



**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)* \_\_\_\_\_

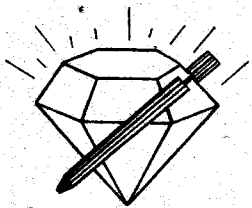
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD 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 Unit 3
Doc ID	1156020

All Electric Logs Run

Sonic cement bond log
Microresistivity
CPI
Dual Induction
Dual compensated porosity



**DIAMOND TESTING**  
 P.O. Box 157  
 HOISINGTON, KANSAS 67544  
 (800) 542-7313

TIME ON: 0755

TIME OFF: 1515

**DRILL-STEM TEST TICKET**

FILE: ALICE UNIT #3 DST 1

Company Bruce Oil Co. Lease & Well No. ALICE UNIT #3  
 Contractor Murphin 24 Charge to Bruce Oil Co.  
 Elevation 1867 GL EST Formation Topeka Effective Pay \_\_\_\_\_ Ft. Ticket No. M512  
 Date 6/16/13 Sec. 23 Twp. 8 S Range 14 W County Osborne State KANSAS  
 Test Approved By \_\_\_\_\_ Diamond Representative MIKE COCHRAN

Formation Test No. 1 Interval Tested from 2828 ft. to 2848 ft. Total Depth 2848 ft.  
 Packer Depth 2825 ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.  
 Packer Depth 2828 ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.

Depth of Selective Zone Set \_\_\_\_\_  
 Top Recorder Depth (Inside) 2830 ft. Recorder Number 0063 Cap. 6,000 P.S.I.  
 Bottom Recorder Depth (Outside) 2845 ft. Recorder Number 6884 Cap. 6,275 P.S.I.  
 Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type Chem Viscosity 59 Drill Collar Length 116 ft. I.D. 2 1/4 in.  
 Weight 9.5 Water Loss 4.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.  
 Chlorides 500 P.P.M. Drill Pipe Length 2685 ft. I.D. 3 1/2 in.  
 Jars: Make STERLING Serial Number 1 Test Tool Length 27 ft. Tool Size 3 1/2-IF in.  
 Did Well Flow? No Reversed Out No Anchor Length 20 ft. Size 4 1/2-FH in.  
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: 1 1/4" Blow Right Away Diminishing Until Dead @ 10 Min (No BB)  
 2nd Open: No Blow (No BB)

Recovered 65 ft. of 100% DM w/A Thin Skum of Oil  
 Recovered 65 ft. of Total Fluid  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Remarks: Tool Slid ~15' to BTM  
Tool Pulled Tight For ~15'

Tool Sample: 100% DM w/some spots of oil + Gassy ODOR IN BULL Total

Time Set Packer(s) 10:15 <sup>A.M.</sup> P.M. Time Started Off Bottom 1:00 <sup>A.M.</sup> P.M. Maximum Temperature 100 °F

Initial Hydrostatic Pressure..... (A) 1340 P.S.I.  
 Initial Flow Period..... Minutes 30 (B) 97 P.S.I. to (C) 83 P.S.I.  
 Initial Closed In Period..... Minutes 45 (D) 1016 P.S.I.  
 Final Flow Period..... Minutes 30 (E) 76 P.S.I. to (F) 67 P.S.I.  
 Final Closed In Period..... Minutes 60 (G) 974 P.S.I.  
 Final Hydrostatic Pressure..... (H) 1332 P.S.I.

