

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5610
Name: Bruce Oil Company, L.L.C.
Address 1: 1704 Limestone Rd.
Address 2: _____
City: McPherson State: KS Zip: 67460 + 6500
Contact Person: Lonny Bruce
Phone: (620) 241-2938
CONTRACTOR: License # 33237
Name: Anderson Drilling
Wellsite Geologist: Robert Peterson
Purchaser: N.C.R.A.
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd. 11-13-08
 Dry Other _____
(Core, WSW, Expl., Cathodic, etc.)

API No. 15 - 141-20393-00-00
Spot Description: _____
NE NE SW SE Sec. 15 Twp. 8 S. R. 14 East West
1100 Feet from North / South Line of Section
1470 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Osborne
Lease Name: Spears Well #: 1
Field Name: Kill Creek
Producing Formation: n/a
Elevation: Ground: 1888 Kelly Bushing: 1893
Total Depth: 3784 Plug Back Total Depth: 3766
Amount of Surface Pipe Set and Cemented at: 885 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 Ait II ncr 3-24-09
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ 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.: _____

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: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____
10-19-08 10-28-08 11-13-08
Spud Date or Date Reached TD Completion Date or Recompletion Date

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: Operating Manager Date: 1/20/09
Subscribed and sworn to before me this 20 day of January
09.
Notary Public: Beverly A. Folck
Date Commission Expires: 12-13-09

NOTARY PUBLIC
State of Kansas
BEVERLY A. FOLCK
My Appt. Expires 12-13-09

KCC Office Use ONLY

N Letter of Confidentiality Received
If Denied, Yes Date: _____
✓ Wireline Log Received
✓ Geologist Report Received
____ UIC Distribution

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JAN 22 2009

CONSERVATION DIVISION
WICHITA, KS

JAN 28 2009

Operator Name: Bruce Oil Company, L.L.C. Lease Name: Spears Well #: 1
 Sec. 15 Twp. 8 S. R. 14 East West County: Osborne CONSERVATION DIVISION WICHITA, KS

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.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	1096	+797
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	3036	-1143
List All E. Logs Run:		LKC	3082	-1189
<u>Dual Induction, Neutron/Density/PE</u>		BKC	3388	-1492
<u>Micro/Sonic, Cement Bond (2)</u>		Viola	3585	-1692
		Arbuckle	3751	-1858

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CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Use							
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 1/4	8 5/8	23	890	common	400	3%cacl, 2% gel
Production	7 7/8	5 1/2	14	3783	common	300	10% salt

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input checked="" type="checkbox"/> Plug Back TD <input checked="" type="checkbox"/> Plug Off Zone	3478 perf	common	300	250 sax 60/40 pozmix 2% gel, 50 saz common

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
2	3706-3610, 3604-3608, 3522-3526	swab all water overall, squeeze as above	
2	3329-3332, 3142-3146, 3121-3125, 2828-2834	acidize with 400 gal 15% @3121-3125	
		swab zones individually and overall, swab	
		all water, ta well	

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> 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 (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

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 <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., LLC. 35036

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

SERVICE POINT:

Russell

DATE <u>10-19-08</u>	SEC. <u>15</u>	TWP. <u>8 S</u>	RANGE <u>14 W</u>	CALLED OUT	ON LOCATION	JOB START <u>10:00 PM</u>	JOB FINISH <u>10:30 PM</u>
LEASE <u>SPEARS</u>	WELL # <u>1</u>	LOCATION <u>NaToma 12N 7E 2S</u>			COUNTY <u>OSBORNE</u>	STATE <u>KANSAS</u>	
OLD OR <u>NEW</u> (Circle one)		<u>1/2 W 1/4 N INTO</u>					

CONTRACTOR A & A DRILLING Rig #1

TYPE OF JOB LONG SURFACE

HOLE SIZE 12 1/4 T.D. 900'

CASING SIZE 8 7/8 New DEPTH 885

TUBING SIZE 23 # DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 20'

PERFS.

DISPLACEMENT 55 / BAL

EQUIPMENT

PUMP TRUCK CEMENTER Gleny

398 HELPER Gay

BULK TRUCK

473 DRIVER Rocky

BULK TRUCK

DRIVER

REMARKS:

Cement Circulated
THANKS

CHARGE TO: Bruce Oil Company LLC.

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 Eldo Senegas

SIGNATURE Eldo Senegas

OWNER _____

CEMENT AMOUNT ORDERED 400 sk Com.

3 1/2 cc

2% Gel

COMMON @ _____

POZMIX @ _____

GEL @ _____

CHLORIDE @ _____

ASC @ _____

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@ CHITA, KS

HANDLING @ _____

MILEAGE @ _____

TOTAL _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

@ _____

@ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

8 5/8 Solid Rubber Plug

@ _____

@ _____

@ _____

@ _____

@ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

ALLIED CEMENTING CO., LLC. 32235

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

SERVICE POINT
Russell

DATE <u>1-4-09</u>	SEC. <u>15</u>	TWP. <u>8</u>	RANGE <u>14</u>	CALLED OUT	ON LOCATION	JOB START <u>12:45 PM</u>	JOB FINISH <u>1:45 PM</u>
LEASE <u>Specs</u>	WELL# <u>1</u>	LOCATION <u>North 12N 7E2S</u>			COUNTY <u>Osborne</u>	STATE <u>Ks</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Bach
 TYPE OF JOB Success
 HOLE SIZE 7 1/2 T.D. _____
 CASING SIZE 5 1/2 DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER _____
 CEMENT AMOUNT ORDERED 250 bags 2 1/2" 50 lb 34 lb
 COMMON @ _____
 POZMIX @ _____
 GEL @ _____
 CHLORIDE @ _____
 ASC @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Bill
 # HELPER Bob
 BULK TRUCK DRIVER Chad
 BULK TRUCK DRIVER CH

REMARKS:

RP 3501
rent e 3472
pump subbl at end
cut w 2 1/2" w/c - 2 Followed
50 lb con pump plug w subbl
of w/c on run - 1300 ft - 1400 ft
Had good Circ. thru out

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 WICHITA, KS

HANDLING @ _____
 MILEAGE @ _____
 TOTAL _____

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE @ _____
 MILEAGE @ _____
 MANIFOLD @ _____
 @ _____
 @ _____

TOTAL _____

CHARGE TO: Bruce Oil Co. LLC
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

@ _____
 @ _____
 @ _____
 @ _____
 @ _____
 TOTAL _____

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 Lonny Bruce
 SIGNATURE Lonny Bruce

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS