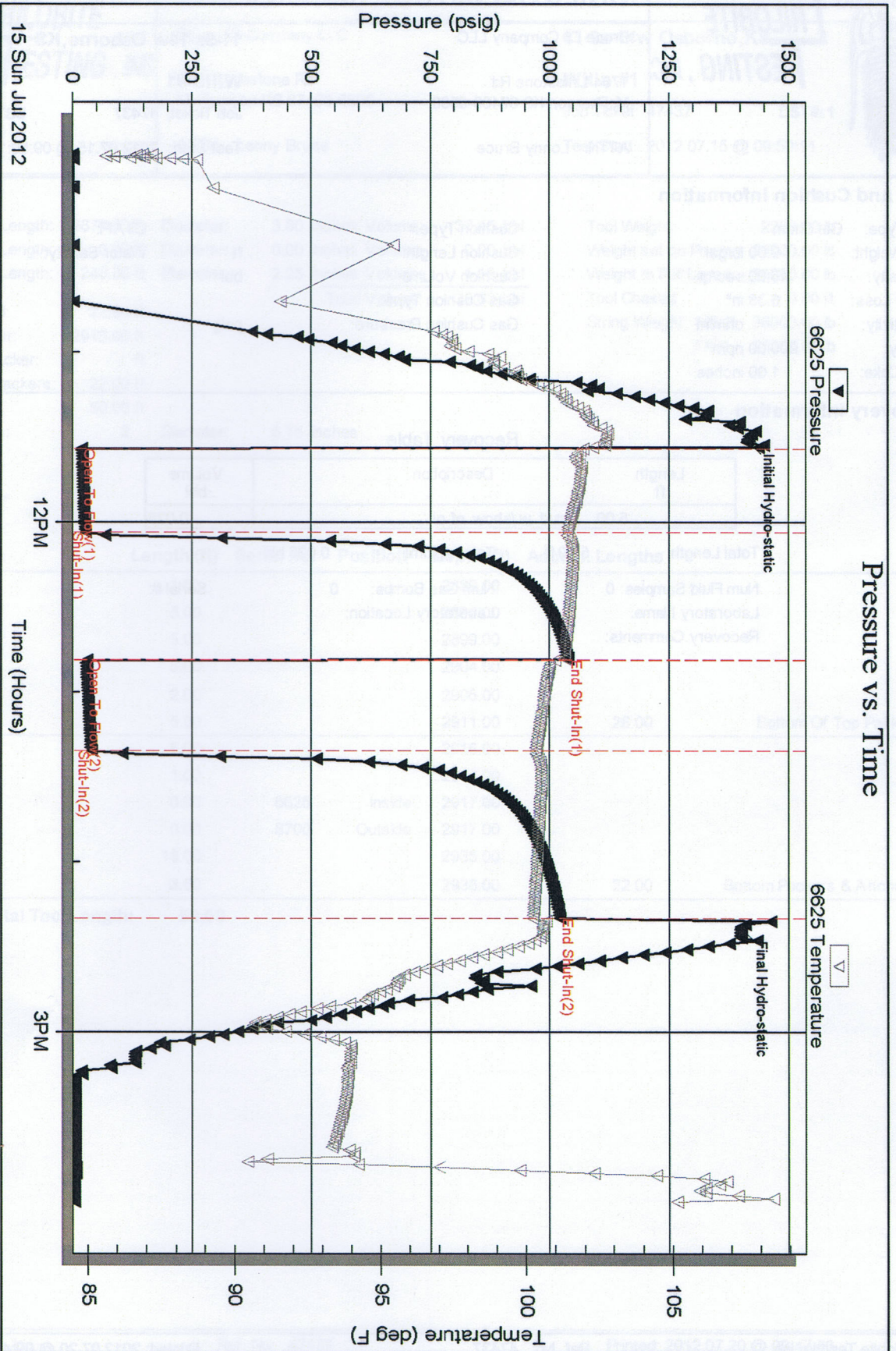
Inside

Bruce Oil Company LLC

Well #1

DST Test Number: 1

Pressure vs. Time



Trilobite Testing, Inc

Ref. No: 47437

Printed: 2012.07.20 @ 09:47:54

