



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:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well | <input type="checkbox"/> Re-Entry | <input type="checkbox"/> Workover |
| <input type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD |
| <input type="checkbox"/> Gas | <input type="checkbox"/> D&A | <input type="checkbox"/> ENHR |
| <input type="checkbox"/> OG | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) | | |
| <input type="checkbox"/> Cathodic | <input type="checkbox"/> Other (Core, Expl., etc.): _____ | |

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- | | | | |
|---|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening | <input type="checkbox"/> Re-perf. | <input type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
| | | <input type="checkbox"/> Conv. to GSW | |
| <input type="checkbox"/> Plug Back: _____ | Plug Back Total Depth _____ | | |
| <input type="checkbox"/> Commingled | Permit #: _____ | | |
| <input type="checkbox"/> Dual Completion | Permit #: _____ | | |
| <input type="checkbox"/> SWD | Permit #: _____ | | |
| <input type="checkbox"/> ENHR | Permit #: _____ | | |
| <input type="checkbox"/> 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: _____



1167974

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	Pywell 5
Doc ID	1167974

All Electric Logs Run

Dual Induction Log
Dual Compensated Porosity Log
Microresistivity Log
Gamma Ray Correlation Log
Computer Processed Interpretation Log

Form	ACO1 - Well Completion
Operator	Bowman, William F. dba The Bill Bowman Oil Company
Well Name	Pywell 5
Doc ID	1167974

Tops

Name	Top	Datum
Anhydrite	1657	+582
Base of Anhydrite	1701	+538
Topeka	3232	-993
Heebner	3438	-1199
Toronto	3458	-1219
Lansing	3476	-1237
Base of Kansas City	3691	-1452
Conglomerate	3733	-1494
Arbuckle	3768	-1529
RTD	3830	

ALLIED OIL & GAS SERVICES, LLC 054864

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Russell, Ks

DATE 9.12.13 SEC 36 TWP 9 RANGE 20 CALLED OUT _____ ON LOCATION _____ JOB START 6:30 pm JOB FINISH 7:00 pm
 LEASE Rynett WELL# 5 LOCATION Zurich, Ks COUNTY Hooker STATE Ks
 OLD OR NEW (Circle one) 3 west to 7rd | south west info

CONTRACTOR White Knight OWNER _____
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. _____ CEMENT AMOUNT ORDERED 160 con
 CASING SIZE 8 1/2 DEPTH 222.65
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____ COMMON: 160 sk @ 17.90 \$ 2,864.00
 MEAS. LINE _____ SHOE JOINT 15' POZMIX _____ @ _____
 CEMENT LEFT IN CSG. 15' GEL _____ @ 23.00 \$ 70.20
 PERFS. _____ CHLORIDE: 6 1/2 sk @ 64.00 \$ 384.00
 DISPLACEMENT 13.22 bbl ASC _____ @ _____

EQUIPMENT
 PUMP TRUCK CEMENTER Fony Pannus
 # 409 HELPER Nathan D
 BULK TRUCK
 # 378 DRIVER Joe G.
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:
Circulate mud to surface
* Pumped 160 sk @ 24.38 bbl
cement to surface
* Displaced cement @ 13.22 bbl
cement to surface.
* Start in 8 1/2 @ *350 psi.

CHARGE TO: Bowman Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

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.

PRINTED NAME _____
 SIGNATURE Bill Bowman

HANDLING	<u>173.51</u>	@	<u>248</u>	\$ <u>430.31</u>
MILEAGE	<u>276.85</u>	@	<u>2.60</u>	\$ <u>719.81</u>
			TOTAL	\$ <u>4468.32</u>

SERVICE

DEPTH OF JOB	<u>222.65</u>
PUMP TRUCK CHARGE	\$ <u>1512.25</u>
EXTRA FOOTAGE	@ _____
MILEAGE <u>Heavy 35m</u>	@ <u>7.00</u> \$ <u>249.50</u>
MANIFOLD <u>Light 35m</u>	@ <u>4.40</u> \$ <u>154.00</u>
TOTAL \$ <u>1,935.75</u>	

PLUG & FLOAT EQUIPMENT

_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
TOTAL <u>0</u>	

SALES TAX (If Any) _____
 TOTAL CHARGES \$6,404.07
 DISCOUNT \$960.61 IF PAID IN 30 DAYS
Net 5443.46



Services, Inc.

