



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: _____



1080978

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 |
|---|---|

| 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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|---|--|--|
| 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> _____ <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL: _____ _____ |
|---|--|--|

| | |
|-----------|---|
| Form | ACO1 - Well Completion |
| Operator | Bowman Oil Company, a General Partnership |
| Well Name | Jelinek 8 |
| Doc ID | 1080978 |

All Electric Logs Run

| |
|---------------------------------------|
| |
| Dual Compensated Porosity Log |
| Dual Induction Log |
| Gamma Ray |
| Computer Processed Interpretation Log |

| | |
|-----------|---|
| Form | ACO1 - Well Completion |
| Operator | Bowman Oil Company, a General Partnership |
| Well Name | Jelinek 8 |
| Doc ID | 1080978 |

Tops

| Name | Top | Datum |
|---------------------|------|-------|
| Anhydrite | 1524 | +614 |
| Base of Anhydrite | 1560 | +578 |
| Topeka | 3064 | -926 |
| Heebner | 3268 | -1130 |
| Toronto | 3290 | -1152 |
| Lansing | 3310 | -1172 |
| Base of Kansas City | 3519 | -1381 |
| Arbuckle | 3550 | -1412 |
| RTD | 3579 | |

ALLIED OIL & GAS SERVICES, LLC 056924

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell

elinet

| | | | | | | | |
|--------------------------------|---------|--------------------------------|----------|------------|--------------|----------------|-----------------|
| DATE 3-15-12 | SEC. 23 | TWP. 9S | RANGE 19 | CALLED OUT | ON LOCATION | JOB START 1:00 | JOB FINISH 1:30 |
| LEASE Jett | WELL# 8 | LOCATION Zurich, 1N (1/2 rd W) | | | COUNTY KOsks | STATE KS | |
| OLD OR <u>NEW</u> (Circle one) | | 2E, 4N, W Into | | | | | |

| | |
|---------------------------------|----------------|
| CONTRACTOR Integrity #7 | OWNER |
| TYPE OF JOB Surface | |
| HOLE SIZE 12 1/4 | T.D. 238 |
| CASING SIZE 8 3/8 | DEPTH 236.43 |
| TUBING SIZE | DEPTH |
| DRILL PIPE | DEPTH |
| TOOL | DEPTH |
| PRES. MAX | MINIMUM |
| MEAS. LINE | SHOE JOINT 15' |
| CEMENT LEFT IN CSG. 15' | |
| PERFS. | |
| DISPLACEMENT 223.44 = 14.23 bbl | |

| |
|--------------------------------------|
| CEMENT AMOUNT ORDERED 170 sk Class A |
| 3 sk 2 1/2 bbl |

| | |
|--------------------|---------|
| COMMON 170 @ 16.25 | 2762.50 |
| POZMIX @ | |
| GEL 2 @ 21.25 | 63.75 |
| CHLORIDE 5 @ 58.20 | 291.00 |
| ASC @ | |

| | |
|------------------|--------------------|
| EQUIPMENT | |
| PUMP TRUCK # 409 | CEMENTER Todd, Bob |
| | HELPER Tony |
| BULK TRUCK # 473 | DRIVER Chris |
| BULK TRUCK # | DRIVER |

| | |
|------------------------|----------|
| HANDLING 170 @ 2.25 | 382.50 |
| MILEAGE 58 x 170 x .11 | 1,084.60 |
| TOTAL | 4,594.35 |

REMARKS:

circulated
mixed 170 sk class A
Displacement
cement x DID ... circulated to surface
No plug
plug landed @ 100'

SERVICE

| | |
|------------------------|----------|
| DEPTH OF JOB | |
| PUMP TRUCK CHARGE | 1,125.00 |
| EXTRA FOOTAGE @ | |
| MILEAGE MELV 58 @ 7.00 | 406.00 |
| MANIFOLD @ | |
| MELV 58 @ 4.00 | 232.00 |

