



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1224344
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: _____



1224344

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 <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 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
<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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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: _____ _____
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Form	ACO1 - Well Completion
Operator	Bowman Oil Company, a General Partnership
Well Name	Smith 9
Doc ID	1224344

All Electric Logs Run

Dual Induction Log
Dual Compensated Porosity Log
Microresistivity Log
Computer Processed Interpretation log

Form	ACO1 - Well Completion
Operator	Bowman Oil Company, a General Partnership
Well Name	Smith 9
Doc ID	1224344

Tops

Name	Top	Datum
Anhydrite	1757	+521
Base of Anhydrite	1798	-481
Topeka	3254	-975
Heebner	3460	-1181
Lansing	3500	-1221
Base of Kansas City	3728	-1449
Arbuckle	3846	-1567
Rig RTD	3937	
Drilled to TD	3981	

ALLIED OIL & GAS SERVICES, LLC 063703

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
great Bend

DATE <u>8-6-14</u>	SEC. <u>5</u>	TWP. <u>10</u>	RANGE <u>21</u>	CALLED OUT <u>9:00 pm</u>	ON LOCATION <u>1:00 am</u>	JOB START <u>9:30 am</u>	JOB FINISH <u>5:00 am</u>
LEASE <u>smith</u>	WELL # <u>9</u>	LOCATION <u>patex st Rd w to church</u>	COUNTY <u>graham</u>	STATE <u>Ks</u>	OLD OR <input checked="" type="radio"/> NEW (Circle one)		
LOCATION <u>of god 3 w to 350 rd 15 GRd</u>							

CONTRACTOR Mytop drilling
 TYPE OF JOB surface
 HOLE SIZE 12 1/4 T.D. 224
 CASING SIZE 8 5/8 24# DEPTH 224
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15'
 PERFS.
 DISPLACEMENT H2O 13.31 BBI
 EQUIPMENT
 PUMP TRUCK CEMENTER Charles Klinger
398 HELPER Ben Newell
 BULK TRUCK
609-239 DRIVER Kevin Weighouse
 BULK TRUCK
 # DRIVER

OWNER name
 CEMENT
 AMOUNT ORDERED 150 wt class A 3'
CC 2:1 gel
 COMMON 150 @ 17.90 2685.00
 POZMIX @
 GEL 300 @ 1.05 315.00
 CHLORIDE 423 @ 1.10 465.30
 ASC @
materials Total @ 3465.30
Disc @ 28% 970.28
 Service @
 HANDLING 162.50 @ 2.48 403.00
 MILEAGE 7.41 X 50 @ 2.75 1018.88

REMARKS:

Rig Ran 224' 8 5/8 casing Broke
circulation w/ Rig mud pump
5 BBI H2O MW 150 wt class A 3'
CC 2:1 gel displac. 13.31 BBI
H2O cement did circulate
shut dn

DEPTH OF JOB 224
 PUMP TRUCK CHARGE 1512.25
 EXTRA FOOTAGE @
 MILEAGE HVM 50 @ 7.70 385.00
 MANIFOLD @
LVM 50 @ 4.40 220.00

CHARGE TO: Borman oil company
 STREET
 CITY STATE ZIP

TOTAL 3539.13
 Disc 28% 990.96

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		

% TOTAL 0

Thank you!
 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)
 TOTAL CHARGES 7004.43
 DISCOUNT 1961.24 IF PAID IN 30 DAYS (28/12/14)
\$ 5043.19

PRINTED NAME X Selwyn Eilers
 SIGNATURE X

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. 279

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-13-14	5	10	21	Graham	KS		5:15 AM

Location Church of God, 3w, 15, 1/4 E, S₁₂

Lease Smith <u>Smith</u>	Well No. <u>9</u>	Owner
Contractor <u>Sky Top</u>		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 <u>Top to Bottom</u>		Charge To <u>Bowman Oil Company</u>
Hole Size <u>7 7/8</u>	T.D. <u>3937</u>	Street
Csg. <u>5 1/2 15 1/2 #</u>	Depth <u>3936.49</u>	City
Tbg. Size	Depth	State
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg.	Shoe Joint <u>42.40</u>	Cement Amount Ordered <u>450sx QMDC 1/4 # Flow, 150sx</u>
Meas Line	Displace <u>92.67661</u>	COM. <u>10% salt, 5% Gilsomite</u>

