



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: _____



1062641

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	Peavey A 2
Doc ID	1062641

Tops

Name	Top	Datum
Anhydrite	1224	+726
Topeka	2890	-940
Heebner	3137	-1187
Lansing	3178	-1228
Base of Kansas City	3410	-1460
Conglomerate	3444	-1494
Simpson	3478	-1528
Arbuckle	3493	-1543
RTD	3497	on original card



Services, Inc.

CHARGE TO: Brown O.I. Co.
 ADDRESS
 CITY, STATE, ZIP CODE

PAGE 1 OF 1

TICKET

19748

SERVICE LOCATIONS
 1. Hayes, KS
 2. Ness City, KS
 3. Oil
 4. REFFERAL LOCATION

WELL/PROJECT NO. #2
 LEASE N.A.
 COUNTRY/PARISH KS
 STATE KS
 CITY Location

TICKET TYPE SERVICE SALES
 CONTRACTOR Pracy
 RIG NAME/NO. Fills
 SHIPPED Location
 DELIVERED TO Location
 WELL PERMIT NO. PTA
 WELL LOCATION Location

DATE 8-15-11
 OWNER Samm

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING	DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
575		1	MILEAGE #111	30	mi			6.00	180.00
576P		1	Pump Change (PTA)	1	ea	3500		1000.00	1000.00
275		1	Coil/Seed Halls	2	sks			25.00	175.00
290		1	D-Air	3	gal			35.00	105.00
328-4		2	Coil/Box mix 40 gal	300	sks			11.50	3450.00
581		2	Coil/Service Charge	300	sks			2.00	600.00
583		2	Drayage	376	VM			1.00	376.00

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 8-16-11
 TIME SIGNED 10:00
 A.M. P.M.

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

REMIT PAYMENT TO:

SURVEY
 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
 5882.00
 3608.50
 9494.50
 TAX 6.3%
 598.15
 TOTAL 10,092.65



Switzer, Inc

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

TICKET CONTINUATION

TICKET No. 19798

CUSTOMER Rowman D. / Co.

WELL Peavy "A" #3

DATE 8-16-11

PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL				UNIT PRICE	AMOUNT	
		LOC	ACCT	DF			QTY	UM	QTY	UM			
503		1				C-cu Mileage	30	mi			2.00	60.00	
576-P		1				Pump Charge	1	per			1000.00	1000.00	
290		1				D.A.P.	1	per			35.00	35.00	
275		1				Co Harsord Halls	4	shs			25.00	100.00	
275 328-4		2				Co Peromix 49/age 1	125	shs			11.50	1437.50	
581		2				SERVICE CHARGE					2.00	600.00	
583		2				MILEAGE CHARGE					1.00	376.00	
SERVICE CHARGE MILEAGE CHARGE TOTAL WEIGHT LOADED MILES CUBIC FEET TON MILES							300	shs	30	376			

CONTINUATION TOTAL 3608.50

JOB LOG

SWIFT Services, Inc.

DATE 8-15-11 PAGE NO. 1

CUSTOMER *Banner Oil Co* WELL NO. *42* LEASE *Peavey A* JOB TYPE *PTA* TICKET NO. *19748*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1415							on loc set up Trks
								T.D. 7300 Tbg 1st Plug 3250' 50sks
	1515	5	0			50		start Cement 50sks ⁶⁰ / ₄₀ Poz 4 ⁹ / ₁₆ gal 200 th Halls
		5	13/0			50		End Cement/start wtr
	1520		3					Balanced no circulation
	1605	5	0					2nd Plug 1200' 100sks ⁶⁰ / ₄₀ Poz 150 th Halls
		5	26/0			50		start Cement
	1610		3			50		start wtr Balanced no circulation
	1640	5	0					3rd Plug 200'
		5	42/0					start Cement 150sks ⁶⁰ / ₄₀ Poz 150 th Halls
	1650		3					start wtr shut down no circulation
	0830							8-16-11 Return to Loc. Tag cement @ 1175' Tbg @ 1150'
	0910	5	0			50		Start Cement 100sks ⁶⁰ / ₄₀ Poz 4 ⁹ / ₁₆ gal 225 th Halls
		5	25/0			150		Circulate Cement/start wtr
	0915		1					End TOOH w/ Tbg
	0940	1.5	0					Top off start Cement 25sks ⁶⁰ / ₄₀ Poz 4 ⁹ / ₁₆ gal Hole Fall
			3					425sks ⁶⁰ / ₄₀ Poz 4 ⁹ / ₁₆ gal 800 th Halls
								Thank you Nick, Josh F., Rob & Lane