



KANSAS CORPORATION COMMISSION 1052635  
OIL & GAS CONSERVATION DIVISION

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 Company, L.L.C.  
Address 1: 1704 LIMESTONE RD  
Address 2: \_\_\_\_\_  
City: MCPHERSON State: KS Zip: 67460 + 6500  
Contact Person: Levi Koehn  
Phone: ( 620 ) 241-2938  
CONTRACTOR: License # 33493  
Name: American Eagle Drilling LLC  
Wellsite Geologist: Robert Petersen  
Purchaser: NCRA

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 #: \_\_\_\_\_

<u>12/03/2010</u>	<u>12/09/2010</u>	<u>01/06/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-141-20418-00-00

Spot Description: approx. SW SW SE SWSWSE  
SW SW SE Sec. 15 Twp. 8 S. R. 14  East  West  
330 Feet from  North /  South Line of Section  
2,310 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW

County: Osborne  
Lease Name: Spears Well #: 2

Field Name: \_\_\_\_\_  
Producing Formation: Topeka-LKC

Elevation: Ground: 1904 Kelly Bushing: 1909

Total Depth: 3190 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 780 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: 1500 ppm Fluid volume: 500 bbls

Dewatering method used: Evaporated

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: Deanna Garrison Date: 03/23/2011



1052635

Operator Name: Bruce Oil Company, L.L.C. Lease Name: Spears Well #: 2  
 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  Yes  No  
 (Attach Additional Sheets)

Samples Sent to Geological Survey  Yes  No

Cores Taken  Yes  No

Electric Log Run  Yes  No

Electric Log Submitted Electronically  Yes  No  
 (If no, Submit Copy)

List All E. Logs Run:

**Attached**

Log Formation (Top), Depth and Datum  Sample

Name	Top	Datum
Stotler	2606	-697
Topeka	2810	-901
Heebner	3048	-1139
Toronto	3070	-1161
LKC	3109	-1200

**CASING RECORD**  New  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	12.25	8.625	20	780	common	325	
Production casing	7.875	5.5	14	3190	60/40 posmix	275	

**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 (Amount and Kind of Material Used)	Depth
4	3	acid 750 gal. mca	2842-2848
4	4	acid 750 gal. mca	2875-2879
4	5,6	acid 750 gal. mca	3154-3158, 3111-3117

TUBING RECORD: Size: 2.375 Set At: 3190 Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. 01/13/2011 Producing Method:  Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	7	0	60	0	30

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	<u>2842-3117 OA</u>

Form	ACO1 - Well Completion
Operator	Bruce Oil Company, L.L.C.
Well Name	Spears 2
Doc ID	1052635

All Electric Logs Run

dual induction
microresistivity
dual compensated porosity
sonic bond log

# ALLIED CEMENTING CO., LLC.

REMIT TO: P.O. BOX 315  
 RUSSELL, KANSAS 67665

SERVICE POINT

DATE: 5-10	SEC: 15	TWP: 2	RANGE: 14	CALLED OUT:	ON LOCATION:	JOB START:	JOB FINISH:
LEASE: DEARS	WELL #: 2	LOCATION: Kansas			COUNTY:	STATE:	
OLD OR NEW (Circle one)							

CONTRACTOR: *Amador* OWNER: *Amador*

TYPE OF JOB: *LONG RIG*

HOLE SIZE: *12 1/4* T.D. *783* CEMENT AMOUNT ORDERED: *3250*

CASING SIZE: *8 5/8* DEPTH: *783* AMOUNT ORDERED:

TUBING SIZE: DEPTH:

DRILL PIPE: DEPTH:

TOOL: *LAFFIN Plate* DEPTH: *783*

PRES. MAX: MINIMUM: COMMON: @

MEAS. LINE: SHOE JOINT: POZMIX: @

CEMENT LEFT IN CSG: GEL: @

PERFS: CHLORIDE: @

DISPLACEMENT: ASC: @

EQUIPMENT: @

PUMP TRUCK: CEMENTER: *Richard* @

# *320* HELPER: *Richard* @

BULK TRUCK: DRIVER: @

# *410* DRIVER: @

BULK TRUCK: DRIVER: @

# *376* DRIVER: @

REMARKS: HANDLING: @

*NEW 12 1/4" NEW RIG* TOTAL

*SP. TO 783' RIG* SERVICE

*CEMENT 1250*

*LAFFIN PLATE 783'* DEPTH OF JOB

*CEMENT 1250* PUMP TRUCK CHARGE

*CEMENT 1250* EXTRA FOOTAGE: @

*CEMENT 1250* MILEAGE: @

*CEMENT 1250* MANIFOLD: @

*CEMENT 1250* TOTAL

CHARGE TO: *BRUCE ON COMPANY*

STREET: CITY: STATE: ZIP:

PLUG & FLOAT EQUIPMENT

*LAFFIN PLATE 783'* @

@

@

@

@

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