CHARGE TO: Bowman Oil
STREET
CITY STATE ZIP

TOTAL 1763.00

PLUG & FLOAT EQUIPMENT

| | |
|---|--|
| @ | |
| @ | |
| @ | |
| @ | |
| @ | |

TOTAL 0

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

| |
|---|
| SALES TAX (If Any) 6347.35 |
| TOTAL CHARGES 6,347.35 |
| DISCOUNT 30/50 1786.25 IF PAID IN 30 DAYS |

PRINTED NAME

SIGNATURE

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 259

Cell 785-324-1041

| | | | | | | | | | | | | | | | | |
|---------------------|---------------------------|----------|----|---|---|-------|----|--|-------|-------|----|--|--|--------|---------|--|
| Date | 3/19/12 | Sec. | 23 | Twp. | 9 | Range | 19 | County | Rooks | State | KS | On Location | | Finish | 4:30 PM | |
| Lease | Jelinek | Well No. | 8 | Location Plainville, 4W, 1N, 1W, 2N, W into | | | | | | | | | | | | |
| Contractor | Integrity Drilling Rig #7 | | | | | | | Owner | | | | | | | | |
| Type Job | Production String | | | | | | | To Quality Oilwell Cementing, Inc. | | | | | | | | |
| Hole Size | 7 7/8" | | | | | | | You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed. | | | | | | | | |
| Csg. | 5 1/2" 14 # | | | | | | | Charge To Bowman Oil Co. | | | | | | | | |
| Tbg. Size | | | | | | | | Street | | | | | | | | |
| Tool | D.V. J#34 | | | | | | | City | | | | | | | | |
| Cement Left in Csg. | 21' | | | | | | | State | | | | | | | | |
| Meas Line | Displace 86 3/4 Bbls. | | | | | | | The above was done to satisfaction and supervision of owner agent or contractor. | | | | | | | | |
| | | | | | | | | | | | | Cement Amount Ordered 150 Com 10% Salt 5/6 Gilbert | | | | |

EQUIPMENT

| | | | | | | |
|---------|----|-----|----------|-------|----------|-----|
| Pumptrk | 9 | No. | Cementor | Paul | Common | 130 |
| | | | Helper | | | |
| Bulktrk | 14 | No. | Driver | Brett | Poz. Mix | |
| | | | Driver | | | |
| Bulktrk | PJ | No. | Driver | Levi | Gel. | |
| | | | Driver | Doug | | |

JOB SERVICES & REMARKS

| | |
|-----------------------------------|------------------------|
| Remarks: | Hulls |
| Rat Hole | Salt 13 |
| Mouse Hole | Flowseal |
| Centralizers | 1, 3, 5, 7, 9, 33 |
| Baskets | 34, 49 |
| D/V | 2168' J#34 |
| Est. Circ. - 1/2 hour | Sand |
| Pump 500 gal Mud Clean - 48 | Handling 170 |
| Mix 150.5x | Mileage |
| Displace 36 Bbl. water 50 3/4 Mud | 5 1/2" FLOAT EQUIPMENT |
| Land Plug | Guide Shoe |
| Float Hold | Centralizer 6 |
| | Baskets 2 |
| | AFU Inserts |
| | Float Shoe 1 |
| | Latch Down + D.V. Tool |

Thank You!!
 Bill Bowman

| | | |
|----------------|------------------|--------------|
| Pumptrk Charge | Prod Long String | Bottom Stage |
| Mileage | 31 | |
| | | Tax |
| | | Discount |
| | | Total Charge |

X Signature

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. 260

| | | | | | | | | | | | | | | | |
|---------------------|---------------------------|----------|----|------|---|-------|----|--------|-------|-------|----|-------------|--|--------|---------|
| Date | 3/19/12 | Sec. | 23 | Twp. | 9 | Range | 19 | County | Rooks | State | KS | On Location | | Finish | 6:30 PM |
| Lease | Jelinek | Well No. | 8 | | Location Plainville, 4W; 1W; 1W; 1/2N; W into | | | | | | | | | | |
| Contractor | Integrity Drilling Rig #7 | | | | 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 | Top Stage | | | | Charge To Bowman Oil Co. | | | | | | | | | | |
| Hole Size | T.D. | | | | Street | | | | | | | | | | |
| Csg. | Depth | | | | City | | | | | | | | | | |
| Tbg. Size | Depth | | | | State | | | | | | | | | | |
| Tool | D.V. | | | | The above was done to satisfaction and supervision of owner agent or contractor. | | | | | | | | | | |
| Cement Left in Csg. | Shoe Joint | | | | Cement Amount Ordered 475 sx Q-MAC kg#Pceclp | | | | | | | | | | |
| Meas Line | Displace 53 Bbls. | | | | | | | | | | | | | | |

EQUIPMENT

| | | | | | | |
|---------|----|-----|----------|-------|----------|-----|
| Pumptrk | 9 | No. | Cementer | Paul | Common | 475 |
| | | | Helper | | | |
| Bulktrk | 12 | No. | Driver | Brett | Poz. Mix | |
| | | | Driver | | | |
| Bulktrk | PJ | No. | Driver | Doug | Gel. | |
| | | | Driver | Levi | | |

JOB SERVICES & REMARKS

| | | |
|--------------|--------------------------|-------------------------|
| Remarks: | | Calcium |
| Rat Hole | 30sx | Hulls |
| Mouse Hole | | Salt |
| Centralizers | | Flowseal |
| Baskets | | 120 # |
| D/V | Open Tool, Circ. - 30min | Kol-Seal |
| | Plug Rat Hole | Mud CLR 48 |
| | Mix 445 sx | CFL-117 or CD110 CAF 38 |
| | Displace | Sand |
| | Land Plug / Close Tool | Handling |
| | Cement Circulated | 475 |
| | | Mileage |

FLOAT EQUIPMENT

| | |
|--|-------------|
| | Guide Shoe |
| | Centralizer |
| | Baskets |
| | AFU Inserts |
| | Float Shoe |
| | Latch Down |

Thank You!!
 Bill Bowman
 Don Harris
 Ken Rin

| | | |
|----------------|------------------|-----------|
| Pumptrk Charge | prod Long String | Top Stage |
| Mileage | 31 | |
| | Tax | |
| | Discount | |
| | Total Charge | |

X
Signature