



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1179781
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1179781

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Bowman Oil Company, a General Partnership
Well Name	Aaron Staab 2
Doc ID	1179781

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Bowman Oil Company, a General Partnership
Well Name	Aaron Staab 2
Doc ID	1179781

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
16	3444-3448	Treated with 500 gals 20% MCA & 2 gals Corrosion Inhibitor	3629-3631
12	3551-3554	Treated with 3000 gals 20% MCA & 9 gals Corrosion Inhibitor & 75 perf pac balls	3444-3554
8	3506-3508		
8	3464-3466		
16	3468-3472		
8	3629-3631		

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. 7762

Date	8-31-13	Sec.	12	Twp.	13	Range	18	County	Ellis	State	Ks	On Location		Finish	2:00 PM		
Lease								Location				Hay's, Ks - N to Feedlot Rd, 2 1/4 E					
Lease								Well No.		2		Owner				S/S	
Contractor								Landmark Drilling				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								Surface				Charge To				Bowman oil	
Hole Size				12 1/4"				T.D.		223'		Street					
Csg.				8 5/8"				Depth		223'		City				State	
Tbg. Size								Depth				The above was done to satisfaction and supervision of owner agent or contractor.					
Tool								Depth				Cement Amount Ordered				150 sx Common 3% CC	
Cement Left in Csg.				15'				Shoe Joint		15'							
Meas Line				Displace				13 BCS		2% Gel							
EQUIPMENT																	
Pumptrk		15		No.		Cementer		Lennie		W		Common		150			
Bulktrk		14		No.		Driver		Heath		F.		Poz. Mix		0			
Bulktrk		Piu.		No.		Driver		Rick				Gel.		3			
Bulktrk		Piu.		No.		Driver		Rick				Calcium		5			
JOB SERVICES & REMARKS																	
Remarks:								Cement did Circulate.				Hulls					
Rat Hole												Salt					
Mouse Hole												Flowseal					
Centralizers												Kol-Seal					
Baskets												Mud CLR 48					
D/V or Port Collar												CFL-117 or CD110 CAF 38					
												Sand					
												Handling				158	
												Mileage					
FLOAT EQUIPMENT																	
												Guide Shoe					
												Centralizer					
												Baskets					
												AFU Inserts					
												Float Shoe					
												Latch Down					
												Pumptrk Charge				Surface	
												Mileage				8	
												Tax					
												Discount					
												Total Charge					
X Signature								Ramiro Maldonado									



Services, Inc.

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

TICKET

No 24931

PAGE 1 OF 2

WELL/PROJECT NO: #2
 LEASE: Arms Stalk
 COUNTY/PARISH: Ellis
 STATE: KS
 CITY: _____
 DATE: _____
 OWNER: _____

TICKET TYPE: SERVICE SALES
 CONTRACTOR: Kandam & Dally
 RIG NAME/NO: _____
 SHIPPED: _____
 DELIVERED TO: CT Location
 ORDER NO: _____
 WELL LOCATION: _____

WELL TYPE: _____
 WELL CATEGORY: Development
 JOB PURPOSE: 2-stage
 WELL PERMIT NO: _____
 INVOICE INSTRUCTIONS: _____

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING	LOC	ACCT	DF	DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
575			1			MILEAGE #111	10 mi				60.00	60.00
579			1			Pump Charge (2-stage)	1 ea		3700		2000.00	2000.00
221			1			KCL	4 gal				25.00	100.00
281			1			Mud Flush	500 gal				1.05	625.00
290			1			D-Air	5 gal				42.00	210.00
402			1			Centrifizers	3 ea		5 1/2"		70.00	350.00
405			1			Baskets	2 ea				285.00	570.00
407			1			Insert/Floot Shoe w/F.I.I	1 ea				375.00	375.00
408			1			DV Tool w/Plugs	1 ea				3300.00	3300.00
417			1			D/LD Plug + Balls	1 ea				200.00	200.00

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

X DATE SIGNED: 9/6-13 TIME SIGNED: 1:30 P.M.

SWIFT OPERATOR: Mark Moore

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

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

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
CUSTOMER DID NOT WISH TO RESPOND	<input type="checkbox"/> YES <input type="checkbox"/> NO		

PAGE TOTAL: 1
 TAX: 6.15%
 TOTAL: 19,493.25

7792.00
 10803.50
 18593.50
 899.75

Thank You!



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

TICKET CONTINUATION

TICKET No. 24931

CUSTOMER: *Brown M Co*
WELL: *W2 Hor on Stab*
DATE: *9-6-13*
PAGE: *2* OF *2*

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY	UM	QTY	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
325		2				Standard Cement	175	sk			- .14	2952.00
330		2				SMD Cement	230	sk		17.00	5700.00	
276		2				Flocite	125	#	1/4	2.00	2500.00	
283		2				Salt	900	#	10	2.00	1800.00	
284		2				Calced	8	sk	5	35.00	280.00	
286		2				Halid-1	30	#	1/2	8.00	640.00	
581		2					475	sk				
583		2					953.50	TON				