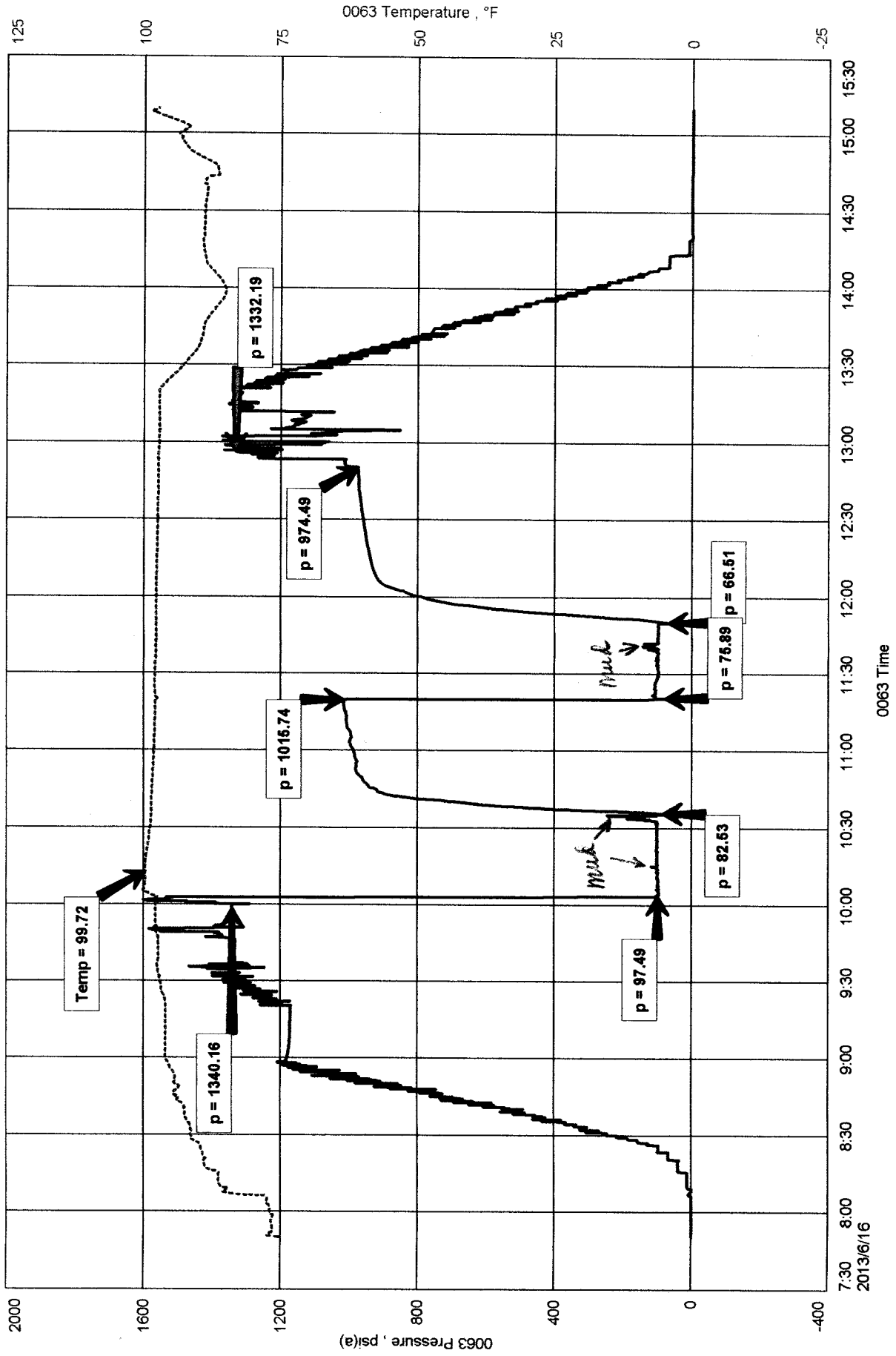
*Thank you*  
 Price Job \_\_\_\_\_  
 Other Charges J&J  
 Insurance \_\_\_\_\_

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

BRUCE OIL CO.  
DST#1 2828-2848 TOPEKA  
Start Test Date: 2013/06/16  
Final Test Date: 2013/06/16

ALICE UNIT #3  
Formation: DST#1 2828-2848 TOPEKA  
Pool: WILDCAT  
Job Number: M512

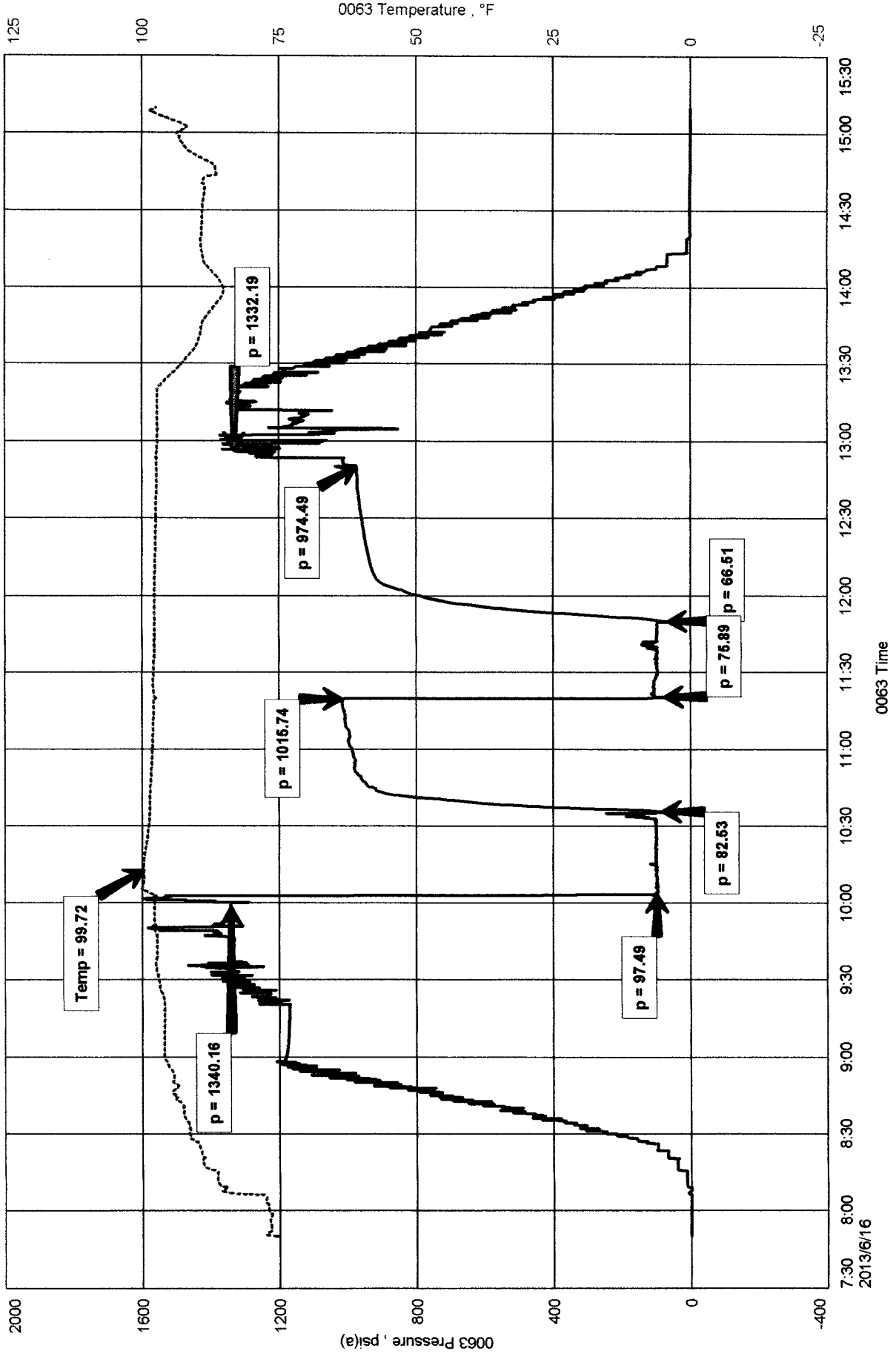
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BRUCE OIL CO.  
 DST#1 2828-2848 TOPEKA  
 Start Test Date: 2013/06/16  
 Final Test Date: 2013/06/16

