

JAN 10 2002

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

Jan

CONSERVATION DIVISION

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5610
Name: Bruce Oil Company
Address: 1704 Limestone Road
City/State/Zip: McPherson, Kansas 67460
Purchaser: none
Operator Contact Person: Lonny Bruce
Phone: (620) 241-2938
Contractor: Name: C&G Drilling Company, Inc
License: 32701
Wellsite Geologist: James C. Hess

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD

Plug Back Plug Back Total Depth

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Enhr.?) Docket No. _____

11-20-01 11-30-01 dry hole.
Spud Date or Date Reached TD Completion Date or
Recompletion Date

API No. 15 - 169-20317-00-00

County: Saline

NW NW SW Sec. 12 Twp. 15 S. R. 1 East West

2270 feet from (S) N (circle one) Line of Section

330 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one): NE SE NW (SW)

Lease Name: Mortimer Well #: 1

Field Name: Wildcat

Producing Formation: none

Elevation: Ground: 1251 Kelly Bushing: 1258

Total Depth: 2600 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 211 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 <400 ppm Fluid volume 600 bbls

Dewatering method used evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: *Lonny Bruce*

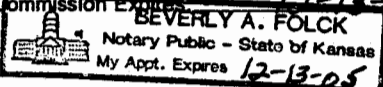
Title: Managing Partner Date: January 9, 2002

Subscribed and sworn to before me this 9th day of January

2002

Notary Public: *Buddy A. Folk*

Date Commission Expires: 12-13-05



KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: Bruce Oil Company Lease Name: Mortimer Well #: 1
 Sec. 12 Twp. 15 S. R. 1 East West County: Saline

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i></p> <p>List All E. Logs Run:</p>	<p><input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Name</td> <td style="width: 20%;">Top</td> <td style="width: 20%;">Datum</td> </tr> <tr> <td>Lansing</td> <td>1903</td> <td>-645</td> </tr> <tr> <td>Base Kansas City</td> <td>2269</td> <td>-1011</td> </tr> <tr> <td>Cherokee Shale</td> <td>2435</td> <td>-1177</td> </tr> <tr> <td>Burgess Sand</td> <td>2559</td> <td>-1301</td> </tr> <tr> <td>Mississippi</td> <td>2565</td> <td>-1301</td> </tr> <tr> <td>RTD</td> <td>2600</td> <td>-1342</td> </tr> </table>	Name	Top	Datum	Lansing	1903	-645	Base Kansas City	2269	-1011	Cherokee Shale	2435	-1177	Burgess Sand	2559	-1301	Mississippi	2565	-1301	RTD	2600	-1342
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CASING RECORD <input checked="" 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
surface	12 3/4	8 5/8	23	211	Class A	260	2% CaCl

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____