



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
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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: _____



1055921

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Bowman, William F. dba The Bill Bowman Oil Company
Well Name	Younkin 3
Doc ID	1055921

Tops

Name	Top	Datum
Anhydrite	2527	+497
Base of Anhydrite	2551	+473
Heebner	3988	-964
Lansing	4021	-997
Base of Kansas City	4334	-1310
Fort Scott	4495	-1471
Cherokee Shale	4508	-1484
RTD	4610	



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 30711
LOCATION Oakley KS
FOREMAN Pet Heisler

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT H+M
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
3-24-11	3395	Younkin 3	21	12	32W	Logan			
CUSTOMER <u>The Bill Bowman Oil Company</u>		TRUCK #		DRIVER		TRUCK #		DRIVER	
MAILING ADDRESS		456 T114		Chad S					
CITY		STATE		ZIP CODE		460		Colin	

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 226 CASING SIZE & WEIGHT 8 7/8 24#
 CASING DEPTH 226 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL 1.14 WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 1.3 DISPLACEMENT PSI 200 MIX PSI 300 RATE 4 bbl/m

REMARKS: Softy meeting Mix 160 sks 3% cc 2% gel Release Plug Displace
13 bbl H2O @ 200 PSI shut in @ 100 PSI

Circulated good cement

Thank you
Pet & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1025 ⁰⁰	1025 ⁰⁰
5406	10 mi	MILEAGE	5 ⁰⁰	50 ⁰⁰
5407	7.52 Ton	Min Bulk Delivery	410 ⁰⁰	410 ⁰⁰
11045	160 sks	Class "A" cement	16 ⁰⁰	2688 ⁰⁰
11188	451 Lbs	Bentonite gel	.24	108 ²⁴
1108	300 Lbs	Calcium Chloride	.84	252 ⁰⁰
4432	1	5/8 Wooden Plug	96 ⁰⁰	96 ⁰⁰
<u>240174</u>				
Subtotal				4629 ²⁴
Less			2070	925 ⁸⁴
				3703 ⁴⁰
			SALES TAX	245 ²⁵
			ESTIMATED TOTAL	3948 ⁶⁵

Ravin 3737

AUTHORIZATION Steve Craig TITLE Co man DATE 3-24-11

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form



DRILL STEM TEST REPORT

Prepared For: **Bowman William F. dba**

2640 W Rd.
Natoma, KS 67651

ATTN: Ed Glassman

21-12-32 Logan,KS

Younkin #3

Start Date: 2011.04.01 @ 06:19:31

End Date: 2011.04.01 @ 13:53:40

Job Ticket #: 042073 DST #: 1

Trilobite Testing, Inc

PO Box 1733 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620



TRILOBITE
TESTING, INC

DRILL STEM TEST REPORT

Bow man William F. dba

Younkin #3

2640 W Rd.
Natoama, KS 67651

21-12-32 Logan,KS

ATTN: Ed Glassman

Job Ticket: 042073

DST#: 1

Test Start: 2011.04.01 @ 06:19:31

GENERAL INFORMATION:

Formation: **Johnson**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 09:40:56

Time Test Ended: 13:53:40

Test Type: Conventional Bottom Hole

Tester: Brandon Turley

Unit No: 35

Interval: 4535.00 ft (KB) To 4610.00 ft (KB) (TVD)

Reference Elevations: 3024.00 ft (KB)

Total Depth: 4610.00 ft (KB) (TVD)

3014.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 10.00 ft

Serial #: 8373

Inside

Press @ Run Depth: 32.55 psig @ 4536.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.04.01

End Date:

2011.04.01

Last Calib.:

2011.04.01

Start Time: 06:19:31

End Time:

13:53:40

Time On Btm:

2011.04.01 @ 09:39:11

Time Off Btm:

2011.04.01 @ 11:43:25

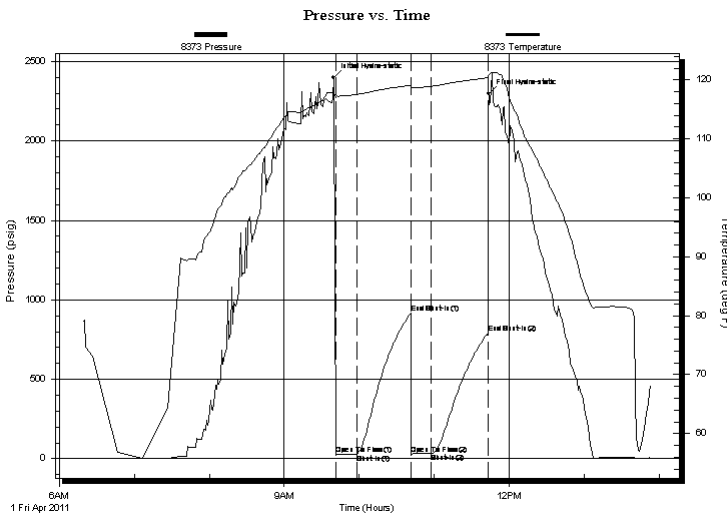
TEST COMMENT: IF: Surface blow died in 8 min.

IS: No return.

FF: No blow. Flushed tool no blow.

FS: No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2398.92	117.84	Initial Hydro-static
2	26.48	117.02	Open To Flow (1)
19	28.37	117.54	Shut-In(1)
62	914.29	119.11	End Shut-In(1)
63	27.70	118.69	Open To Flow (2)
78	32.55	118.92	Shut-In(2)
124	788.37	120.37	End Shut-In(2)
125	2298.30	120.89	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
10.00	mud 100% m	0.05

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Bow man William F. dba

Younkin #3

2640 W Rd.
Natoma, KS 67651

21-12-32 Logan,KS

Job Ticket: 042073

DST#: 1

ATTN: Ed Glassman

Test Start: 2011.04.01 @ 06:19:31

Tool Information

Drill Pipe:	Length: 4298.00 ft	Diameter: 3.80 inches	Volume: 60.29 bbl	Tool Weight: 1500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 30000.00 lb
Drill Collar:	Length: 240.00 ft	Diameter: 2.25 inches	Volume: 1.18 bbl	Weight to Pull Loose: 120000.0 lb
			<u>Total Volume: 61.47 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	23.00 ft			String Weight: Initial 74000.00 lb
Depth to Top Packer:	4535.00 ft			Final 74000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	75.00 ft			
Tool Length:	95.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
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Stubb	1.00			4516.00	
Shut In Tool	5.00			4521.00	
Hydraulic tool	5.00			4526.00	
Packer	5.00			4531.00	20.00 Bottom Of Top Packer
Packer	4.00			4535.00	
Stubb	1.00			4536.00	
Recorder	0.00	8373	Inside	4536.00	
Recorder	0.00	8289	Outside	4536.00	
Perforations	5.00			4541.00	
Change Over Sub	1.00			4542.00	
Drill Pipe	62.00			4604.00	
Change Over Sub	1.00			4605.00	
Bullnose	5.00			4610.00	75.00 Bottom Packers & Anchor

Total Tool Length: 95.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Bow man William F. dba

Younkin #3

2640 W Rd.
Natoma, KS 67651

21-12-32 Logan,KS

Job Ticket: 042073

DST#: 1

ATTN: Ed Glassman

Test Start: 2011.04.01 @ 06:19:31

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	0 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	0 ppm
Viscosity: 54.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.98 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 3000.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	mud 100%m	0.049

Total Length: 10.00 ft Total Volume: 0.049 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time

