

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5610
Name: Bruce Oil Co.
Address 1: 1704 Limestone Rd.
Address 2: _____
City: McPherson State: KS Zip: 67460 + _____
Contact Person: Levi Koehn
Phone: (620) 241-2938
CONTRACTOR: License # 5663
Name: Mallard JV, INC.
Wellsite Geologist: Robert Peterson
Purchaser: NCRA

RECEIVED

OCT 14 2010

KCC WICHITA

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 #: _____

09/07/10	09/13/10	09/14/10
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. ~~44~~ 15-141-20416-00-00

Spot Description: W2 W2 SW

W2 W2 SW Sec. 15 Twp. 8 S. R. 14 East West

1,320 Feet from North / South Line of Section

330 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Osborne

Lease Name: Bowen Well #: 1

Field Name: Kill Creek

Producing Formation: Topeka

Elevation: Ground: 1757' Kelly Bushing: 1762'

Total Depth: 3133 Plug Back Total Depth: 3093

Amount of Surface Pipe Set and Cemented at: 735 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: 1800 ppm Fluid volume: 450 bbls

Dewatering method used: Air dry

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

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

County: _____ Permit #: _____

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.

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.

Signature: [Signature]

Title: PRODUCTION SUPERINTENDENT Date: 10/04/10

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: DG Date: 10/14/10

Operator Name: Bruce Oil Co. Lease Name: Bowen Well #: 1

Sec. 15 Twp. 8 S. R. 14 East West County: Osborne

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: DIL/CDL/MICRO/SONIC	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Tarkio</td> <td>2532</td> <td>-770</td> </tr> <tr> <td>Topeka</td> <td>2683</td> <td>-921</td> </tr> <tr> <td>Heebner</td> <td>2920</td> <td>-1158</td> </tr> <tr> <td>Lansing</td> <td>2981</td> <td>-1219</td> </tr> <tr> <td>Kansas City</td> <td>3043</td> <td>-1281</td> </tr> <tr> <td>PBTD</td> <td>3093</td> <td>-1331</td> </tr> </table>	Name	Top	Datum	Tarkio	2532	-770	Topeka	2683	-921	Heebner	2920	-1158	Lansing	2981	-1219	Kansas City	3043	-1281	PBTD	3093	-1331
Name	Top	Datum																				
Tarkio	2532	-770																				
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Kansas City	3043	-1281																				
PBTD	3093	-1331																				

CASING RECORD <input type="checkbox"/> New <input checked="" 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 Casing	12 1/4	8 5/8	20	735'	60/40 pos mix	300	2% CCl, 3% gel
Production Casing	7 7/8	5 1/2	14 & 17	3093'	60/40 pos mix	200	5# gelsonite/sac, 3% gel

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
4	2713-2718	500 gal. mud acid, 750 hcl, 750 hfcl	2713-2718
		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED OCT 14 2010 KCC WICHITA </div>	

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>3080</u> Packer At: <u>N/A</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
Date of First, Resumed Production, SWD or ENHR. <u>09/28/10</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____																
Estimated Production Per 24 Hours	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Oil</td> <td style="width:15%;">Bbls.</td> <td style="width:15%;">Gas</td> <td style="width:15%;">Mcf</td> <td style="width:15%;">Water</td> <td style="width:15%;">Bbls.</td> <td style="width:15%;">Gas-Oil Ratio</td> <td style="width:15%;">Gravity</td> </tr> <tr> <td><u>30</u></td> <td> </td> <td><u>N/A</u></td> <td> </td> <td><u>10</u></td> <td> </td> <td><u>0%</u></td> <td><u>32</u></td> </tr> </table>	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity	<u>30</u>		<u>N/A</u>		<u>10</u>		<u>0%</u>	<u>32</u>
Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity										
<u>30</u>		<u>N/A</u>		<u>10</u>		<u>0%</u>	<u>32</u>										

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>2713-2718</u>
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ALLIED CEMENTING CO., LLC. 041979

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

SERVICE POINT:
Russell KS

DATE <u>9-8-10</u>	SEC. <u>15</u>	TWP. <u>8</u>	RANGE <u>14</u>	CALLED OUT	ON LOCATION	JOB START <u>4:00pm</u>	JOB FINISH <u>4:45pm</u>
BOVEN #1	WELL # <u>1</u>	LOCATION <u>Paradise 10N 2 East 2N 1/4 West</u>			COUNTY <u>Osborne</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		3 1/2 N 1/4 W 3 1/4 N 1/4 West South into					

CONTRACTOR Mallard Drilling

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 735'

CASING SIZE 8 5/8 20# DEPTH 735'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 45'

CEMENT LEFT IN CSG. 45'

PERFS: _____

DISPLACEMENT 44 98

EQUIPMENT

PUMP TRUCK CEMENTER John Roberts

398 HELPER Ron

BULK TRUCK DRIVER Richard TWS

482/188

BULK TRUCK DRIVER _____

REMARKS:

Est. Circulation

Mix 325 sk Cement

Displace w/ 45 Bbl H₂O

Cement Did Circulate!

Thank You!

CHARGE TO: Bruce Oil Co

STREET _____

CITY _____ STATE _____ ZIP _____

OWNER _____

CEMENT

AMOUNT ORDERED 325 60/40 31 cc 21 Gcl

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

TOTAL _____

8 5/8 PLUG & FLOAT EQUIPMENT

2 Centralizers @ _____

Baffle Plate @ _____

Rubber Plug @ _____

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 LEVI KOETH

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

RECEIVED
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