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

TICKET 25107

SERVICE LOCATIONS
 1. Hays, KS
 2. Ness, KS
 3. WELL TYPE
 4. REFERRAL LOCATION

WELL/PROJECT NO. #5
 LEASE Prussell
 COUNTY/PARISH Rooks
 STATE KS
 CITY KS
 DATE 9-19-13
 OWNER

TICKET TYPE SALES
 CONTRACTOR White Knight
 RIG NAME/NO. CT
 SHIPPED 5/2/13
 DELIVERED TO SW/turnh, KS
 WELL PERMIT NO.
 WELL LOCATION

INVOICE INSTRUCTIONS
 011
 IN Field
 (event lens string)

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING	DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
575		1	MILEAGE # 113	40	mi			600	24000
579		1	Ramp Charge-cut A Stage	1	ea			20000	20000
231		1	Liquid KCL	4000	lbs			2500	10000
281		1	Mixed Fluid	5000	lbs			105	68500
290		1	D-Air	500	gal			4200	21000
402		1	Centrifuges	900	gal			7000	63000
403		1	Levent Baskets	200	5/8 in			38500	57000
407		1	Insert Foot Shoe w/fit-up	100	5/8 in			37500	37500
408		1	D.V. Tool & Set	1	ea			35000	35000
417		1	D.V. Lath Drill Plug Baffle	1	ea			20000	20000

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 9-18-13 TIME SIGNED 9:30 AM
 X Bill Bowman by Bill

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

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

SWIFT OPERATOR John Lawrence APPROVAL

APPROVAL

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

SURVEY
 AGREE UN- DIS-
 DECIDED AGREE

PAGE TOTAL 21
 TOTAL 82500

1178192
 8003192
 93941
 20'971'33

TAX 6.15%
 Rooks

Thank You!



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

TICKET CONTINUATION

TICKET No. 25107

CUSTOMER: Bill Bowman Oil
WELL: S Powell
DATE: 9-20-13
PAGE: 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY	UM	QTY	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								

335		2			2	2100.00	1.75	2100.00	1.75	2100.00	2100.00	2100.00
276		2			2	76.00	200	76.00	200	76.00	76.00	76.00
883		2			2	150.00	200	150.00	200	150.00	150.00	150.00
284		2			2	245.00	3500	245.00	3500	245.00	245.00	245.00
286		2			2	518.00	800	518.00	800	518.00	518.00	518.00
330		2			2	595.00	1700	595.00	1700	595.00	595.00	595.00
276		2			2	176.00	200	176.00	200	176.00	176.00	176.00

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	TIME	DESCRIPTION	QTY	UM	QTY	UM	UNIT PRICE	AMOUNT	CUBIC FEET	SERVICE CHARGE	MILEAGE CHARGE	TOTAL WEIGHT 50564 lbs	LOADED MILES 60	TON MILES 1516.92 Tm	CONTINUATION TOTAL	
																	584
584	583	2	General													1516.92	11781.92

JOB LOG

SWIFT Services, Inc.

DATE 9-19-13 PAGE NO. 7

CUSTOMER Bill Bowman Oil WELL NO. #5 LEASE Pywell JOB TYPE Cement 2 Stage TICKET NO. 25707

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		TD 3835'	DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING		
9/19	2015					15.5	5 1/2		DN loc - F.E. - R ₅ LD.D.P.
9/20	0045								Start 5 1/2" 15.5 #7. Casing
									to 3832' - 55-44' = (90 BBL)
									Insert Flat Shoe w/ Fallup
									Cut 1-3-5-7-9-11-13-38-59
									Cut Baskets #39 + 60 - Pin end
									D.V. #39 @ 2183' = (52 BBL)
									Drop Fall-up ball 5 Jts out
									Fin csng - Tag - Shuffle Jts to Land
	0245								Start CIR
	0300								Fin CIR: Ready for 1 st Stage
	0400								Fin CIR: Ready for 1 st Stage
		5	12	30		200			Pump 50 gal Mnd Flush
		6	20	Flashes		250			Pump 20 BBL KCL Flush
		4 1/2							Take on 36 BBL Mnd to TK
						200			Start EA2-cut.
									Fin cut - Wash out Pump Lines
									Drop D.V. Latch Down Plug
		8	50			300			Start 50 BBL H ₂ O
		7	85			400			Start 35 BBL Mnd
	0500	6	5			800			Start H ₂ O / Plug down - Hold
						1500			Drop D.V. Opening Device
		7				1250			Open D.V. w/ TK - est. circ
									R ₅ circ. 30 min
									2 nd stage
									Start 20 BBL KCL Flush
									Start 350 Sks SMD @ 11.2 #/gal
									Fin cut @ 12.5 #/gal
									Drop D.V. Casing Plug
		7				300			Start Displ
		6	30			400			Cut circulate to Pt @ 30 BBL
						600			= 20 BBL cut to Pt.
	0640	5				1500			Plug Down - Hold - OK
									Wash up & Break up

Handwritten signatures and notes at the bottom of the page.

