



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1200894
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
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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

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: _____

1200894

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Bowman Oil Company, a General Partnership
Well Name	BHB 1
Doc ID	1200894

All Electric Logs Run

Dual Induction Log
Dual Compensated Porosity Log (Compensated Neutron & Compensated Density Logs)
Microresistivity Log
Computer Processed Log
Gamma Ray Correlation Log

Form	ACO1 - Well Completion
Operator	Bowman Oil Company, a General Partnership
Well Name	BHB 1
Doc ID	1200894

Tops

Name	Top	Datum
Anhydrite	1797	+414
Base of Anhydrite	1842	+369
Topeka	3184	-973
Heebner	3394	-1183
Lansing	3428	-1217
Base of Kansas City	3619	-1408
Arbuckle	3657	-1446
RTD	3690	

ALLIED OIL & GAS SERVICES, LLC 054846

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell KS

DATE <u>12-17-13</u>	SEC. <u>5</u>	TWP. <u>7</u>	RANGE <u>20</u>	CALLED OUT	ON LOCATION	JOB START <u>12:00 AM</u>	JOB FINISH <u>12:30 AM</u>
LEASE <u>B4B</u>	WELL# <u>1</u>	LOCATION <u>Damar KS 16N Einto</u>			COUNTY <u>Roos</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)							

CONTRACTOR <u>White Knight</u>	OWNER _____
TYPE OF JOB <u>surface</u>	CEMENT
HOLE SIZE <u>12 1/4</u> T.D. <u>225</u>	AMOUNT ORDERED <u>175 com 390cc 27 g/gal</u>
CASING SIZE <u>8 5/8 23'</u> DEPTH <u>221</u>	
TUBING SIZE _____ DEPTH _____	
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	COMMON <u>175</u> @ <u>17.90</u> <u>3132.50</u>
MEAS. LINE _____ SHOE JOINT <u>15</u>	POZMIX _____ @ _____
CEMENT LEFT IN CSG. <u>15</u>	GEL <u>3.29</u> @ <u>23.40</u> <u>76.99</u>
PERFS. _____	CHLORIDE <u>6</u> @ <u>64.00</u> <u>384.00</u>
DISPLACEMENT <u>13661</u>	ASC _____ @ _____
EQUIPMENT	_____ @ _____
PUMP TRUCK CEMENTER <u>Robert Y</u>	_____ @ _____
# <u>409</u> HELPER <u>Nathan D</u>	_____ @ _____
BULK TRUCK	_____ @ _____
# <u>378</u> DRIVER <u>Joe G</u>	_____ @ _____
BULK TRUCK	_____ @ _____
# _____ DRIVER _____	_____ @ _____
	HANDLING <u>188.79</u> <u>5/3</u> @ <u>2.48</u> <u>468.71</u>
	MILEAGE <u>431.48</u> <u>1/1</u> @ <u>2.60</u> <u>1121.84</u>
	TOTAL <u>5184.00</u>

REMARKS:

can 5 jts of 8 5/8 23' csg receive circulation mix 175 lbs com 3-2 displace 13661 water shut in

cement did circulate to surface

Thank you

CHARGE TO: Bowman Oil

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>221</u>	
PUMP TRUCK CHARGE <u>1512.25</u>	
EXTRA FOOTAGE @ _____	
MILEAGE <u>50 Pump truck MI</u> @ <u>7.70</u> <u>385.00</u>	
MANIFOLD @ _____	
<u>50 LV MI</u> @ <u>4.40</u> <u>220.00</u>	
<u>50 Bulk + 6 MI</u> @ <u>7.70</u> <u>385.00</u>	

TOTAL 2502.25

PLUG & FLOAT EQUIPMENT

_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES 7686.28

DISCOUNT 1537.26 IF PAID IN 30 DAYS

net \$ 6149.02

PRINTED NAME _____

SIGNATURE Terry Austin

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.



Services, Inc.

CHARGE TO: Bowman Oil

ADDRESS

CITY, STATE, ZIP CODE

PAGE 1 OF 2

1. SERVICE LOCATIONS: Well/Project No. 1, County/Parish: Rooks, State: KS, Date: 12-22-13, Owner: [blank]

2. CONTRACTOR: Mess (City), Ticket Type: SERVICE, SALES

3. WELL TYPE: OIL, Well Category: Development, Job Purpose: 5 1/2 Two Stage Longstring, Well Location: S&S, Twp 7S & 20W

4. REFERRAL LOCATION: [blank], Invoice Instructions: [blank]

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING	DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
575		LOC	MILEAGE #112	70	mi			6.00	420.00
579		DF	Pump Charge Two Stage	1	ea			2000.00	2000.00
221			Loguid KCL	4	gal			25.00	100.00
281			Mud flush	500	gal			1.25	625.00
290			O-Air	5	gal			42.00	210.00
402			Centralizers	5	ea		5 1/2"	70.00	350.00
403			Cement Disks	2	ea			300.00	600.00
407			Insect float shot w/Arne Fill	1	ea			375.00	375.00
408			OV Tool + Plug set	1	ea			3550.00	3550.00
417			OV Latch Down Plug + Galle	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

DATE SIGNED: 12-22-13
 TIME SIGNED: 2:30 PM
 X [Signature]

