



KANSAS CORPORATION COMMISSION 1060719  
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 # \_\_\_\_\_

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: \_\_\_\_\_



1060719

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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# 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. 4967

Date	6-17-11	Sec.	18	Twp.	9	Range	21	County	Graham	State	Ks	On Location		Finish	6:00 pm
Lease	Brassfield			Well No.	#3			Location	Redline Rd + Bouge Rd Jct - 300						
Contractor	Bowman oil Co.							Owner	LW, S/Side						
Type Job	Squeeze							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.							
Hole Size	T.D.							Charge To	Bowman oil						
Csg.	5 1/2"			Depth				Street							
Tbg. Size	2 1/8"			Depth	3207'			City	State						
Tool	CIBP			Depth	3230'			The above was done to satisfaction and supervision of owner agent or contractor.							
Cement Left in Csg.	Shoe Joint							Cement Amount Ordered	300 sx Common 3% CC						
Meas Line	Displace			8 BLS											

**EQUIPMENT**

Pumptrk	1	No.	Cementor	Cisco	Common	25x Sand
			Helper		300	
Bulktrk	13	No.	Driver	Cory	Poz. Mix	
			Driver			
Bulktrk p.u.		No.	Driver	Rick	Gel.	
			Driver			

**JOB SERVICES & REMARKS**

Remarks:	Holes 1113' - 1144'							Calcium	10						
Rat Hole								Hulls							
Mouse Hole								Salt							
Centralizers								Flowseal							
Baskets								Kol-Seal							
D/V or Port Collar								Mud CLR 48							
Test CIBP at 3230'	to 1500 # Held							CFL-117 or CD110 CAF 38							
Spot sand at 1741'	in 109 BLS							Sand	2						
of saltwater.								Handling	3/2						
Set @ 1023'	to Squeeze.							Mileage							

**FLOAT EQUIPMENT**

Injection Rate 4 Bpm	at 650 #.							Guide Shoe							
Mix 300 sx Common 3% CC								Centralizer							
Shut down, wash up truck.								Baskets							
Stage cement pump up to 800#								AFU Inserts							
held 300 #, Bleed back + dried up								Float Shoe							
pull 25 to tubing + repressure to								Latch Down							
300 # Shut in.															

Pumptrk Charge	Squeeze							Tax							
Mileage	42							Discount							
								Total Charge							

X Signature *[Signature]*



Services, Inc.

CHARGE TO: BOCMA D/C  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET: 20203

PAGE 1 OF 1

1. SERVICE LOCATIONS: HAYS  
 2. CONTRACTOR: NESS  
 3. WELL TYPE: D/C  
 4. REFERRAL LOCATION: D/C

WELL/PROJECT NO. 3 LEASE BOCMA D/C COUNTY/PARISH GRAHAM STATE KS CITY MA DATE 06-23-11 OWNER  
 TICKET TYPE  SERVICE  SALES  
 CONTRACTOR BOCMA D/C RIG NAME/NO. GRAHAM SHIPPED MA DELIVERED TO S. BOCKE VIA LTZ  
 WELL CATEGORY WOB ANDOVER JOB PURPOSE SD - HOLES WELL PERMIT NO. WELL LOCATION

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	LOC	ACCT	DF	DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
575		1			MILEAGE # 112	60	mi			5.00	300.00
578		1			Pump Service	1	ea			1400.00	1400.00
090		1			Dair	1	hr			35.00	35.00
325		2			STD CMT	50	SH			12.00	600.00
278		2			CALCULATED	7	SH			35.00	245.00
581		2			SERVICE CHG CMT	050	SH			1.50	375.00
583		2			DONOR	7218	7m			1.00	721.80

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

X  
 DATE SIGNED 06-23-11 TIME SIGNED 1:30 P.M.  
 REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?  
 WE UNDERSTOOD AND MET YOUR NEEDS?  
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?  
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?  
 ARE YOU SATISFIED WITH OUR SERVICE?  
 YES  NO  CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 3676 TOTAL 3954 TAX 7.55% TOTAL 277 60

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

SWIFT OPERATOR D. BOCKE  
 APPROVAL

Thank You!

**JOB LOG**

**SWIFT Services, Inc.**

DATE 06-23-11 PAGE NO. 1

CUSTOMER BOLLMAN D/L WELL NO. 3 LEASE BRASSFIELD JOB TYPE SQ-HOLES TICKET NO. 20203

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1330							ON LOCATION CMT: 250 STD 3% CC 2 7/8 X 5/2 SQUEEZED HOLES 1113-1573
	1415		27.0	✓		1000 H		TEST TBL PWR 1573 HOURS
	1425		24.5		-		500 L	" ANN " " LEAMS 100" IN 1/2 MINS
	1440		.5		-	1000 H		" TBL " 1447 HOURS
	1445		1.5		-		500 L	" ANNS " " LEAMS 75" IN 1/2 MINS
	1453		1.5		-		500 L	" " " 1384 LEAMS " " "
	1500		1.5		-		500 L	" " " 1258 LEAMS 100" IN 1/2 MINS
	1507		1.4		-		500 L	" " " 1195 LEAMS " " "
	1515		1.2		-	1000 L		" TBL " 1195 LEAMS 500" IN 1/2 MINS
	1528		1.0		-		500 H	" ANNS " 1089 HOURS
	1530		.7		-	1000 L		" TBL " 1089 LEAMS 500" IN 1/2 MINS
	1545		.7		-	1000 H		" " " 1257 HOLD
								HOLES 1089 TO 1257 TRIP PWR OUT, RUN IN OPEN ENDED TBL TO 1257 SPOT 50 SIS CMT
	1635		0	✓		100		ST. CMT
			10	✓				END
	1645		4.5	✓				DISP
	1655	3.0	0		✓		250	PULL TBL UP TO 1005, REV. OUT 400L FLU.
		5	15		✓		5	END
								TRIP TBL OUT, RUN IN PWR TO 630 FT
	1730			✓		940		RSI UP SQ. STAGE
	1745			✓		875-925		LAST 35 PSI, Bumpup
	1800			✓		925		
	1815				-	925		HOLD, RELEASE PSI, DOWN TO SCOPS/ CLOSE FL
	1830							JOB COMPLETE
								THANK YOU! DAVE, JOSH & JOHN