APR 15-163-24147-00-00
 COMPANY The Bill Bowman Oil Co.
 Well Pywell #5
 MATONN, KS.

FIELD Matonns
 LOCATION 615'ESL E 330'FEL
 SEC. 36 TWP. 9S RNG. 20W
 COUNTY Rocks STATE Kansas

PRODUCTION 0/1
 ELEVATION 2239
 D.E. 2234
 O.I. 2234
 Drilling Record from Kelly Bushing
 Complete from 3150 to 3830
 Drilling Time from 3150 to 3830
 Operator The Bill Bowman Oil Co.
 Complete from 3150 to 3830
 CONFINING RECORD
 Date 9-21-13
 By Robert M. Jones
 Title Geologist
 License # 11458

FORMATIONS TOPO AND STRUCTURAL POSITION
 SURFACE TOPO
 SURFACE ELEVATION
 SUB-SURFACE POSITION
 STRUCTURAL POSITION

FORMATION	DEPTH	THICKNESS	REMARKS
Base/Anhydrite	1657	1457	+582
Tapoka	1701	1557	+582
Heebner	1701	1557	+582
Tonolow	1701	1557	+582
Lansing	1701	1557	+582
Base/Kansas	1701	1557	+582
Conglomerate	1701	1557	+582
Arbuckle	1701	1557	+582

GEOLOGIC REPORT LOG

DATE	DEPTH	LOG
9-21-13	500	2231
9-21-13	1000	2231
9-21-13	1500	2231
9-21-13	2000	2231
9-21-13	2500	2231
9-21-13	3000	2231
9-21-13	3500	2231
9-21-13	3830	2231

DRILL STEM TESTS

DATE	DEPTH	LOG
9-21-13	500	2231
9-21-13	1000	2231
9-21-13	1500	2231
9-21-13	2000	2231
9-21-13	2500	2231
9-21-13	3000	2231
9-21-13	3500	2231
9-21-13	3830	2231

REFERENCE WELL FOR STRUCTURE LAWRENCE DRILLING, INC.
 Well #2, 150' SW of E1/4-SE-5E, Sec. 36-9S-20W,
 Rocks County, Kansas.

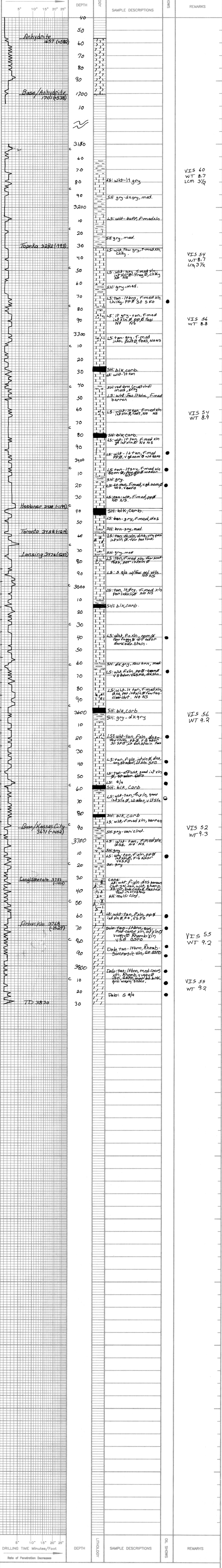
Based on structural position remaining high to comparison well, very good oil shows and favorable logs, 5 1/2' production casing was run and cemented in.

None

7515

LEGEND

Anhydrite	Salt	Sandstone	Shale	Carb sh	Limestone	Ool. Lims	Chart	Dolomite
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CONTRACTOR White Knight Dels, LLC
 LEASE Pywell IP D11
 ELEVATION 2239 RTD 3830
 LOCATION 615'ESL E 330' FEL
 SEC. 36 TWP. 9S RNG. 20W
 COUNTY Rocks STATE Kansas