EQUIPMENT

Pumptrk <u>17</u>	No.	Cementer		Common <u>150</u>
		Helper <u>Lannie W.</u>	<u>Travis</u>	Poz <u>450 QMDC</u>
Bulktrk <u>4</u>	No.	Driver		Gel.
		Driver <u>Lannie M.</u>		Calcium
Bulktrk <u>3</u>	No.	Driver		
		Driver <u>Doug</u>		

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole <u>30 sx</u>	Salt <u>13</u>
Mouse Hole	Flowseal 750# <u>112#</u>
Centralizers	Kol-Seal <u>750#</u>
Baskets	Mud CLR 48 <u>500 gal</u>
D/V or Port Collar	CFL-117 or CD110 CAF 38
Pipe on bottom broke circulation. Pumped 500gal	Sand
Mud CLR 48 with 10bl fw behind it. Plugged	Handling <u>620</u>
Rat hole with 30sx. Hooked to 5 1/2 and	Mileage
Mixed 430sx QMDC, 1/4 # Flow and 150sx com	
10% salt, 5% Gilsomite. Shutdown and washed	
Pump and lines. Released Plug and displaced	
with 92.661. Plug landed and held.	
Cement did circulate	

FLOAT EQUIPMENT

Guide Shoe
Centralizer <u>5 Turbos</u>
Baskets <u>3</u>
AFU Inserts
Float Shoe <u>1</u>
Latch Down <u>1</u>

Lift pressure 900 psi

Plug landed at 1500 psi

Pumptrk Charge prod string
Mileage 46

X Signature [Signature]

Tax
Discount
Total Charge

D. C. Coakley
Owner/Eng. LLC

ADD 15-025-24056-0000

GEOLOGIST'S REPORT
DRILLING TIME AND SAMPLE LOGS

OPERATOR: Bowman Oil Company ELEVATION: _____
 LEASE: SMITH WELL NO.: 9 KB: 2279
 FIELD: COOPER MEASUREMENTS: AS ALL
 LOCATION: 905' FWL ± 1815' FWL From RELLI BRKING
 SEC: 5 TWP: 10S RGE: 21W COUNTY: GRAHAM STATE: KANSAS
 COUNTY: GRAHAM STATE: KANSAS
 CONTRACTOR: SKYTOP DRILLING, LLC SURFACE: 9 1/4" @ 221'
 COMM. DATE: 8-5-2014 COUP. DATE: 8-13-2014 PRODUCTION: 5 1/2" @ 3936'
 R.M. NO.: 3937 LOG TO: 3936'
 DRILLING TIME KEPT FROM: 3100 TO: T.D.
 DRILLING TIME KEPT FROM: 3100 TO: T.D.
 SAMPLES OBTAINED FROM: 3200 TO: T.D.
 GEOLOGICAL SUPERVISION FROM: _____ TYPE AND CHEMICAL ANALYSIS: _____
 MADE UP: 3100 TYPE AND CHEMICAL ANALYSIS: _____

DATE	DEPTH	NO.	TYPE	DEPTH	DEPTH	DEPTH	DEPTH
8-5-2014	5440	1	OR	OR	224	224	5 1/2"
8-6-14	224	2	OR	5520	3394	3175	5 1/2"
8-7-14	1499	3	OR	5531	3937	762	4 1/2"
8-8-14	2425						
8-9-14	3025						
8-10-14	3399						
8-11-14	3710						
8-12-14	3937						

DRILL STEM TESTS

DATE	DEPTH	NO.	DEPTH	DEPTH	DEPTH	DEPTH

LEGEND

Anhydrite	Salt	Sandstone	Shale	Carb sh	Limestone	Ool. Lime	Chert	Dolomite