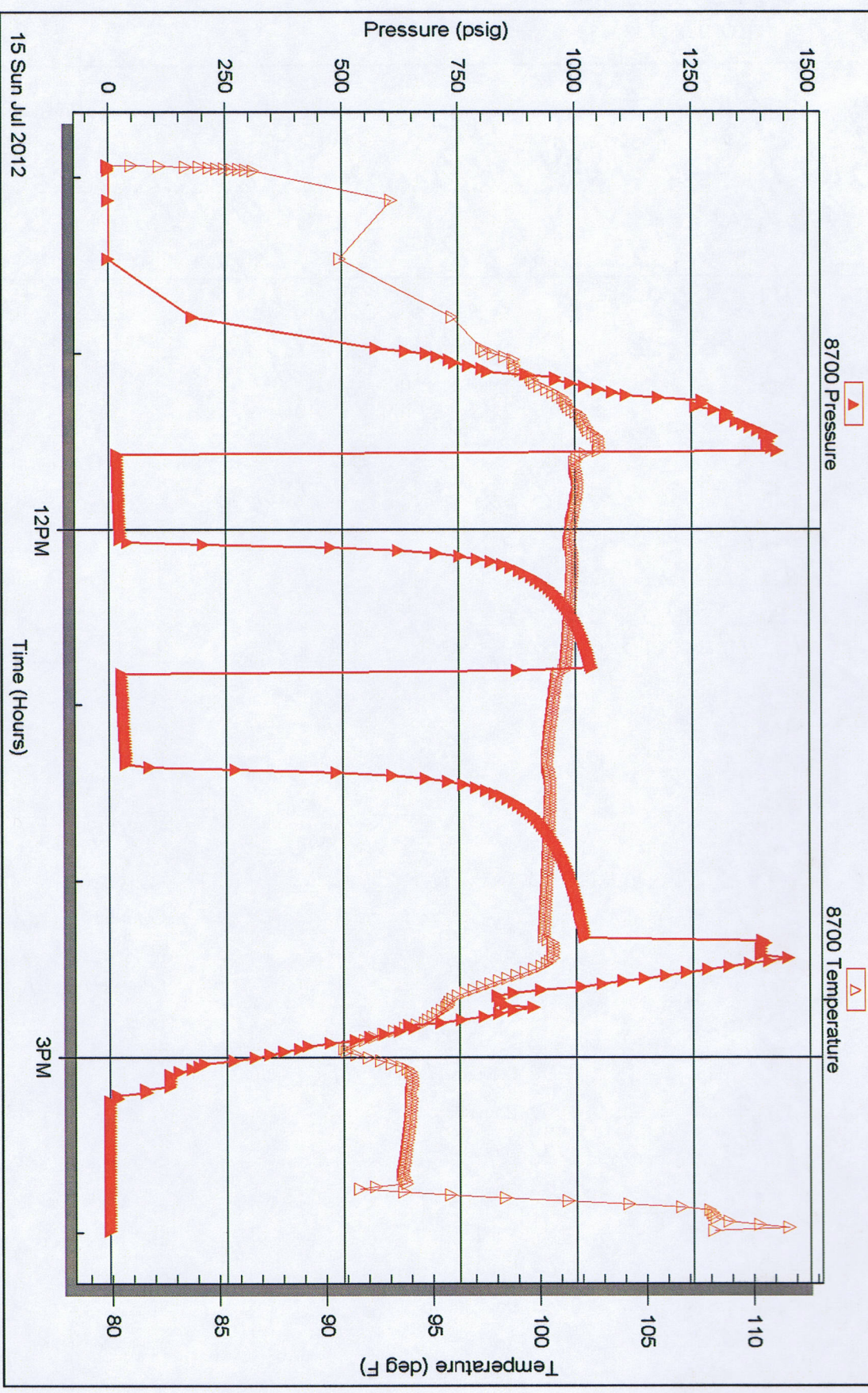
Serial #: 8700

Outside Bruce Oil Company LLC

Willa #1

DST Test Number: 1

Pressure vs. Time



Trilobite Testing, Inc

Ref. No: 47437

Printed: 2012.07.20 @ 09:47:54