ALICE UNIT #3  
 Formation: DST#1 2828-2848 TOPEKA  
 Pool: WILDCAT  
 Job Number: M512

# ALICE UNIT #3





# ALLIED OIL & GAS SERVICES, LLC 056624

Federal Tax I.D.# 20-5975804

P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT  
Russell, ks

DATE <u>6/17/13</u>	SEC <u>23</u>	TWP <u>8</u>	RANGE <u>14</u>	CALLED OUT	ON LOCATION	JOB START <u>5:45 PM</u>	JOB FINISH <u>6:45 PM</u>
LEASE <u>Waco</u>	WELL # <u>B</u>	LOCATION <u>Eastern ks</u>	COUNTY <u>Osborne</u>		STATE <u>ks</u>		
OLD OR NEW (Circle one)		<u>65 3w 1/2 1w 3w 1/2 way into</u>					

CONTRACTOR <u>Murphy A24</u>	OWNER
TYPE OF JOB <u>Long Strng. Production</u>	CEMENT
HOLE SIZE <u>7 7/8</u>	AMOUNT ORDERED <u>170 6 1/4</u>
CASING SIZE <u>5 1/2</u>	<u>27 gal 10% salt 5# gill/sk</u>
TUBING SIZE	COMMON <u>102 sk @ 17.90 \$1825.80</u>
DRILL PIPE	POZMIX <u>68 sk @ 9.35 \$635.80</u>
TOOL	GEL <u>2.92 sk @ 23.4 \$68.33</u>
PRES. MAX	CHLORIDE
MEAS. LINE	ASC
CEMENT LEFT IN CSG.	<u>SALT = 18 sk @ 26.35 \$474.30</u>
PERFS.	<u>Gilsank = 17 sk @</u>
DISPLACEMENT <u>70.30 bbl @ 20</u>	<u>#850 @ - per # @ 98 \$833.00</u>

EQUIPMENT		Mud Flush - 12 gal @ 58.7 \$704.40	
PUMP TRUCK CEMENTER <u>Tony H.</u>	# <u>409</u>	HANDLING <u>201.71 #1/3 @ 2.48 \$500.24</u>	MILEAGE <u>457.21 L 11m @ 2.60 \$1,188.35</u>
BULK TRUCK HELPER <u>Nathan D</u>	# <u>410</u>	TOTAL <u>\$6,168.22</u>	
BULK TRUCK DRIVER <u>Kevin R.</u>	#		
BULK TRUCK DRIVER	#		

REMARKS:

\* Circulate Hole / mud to surface.  
 \* Run 12 1/2" mud / Plug  
 \* Run 4.0" = RATHOLE - 30 sk  
 \* Run 170 sk @ 23.71 gal/sk =  
 \* Displace Top Rubber Plug @  
 70.30 bbl  
 Leaded Plug @ 120 psi  
 Thanks!

SERVICE

DEPTH OF JOB	<u>2941'</u>
PUMP TRUCK CHARGE	<u>\$2,558.95</u>
EXTRA FOOTAGE	@
MILEAGE Heavy 52m	@ 7.70 \$400.40
MANIFOLD Light 52m	@ 4.40 \$228.80
	@
	@

CHARGE TO: Bruce Oil Co.

STREET \_\_\_\_\_

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

TOTAL \$3,187.95

PLUG & FLOAT EQUIPMENT

<u>1x 5 1/2 Top Rubber Plug @ -</u>	<u>\$51.25</u>
<u>4x 5 1/2 bucket @ 159.40</u>	<u>\$637.60</u>
<u>4x 5 1/2 Centralizer @ 28.40</u>	<u>\$113.60</u>
	@
	@

TOTAL \$802.45

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 LEVE KOENJ

SIGNATURE Leve Koehn

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES \$10,158.62

DISCOUNT \$2,031.72 IF PAID IN 30 DAYS

\$8,126.90 net before tax