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

SURVEY

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: P1 8430.00, P2 14010.00

SUBTOTAL: 22,440.00

TAX: 6.15%

TOTAL: 23,483.66



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

TICKET CONTINUATION

TICKET No. 25259

CUSTOMER *Bowman Oil* WELL *BH 8 #1* DATE *12-22-13* PAGE *2* OF *2*

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

325					Standard Cement EA-2	150	SK			14.50	2175.00
330					Swift Multi-Densities	400	SK			18.50	7400.00
276					Fluocel	150	lbs			2.50	375.00
283					Salt	850	lbs			20	170.00
284					Cal Seal	715	SK			35.00	245.00
286					Half 1	70	lbs			8.50	595.00

PRICE REFERENCE	SERVICE CHARGE	MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES	CUBIC FEET	CONTINUATION TOTAL	
							QTY	UM
581			55710	20	1952	550 SK	2	1952
583							1	1952

14010

JOB LOG

SWIFT Services, Inc.

DATE 12-22-13 PAGE NO.

CUSTOMER Bowman Oil WELL NO. 1 LEASE BH3 JOB TYPE 5 1/2 Two Stage TICKET NO. 25259

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2230							on location
								TD 3690 55 42
								TP 3684 Insert 3642
								DV TOP 36 2204' 5 1/2 x 15.5"
								Centralizers 3, 6, 9, 12, 35 Baskets 2, 3
	0230							Start Pipe
	0430							Drop Ball Break Circulation
	0530	5	12		✓		300	Start Mud flush
		5	20		✓		300	Start KLL flush
		5	36		✓		300	Start cement 150 sks EA-2
	0605							Drop Plug wash out Pump+Lines
	0610	6			✓		200	Start D.3 placement
		6	34		✓		200	Start Mud
		6	66		✓			Start KLL Flush
	0625	6	86.7		✓		800 / 15000	land Plug
	0630						1100	Drop open Plug
	0640		7					Plug BH 30sks
	0650				✓			open DV
	0651				✓			Start cement 370 sks SMD
		5	110		✓			200 sks @ 11.2 gal
		5	47		✓			100 sks @ 12.2 gal
		5	21		✓			70 sks @ 13.5 gal
	0735	5			✓			Drop Plug
		5			✓			Start D.3 placement
		5			✓			Circulate Cement
	0750	5	525		✓		600 / 1500	land Plug Close DV
								Circulate 110 SKS report
	0800							wash up back up
	0845							Job complete
								thank You
								Josh, Brian, Doug, John

Lawrence Consulting
 APR 15-163-2467-00-00

GEOLGISTS REPORT
 DRILLING TIME AND SAMPLE LOG

OPERATOR Bowman Oil Company WELL NO. #1
 LEASE BHB ELEVATION 2206
 FIELD TODD SOUTHWEST
 LOCATION 2970' FSL & 1315' FWL
 SEC. 5 TWP. 7S R. 20W
 COUNTY ROOKS STATE KANSAS
 CONTRACTOR WHITE KNIGHT DRILLING LLC
 COMM. 3690 COOP. 12-23-2013
 RID. 3690 LOG TO 3691 T.D.
 SAMPLES SAVED FROM 3000 TO 3700
 DRILLING TIME KEPT FROM 3100 TO 3700
 SAMPLES EXAMINED FROM 3000 TO 3700
 GEOLOGICAL SUPERVISION FROM T.D.
 WAD UP 3050 TYPE WAD CHEMICAL-DRISING
 FOUNDATION TOP DATA TYPE DATA STRUCT. DATA
 ANHYDRITE 1798 (313) 1797 (313)
 ANHYDRITE 1831 (380) 1832 (380)
 ANHYDRITE 1834 (387) 1835 (387)
 ANHYDRITE 1838 (393) 1839 (393)
 ANHYDRITE 1842 (399) 1843 (399)
 ANHYDRITE 1846 (405) 1847 (405)
 ANHYDRITE 1850 (411) 1851 (411)
 ANHYDRITE 1854 (417) 1855 (417)
 ANHYDRITE 1858 (423) 1859 (423)
 ANHYDRITE 1862 (429) 1863 (429)
 ANHYDRITE 1866 (435) 1867 (435)
 ANHYDRITE 1870 (441) 1871 (441)
 ANHYDRITE 1874 (447) 1875 (447)
 ANHYDRITE 1878 (453) 1879 (453)
 ANHYDRITE 1882 (459) 1883 (459)
 ANHYDRITE 1886 (465) 1887 (465)
 ANHYDRITE 1890 (471) 1891 (471)
 ANHYDRITE 1894 (477) 1895 (477)
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 ANHYDRITE 1902 (489) 1903 (489)
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 ANHYDRITE 1926 (525) 1927 (525)
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 ANHYDRITE 1942 (549) 1943 (549)
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 ANHYDRITE 2062 (729) 2063 (729)
 ANHYDRITE 2066 (735) 2067 (735)
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 ANHYDRITE 2074 (747) 2075 (747)
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 ANHYDRITE 2082 (759) 2083 (759)
 ANHYDRITE 2086 (765) 2087 (765)
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 ANHYDRITE 2098 (783) 2099 (783)
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 ANHYDRITE 2122 (819) 2123 (819)
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