



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: _____



1066493

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Bowman Oil Company, a General Partnership
Well Name	Rogers 4
Doc ID	1066493

Tops

Name	Top	Datum
Anhydrite	1629	+ 523
Base of Anhydrite	1668	+ 483
Topeka	3188	- 1036
Heebner	3391	- 1239
Toronto	3412	- 1260
Lansing	3429	- 1277
Base of Kansas City	3642	- 1490
Conglomerate	3666	- 1514
Arbuckle	3746	- 1594
RTD	3771	



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 28181
LOCATION Oakley
FOREMAN Fuzzy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-29-11	3395	#4 Rogers	22	10	20	Rooks

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Bowman Oil MAILING ADDRESS	463	Josh G		
	439	Cody R		
	528	Damon W		

CITY	STATE	ZIP CODE

JOB TYPE Z-stage HOLE SIZE 7 7/8 HOLE DEPTH 3771' CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH 3771' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7-11.5-12.5 SLURRY VOL. 36-2.3 WATER gal/sk 6.5-12.1 CEMENT LEFT in CASING 4 1/2 97
 DISPLACEMENT 89.65 DISPLACEMENT PSI _____ MIX PSI _____ RATE DV Tool @ 2250'

REMARKS: Safety meeting on Falcon #1 Pick up and circulate.
Pump 5 BBL water, 500 gal mud flush, 5 BBL water, mix 150 SPS
CLASS 'A' 1090 salt, 29 gal. Wash pump + lines. Drop plug and
displace 36 BBL water and 53 3/4 BBL mud. 700* lift, 1100*
land plug float hold. Drop DV Bomb wait 10 min open DV Tool @
1100#. Good circulation. Pump 5 BBL water mix 30 SPS cement in RT
Mix 450 SPS cement down 5 1/2 csg. Wash pump + lines. Drop plug
and displace 53 3/4 BBL water. Lift press 600* close tool @ 1600*
Cement did circulate 53 BBL to pit.

Thanks Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401c	1	PUMP CHARGE	2850 ⁰⁰	2850 ⁰⁰
5406	60	MILEAGE	5 ⁰⁰	300 ⁰⁰
5407A	27.7 ton	Ton mileage Delivery	1.38	2626 ²⁰
11045	150 SPS	Class 'A' Cement	16.80	2520 ⁰⁰
1131	480 SK	60/40 Pas	14.35	6888 ⁰⁰
1148 B	3486	Bentonite	.24	836 ⁶⁴
1111	810 #	Salt	.42	340 ²⁰
1107	120 #	Glossal	2.66	319 ²⁰
1144G	500 gal	Mud Flush	1.00	500 ⁰⁰
4283	1	5 1/2 DV Tool w/ Latchdown	3850 ⁰⁰	3850 ⁰⁰
4130	6	5 1/2 - centralizers	58 ⁰⁰	348 ⁰⁰
4104	2	5 1/2 - BASKETS	276 ⁰⁰	552 ⁰⁰
		243721	Subtotal	21930 ²¹
			less 15% disc	3289 ⁵³
			Subtotal	18640 ²¹
		Cement Circulated 53 BBL to pit	6.39	865 ⁰⁹
			SALES TAX	865 ⁰⁹
			ESTIMATED TOTAL	19505 ⁷⁵

Raylin 3737 AUTHORIZATION [Signature] TITLE Fuzzy - cementer DATE _____

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.

ALLIED CEMENTING CO., LLC. 038153

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell Is

DATE <i>8-18-2011</i>	SEC. <i>22</i>	TWP. <i>10.5</i>	RANGE <i>20W</i>	CALLED OUT	ON LOCATION	JOB START <i>4:00 AM</i>	JOB FINISH <i>4:30 AM</i>
LEASE <i>Rogers</i>	WELL # <i>4</i>	LOCATION <i>Ellis Ksi 16 N 1E 1/2 SW INTO</i>		COUNTY <i>Rocks</i>	STATE <i>KANSAS</i>		
OLD OR NEW (Circle one)							

CONTRACTOR *Faxon Drills, Rig #1*

TYPE OF JOB *Cement Surface*

HOLE SIZE *12 1/4* T.D. *235*

CASING SIZE *8 5/8* DEPTH *230*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *15'*

PERFS.

DISPLACEMENT *13.70 / BBL*

EQUIPMENT

PUMP TRUCK CEMENTER *Glenn*

417 HELPER *Woody*

BULK TRUCK

378 DRIVER *Ron*

BULK TRUCK

DRIVER

REMARKS:

*Ran 5 JTS of 8 5/8 CSG, (set @ 230)
Received circulation, & cement
w/ 150 sx down 3% cc & 2% gel
Displace 13.70 BBL thro & shut
in @ 300#, cement
did circulate to surface*

THANKS

CHARGE TO *Bowman Oil Company*

STREET

CITY STATE ZIP

OWNER

CEMENT

AMOUNT ORDERED *150 sx Comm.*

3% cc

2% gel

COMMON	<i>150</i>	@	<i>16.25</i>	<i>2437.50</i>
POZMIX		@		
GEL	<i>3</i>	@	<i>21.25</i>	<i>63.75</i>
CHLORIDE	<i>5</i>	@	<i>58.20</i>	<i>291.00</i>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<i>155</i>	@	<i>2.25</i>	<i>355.50</i>
MILEAGE	<i>11.56/mile</i>			<i>417.12</i>
TOTAL				<i>3564.87</i>

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE *1125.00*

EXTRA FOOTAGE @

MILEAGE *48* @ *7.00* *336.00*

MANIFOLD @

48 @ *4.00* *192.00*

TOTAL *1653.00*

PLUG & FLOAT EQUIPMENT

@

@

@

@

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment