



**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: \_\_\_\_\_



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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Services, Inc.

CHARGE TO: Bill Bowman Oil  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET

No 24395

PAGE 1 OF 1

1. SERVICE LOCATIONS: New City, KS  
 2. TICKET TYPE:  SERVICE  SALES  
 CONTRACTOR: Built  
 RIG NAME/NO.: Rocks  
 STATE: KS CITY: Palco  
 DATE: 06/13/13 OWNER:  
 3. WELL TYPE:  SALES  SERVICE  
 CONTRACTOR: Co Tools  
 RIG NAME/NO.:  
 SHIPPED:  DELIVERED TO: location  
 4. REFERRAL LOCATION:  INVOICE INSTRUCTIONS:  WORKOVER  
 WELL PERMIT NO.: Job Purpose: Hunt for squeeze

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING	DESCRIPTION	QTY.	U/M	UNIT PRICE	AMOUNT
575			MILEAGE TRK 114	1		6.00	240.00
578			Pump charge	1	ea	1500.00	1500.00
288			SAND	2	sk	22.00	44.00
325			Standard cement	300	sk	14.00	4200.00
278			Calcium Chloride	9	sk	50.00	450.00
290			D-AIR	4	gal	42.00	168.00
581			Service charge	1	sk	200.00	200.00
583			Drayage	1	lb	1194.12	1194.12

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: [Signature] TIME SIGNED: [Signature]

APPROVAL: [Signature]

SWIFT OPERATOR

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

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: 8596  
 TOTAL: 9137.68

TAX: 6.3%  
 Books 541.56

9137.68

Thank You!



JOB LOG

SWIFT Services, Inc.

DATE 26 Jun 13 PAGE NO. 2  
TICKET NO. 24395

CUSTOMER Bill Bowman Oil WELL NO. #1 LEASE Brault JOB TYPE hunt hole squeeze

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1700							- Cont from Page 1 - Squeezing hole 1470-1480 - has been displaced 9 bbl - 1 1/2 post packer) walking up the truck wait on cement to set up
	1755					Ø 750		open today holding 750 ps: Release pressure to truck - drive up pull tubing out - attach tension packer
	1805							hole 987-979 packer 568'
	1927							ing rate 1 1/2 @ 500
	1928	1/2				500		MIX 1005 lbs STD 3/6 CC @ 1513 ppg
		1	5			400		
		1	20			400		Kickout no pump & line
	1945							Displace w/ H <sub>2</sub> O
		3/4				400		
		3/4	3 1/2			450		Packer clear
		3/4	6			525		Kickout - holding pressure
	1955	1/2	6 3/4			600		pump again shut in casing 6 3/4 bbl displaced w/ rig volume wash truck
								Rack up
	2030							job complete Thank Dave Blaine & Gideon Gideon



CHARGE TO: Bowman Oil Co  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

TICKET  
 N° 24846

PAGE 1 OF 1

SERVICE LOCATIONS 1. 17cyn. Ks  
 WELL/PROJECT NO. #1 LEASE Brault COUNTY/PARISH Rooks STATE Ks CITY DATE 8-2-13 OWNER Same  
 2. TICKET TYPE  SERVICE  SALES CONTRACTOR RIG NAME/NO. SHIPPED VIA CTT DELIVERED TO Loc ORDER NO.  
 3. WELL TYPE Oil WELL CATEGORY Workover JOB PURPOSE Cond. 4 1/2" Liner WELL PERMIT NO. WELL LOCATION  
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF									
575		1			MILEAGE #113	40		mil		6	18	240	18
578		1			Pump Service	1		ea		1500	16	1500	18
290		1			O-AIR	2		gal		42	16	84	18
418		1			Flush Joint Float Shoe	1		ea	4 1/2 in	300	18	300	18
410		1			S-W Top Plug	1		ea	"	90	18	90	18
521		1			Service Charge	150		sk		2	18	300	18
523		1			Drayage	298		700 mile		1	18	258	18
330		1			SMD Cement	150		sk		17	18	2550	18

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

**X**

DATE SIGNED \_\_\_\_\_ TIME SIGNED \_\_\_\_\_  A.M.  P.M.

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				5362	00
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Rooks TAX 6.15%	329 76
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	5691 76
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

JOB LOG

SWIFT Services, Inc.

DATE 8-2-13 PAGE NO. 1

CUSTOMER Bowman Oil Co WELL NO. #1 LEASE Brawlt JOB TYPE Line TICKET NO. 24846

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1430							On Loc. Set up truck Rig try cir. Line Down 4 1/2 in 5 1/2" csg. Line @ 3769'
	16:15		12					Lead 4 1/2" 12" Circulation
	16:25	3 1/2	23				300	Mix 150 lbs SMO Cement Finish mixing Wash out pump & line
	16:50	5					400	Displ. top plug
	17:07		52.5				100/1500	Plug Down 1500 pps Return pres Float held Circulated light cont. to surface Wash & Rack up truck
	17:45							Job Complete

*[Signature]*  
Roger, Div. Rab