



**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

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: \_\_\_\_\_



1056249

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Bowman Oil Company, a General Partnership
Well Name	Newman SE 18 5
Doc ID	1056249

All Electric Logs Run

Dual Induction Log
Dual Compensated Porosity Log
Microresistivity Log
Gamma Ray / Sonic Bond Log
Computer Processed Interpretation

Form	ACO1 - Well Completion
Operator	Bowman Oil Company, a General Partnership
Well Name	Newman SE 18 5
Doc ID	1056249

Tops

Name	Top	Datum
Anhrdrite	2057	+394
Topeka	3528	-1077
Heebner	3751	-1300
Toronto	3771	-1320
Lansing/Kansas City	3784	-1333
Stark Shale	3977	-1526
Base of Kansas City	4019	-1568
Fort Scott	4222	-1771
RTD	4410	

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025  
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 4930

Date	3.9-11	Sec.	18	Twp.	11	Range	24	County	Trego	State	KS	On Location		Finish	7:15 p.m.	
Lease	New Man SE			Well No.	* 5			Location	W 1/4 N 18 4 N 2 W 5 T 10							
Contractor	Falcon #1							Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Type Job	Surface							Charge To	Benzman Oil							
Hole Size	12 1/4			T.D.	221			Depth	221							
Csg.	8 5/8			Depth												
Tbg. Size									Street							
Tool									City	State						
Cement Left in Csg.	15'			Shoe Joint									The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line				Displace	13 B C			Cement Amount Ordered	150 lbm 30/100 20/60							

**EQUIPMENT**

Pumptrk	9	No.	Cement Helper	Paul	Common	150
Bulktrk		No.	Driver	Paul	Poz. Mix	
Bulktrk	8	No.	Driver	Paul	Gel.	3
			Driver	Paul	Calcium	5

**JOB SERVICES & REMARKS**

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
8 5/8 on bottom. Ex. Circulation	Sand
Mix 150 lbm + Displace	Handling 158
Cement Circulation	Mileage

**FLOAT EQUIPMENT**

	Guide Shoe	
	Centralizer	
	Baskets	
	AFU Inserts	
	Float Shoe	8 5/8 surge
	Latch Down	
	Pumptrk Charge	Surface
	Mileage	56
	Tax	
	Discount	
	Total Charge	

X Signature

*Robert W. M.*



Services, Inc.

CHARGE TO: *Edelman*

ADDRESS

CITY, STATE, ZIP CODE

TICKET 20170

PAGE 1 OF 2

1. SERVICE LOCATIONS: *WMAHKS*

2. CONTRACTOR: *NEWMAN SE*

3. WELL TYPE: *Falcon*

4. REFERRAL LOCATION: *Development*

WELL/PROJECT NO. *27#18*

LEASE: *Trego*

CITY/STATE: *KS*

DATE: *16 MAR 11*

OWNER: *WMAHKS*

ORDER NO. *18-11-270*

WELL PERMIT NO. *18-11-270*

WELL LOCATION: *Development*

INVOICE INSTRUCTIONS: *comment long string*

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING	DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
575			MILEAGE TRK 114	1	mi			5.00	5.00
579			Pump Charge	1				1750.00	1750.00
402			Contractor	1				65.00	65.00
403			Conc + Basket	1				230.00	230.00
407			Insert Flood shoe w/ AUTO FILL	1				300.00	300.00
408			DV plug & tool	1				2750.00	2750.00
417			DV latex beam ply & loggie	1	ea.			200.00	200.00
281			MUD FLUSH	1	gal			1.00	1.00
321			KCL liquid	1	gal			25.00	25.00
290			D-AIR	1	gal			35.00	35.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: *4/15*

TIME SIGNED: *AM*

REMIT PAYMENT TO:

SWIFT SERVICES, INC.  
P.O. BOX 466  
NESS CITY, KS 67560  
785-798-2300

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?  YES  NO

WE UNDERSTOOD AND MET YOUR NEEDS?  YES  NO

OUR SERVICE WAS PERFORMED WITHOUT DELAY?  YES  NO

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?  YES  NO

ARE YOU SATISFIED WITH OUR SERVICE?  YES  NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 1 6790.00

SUBTOTAL 15851.90

TAX 11.8% 833.68

TOTAL 16685.58

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.

APPROVAL

Thank You!

SWIFT OPERATOR

*Approval*



PO Box 466,  
Ness City, KS 67560  
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 28170

CUSTOMER Brown Oil WELL Newman SE 14 DATE 16 MAR PAGE 1 OF 1

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL				UNIT PRICE	AMOUNT
		LOC	ACCT	DF			QTY.	UM	QTY.	UM		
325		1				SFD cement (For EA-2)	200	slk			12.00	2400.00
284		1				Cul seal	9	bag			30.00	270.00
283		1				Salt	1000	lb			0.15	150.00
285		1				CEP-1	100	lb			4.00	400.00
276		1				Fluore	150	lb			1.50	225.00
330		1				SWD cement	265	slk			151.00	3975.00
581		1				SERVICE CHARGE					1.58	6.97
583						MILEAGE CHARGE					1.00	9.94
						TOTAL WEIGHT	2004	slk				58
						LOADED MILES	90					40
						CUBIC FEET	145					
						TON MILES	999.40					

CONTINUATION TOTAL 9661.90

JOB LOG

SWIFT Services, Inc.

DATE 16 MAR 11 PAGE NO. 1

CUSTOMER Prisma WELL NO. 18 Newman SE LEASE Newman SE JOB TYPE concrete long string TICKET NO. 20170

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								200 EA-2 w/ floccle - Bottom
								265 SMD w/ floccle - top stage
								Basket 1, 15
								Cont 3, 7, 9, 12, 16, 51
								TD = 4410 TOTAL PIPE 4297' insert = 4254'
								DV tool - 2092'
	1945							on loc TRX 114
	2145							Drop ball - circulate
	2245							Pump 500 gal MUDFLUSH
								Pump 20 bbl KCL flush
	2300	43 1/4					300	Mix 200 sks EA-2 15.4 ppg
		43 1/4	48				300	
	2310							Wash out pup & lines
								Drop latchdown plug
	2315	6 3/4					350	Displace plug
		6 3/4	98				750	
	2335	6 3/4	105				1500	plug down
								Release pressure to truck - dried up
	2350							Drop bomb
MR 17	0010		7					Plug RH 30 sks
	0015		2				1200	Open DV tool - circulating to surface
	0035	43 1/4					200	Mix 235 sks SMD w/ floccle @ 11.2 ppg
		6 3/4	60				200	increase rate
		6 3/4	142				200	kick out
	0105							Drop 2nd stage plug
								wash out pup & lines
	0110	6 3/4					300	Displace plug
	0125	6 3/4	51				1200	plug down
								release pressure to truck - dried up
								{ Cont to surface - 4 bbl of flush }
								{ 235 sks mixed - 15 to pit }
								wash truck
								rack up
	0155							job complete

Truck Wayne Blaine Same Guy's Doc