CONTINUATION TOTAL 1803.50

William Consulting LLC
 ADE 15-051-26548-00-00

GEOLOGIST'S REPORT
 DRILLING TIME AND SAMPLE LOG

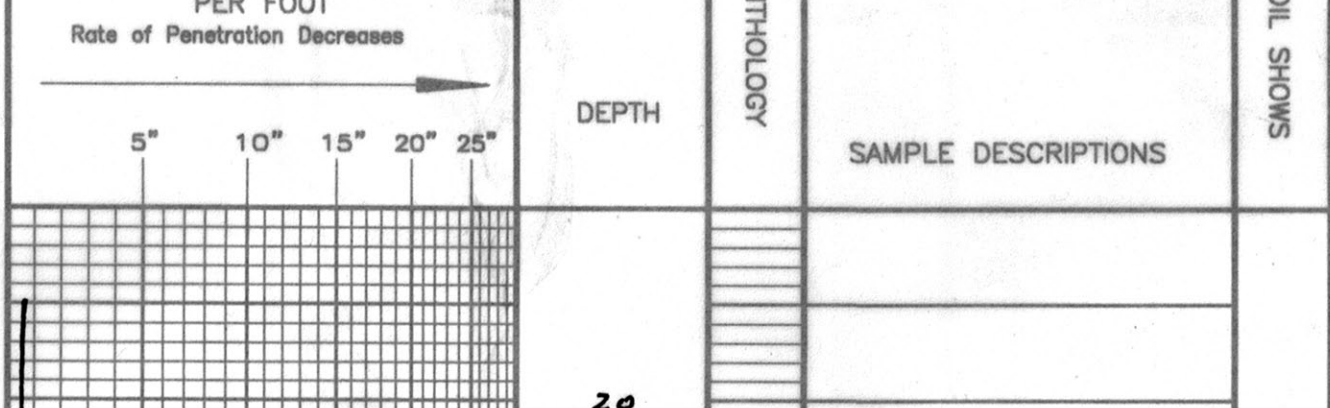
OPERATOR: Goodman Oil Company WELL NO: #2
 LEASE: AARON STARR ELEVATION: 2094
 FIELD: UBERT CL: 2083
 LOCATION: E2 NE NE NW Measurements Are All From: KELLY BURNING
 SEC: 12 TWP: 135 RGE: 18W
 COUNTY: ELLIS STATE: KANSAS
 CONTRACTOR: LANDMARK DRILLING
 COMH: 871-613 COMP: 9-6-2013
 RFD: 3700 TO: 3700 TO: 170
 SAMPLES SWED FROM: 3000 TO: 170
 DRILLING TIME FROM: 3000 TO: 170
 SAMPLES EXAMINED FROM: 3000 TO: 170
 GEOLOGICAL SUPERVISION FROM: 3000 TO: 170
 AND UP TO: 2700 THE ADE CHEMICAL-DATA

DATE	DEPTH	NO	TYPE	DEPTH	NO	DATE
9-31-2013	3700	1	LS	3700	223	2/2
9-1-2013	2051	2	7/8	1812	3705	7/1
9-2-2013	2051	3	7/8	1812	3700	7/2
9-9-2013	2112					
9-9-2013	3628					
9-6-2013	3700					

DRILL STEM TESTS

DATE	DEPTH	NO	TYPE	DEPTH	NO	DATE
9-31-2013	3700	1	LS	3700	223	2/2
9-1-2013	2051	2	7/8	1812	3705	7/1
9-2-2013	2051	3	7/8	1812	3700	7/2
9-9-2013	2112					
9-9-2013	3628					
9-6-2013	3700					

ANHYDRITE 1335 (75B)
 ANHYDRITE 1330 (75B)
 HOWARD LS
 SEVERY SH
 TORPERA 9096 (100B)
 KING HILL SH
 QUEEN HILL SH
 HEEBNER SH 3353 (120B)
 TORONTO 3352 (120B)
 LANSDALE 3380 (120B)
 BIRNDALE CITY 3000 (120B)



DRILLING TIME IN MINUTES PER FOOT
 Rate of Penetration Decreases

DEPTH

LITHOLOGY

SAMPLE DESCRIPTIONS

OIL SHOWS

REMARKS

10:00 PM 9-3-2013
 Start 1' Dig. Time
 DISPLACE AND SYSTEM

VIS 44
 WE 8.7
 LCM 4#

Start 10' MET/DAY SAMPLES

VIS 55
 WE 8.4
 LCM 3#

VIS 52
 WE 8.4
 LCM 3#

VIS 50
 WE 8.4
 LCM 4#

VIS 53
 WE 8.6
 Fil 7.6
 CL 3500
 LCM 3#

VIS 62
 WE 9.1
 LCM 3#

VIS 58
 WE 9.2
 LCM

VIS 53
 WE 8.4
 LCM 4#
 Fil 8.8
 CL 5000
 BIT TRIP

DRILLING TIME Minutes/Foot
 Rate of Penetration Decreases

DEPTH

LITHOLOGY

SAMPLE DESCRIPTIONS

OIL SHOWS

REMARKS

CONTRACTOR: LANDMARK DRILLING LOCATION: E2 NE NE NW
 LEASE: AARON STARR #2 IP SEC: 12 TWP: 135 RNG: 18W
 ELEVATION: 2083, KB 2094 RTD: 3700 COUNTY: ELLIS STATE: KANSAS