



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1231617  
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: \_\_\_\_\_

1231617

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:  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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Bowman, William F. dba The Bill Bowman Oil Company
Well Name	Simminger SW 2
Doc ID	1231617

All Electric Logs Run

Dual Induction Log
Dual Compensated Porosity Log
Borehole Compensated Sonic Log
Microresistivity Log
Computer Processed Interpretation Log
Sonic Cement Bond Log

Form	ACO1 - Well Completion
Operator	Bowman, William F. dba The Bill Bowman Oil Company
Well Name	Simminger SW 2
Doc ID	1231617

Tops

Name	Top	Datum
Anhydrite	2660	+226
Anhydrite Base	2699	+187
Neva	3221	-335
Foraker	3355	-469
Topeka	3643	-757
Oread	3735	-849
Heebner	3755	-869
Lansing	3793	-907
Base of Kansas City	4055	-1169
Cherokee Shale	4213	-1327
Cherokee Sand	4280	-1394
Arbuckle	4384	-1498
RTD	4420	



# ALLIED OIL & GAS SERVICES, LLC 064238

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakley KS  
9-22-14

DATE <u>9-21-14</u>	SEC. <u>17</u>	TWP. <u>1</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>11:00p.m.</u>	JOB START <u>12:00a.m.</u>	JOB FINISH <u>12:30a.m.</u>
LEASE <u>Simmons SW</u>	WELL # <u>2</u>	LOCATION <u>Atwood N to Co Rd</u>			COUNTY <u>Rawlins</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>				<u>3/4 E to 25 3/4 N E into</u>			

CONTRACTOR White Knight

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 263'

CASING SIZE 8 5/8 DEPTH 261'

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. 15'

PERFS. \_\_\_\_\_

DISPLACEMENT 15.5 bbl water

OWNER Same

CEMENT AMOUNT ORDERED 175 sks Com 3 1/2 CC

2 1/2 gel

EQUIPMENT

PUMP TRUCK # 431 CEMENTER Paul Beaver

HELPER Brandon Wilkinson

BULK TRUCK # 818/287 DRIVER Wayne Messalle

BULK TRUCK # \_\_\_\_\_ DRIVER \_\_\_\_\_

COMMON	<u>175 sks @ 17.90</u>	<u>3132.50</u>
POZMIX	@	
GEL	<u>329 # @ 1.50</u>	<u>764.50</u>
CHLORIDE	<u>494 # @ 1.10</u>	<u>543.40</u>
ASC	@	
Material tested	@	<u>3790.00</u>
( <u>897.89/222</u> )	@	
	@	
	@	
	@	
	@	
HANDLING	<u>189.23 # @ 2.48</u>	<u>469.29</u>
MILEAGE	<u>8.64 tons x 1.5 mi @ 2.75</u>	<u>1544.40</u>

REMARKS:  
Mix 175 sks  
Displace w/ water  
cement did circulate

TOTAL \_\_\_\_\_

SERVICE

DEPTH OF JOB	<u>263'</u>	
PUMP TRUCK CHARGE	<u>1572.28</u>	
EXTRA FOOTAGE	@	
MILEAGE M I LU	<u>65 @ 7.70</u>	<u>500.50</u>
MANIFOLD Head	@	<u>275.00</u>
M I LU	<u>65 @ 4.40</u>	<u>286.00</u>
	@	
( <u>1009.23/222</u> )		
TOTAL		<u>4507.44</u>

CHARGE TO: Bill Bowman Oil Co

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

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

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.

TOTAL \_\_\_\_\_

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES 8427.81

DISCOUNT 1254.12 (22%) IF PAID IN 30 DAYS

PRINTED NAME \_\_\_\_\_

SIGNATURE Terry Claster

6.573.71 Net.



**CONSOLIDATED**  
Oil Well Services, LLC

271391

TICKET NUMBER 46682  
LOCATION Ogley Ks  
FOREMAN Jeremy

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-27-14	3395	Simminger SW #2	17	15	32W	Kawling
CUSTOMER <u>Bill Bowman Oil</u>			Mailed to curve to intersect E 1025 N to B8 3/4 E N into			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			STATE	ZIP CODE		
			399	Jeremy R		
			397	Kelly G		
			assist	Collin S		
			529-7-129	Lance R		

JOB TYPE 2 Stage HOLE SIZE 7 7/8 HOLE DEPTH 4420 CASING SIZE & WEIGHT 5 1/2 14#  
 CASING DEPTH 4420 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER DV top at 41 @ 2672  
 SLURRY WEIGHT 14.2/12.5 SLURRY VOL 1.42/1.89 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 42'  
 DISPLACEMENT 106 3/4 / 165 1/4 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE DV Tool @ 2672'

REMARKS: Softly meeting & run up on White Knight & run float graph centralizers on 3, 5, 9, 11, 13, 15, 17, 19, 21, 39, 42, baskets on 2 10' up & 41 20' up, DV tool top at 41' set @ 2672' run casing to bottom pump ball thru circ. vis @ 40' mix 5 bbl H<sub>2</sub>O 500 gal mud flush 5 bbl H<sub>2</sub>O & mix 175 sks OWC 5# Kolsol prk start down release plug wash pump & lines, displace with 40 bbl water & 69 bbl mud plug landed @ 1300' with 900' lift open release float held, open tool 2800' & circulate 1 3/4 hrs pump 5 bbl grad mix 30 sks Rh & mix 420 sks 60/40 poz 8% gal 1/4# flo seal down center start down release plug wash pump & lines & displace with 65 1/2 bbl H<sub>2</sub>O 800' of lift plug landed & tool closed @ 1700' released back & float held circulated approx 30 sks top @ Thank you - Jeremy CICW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401e	1	PUMP CHARGE	3175 <sup>00</sup>	3175 <sup>00</sup>
5406	70	MILEAGE	5 <sup>25</sup>	367 <sup>50</sup>
5407A	27.6	ton mileage - delivery	1 <sup>25</sup>	3381 <sup>00</sup>
1126	175 sks	OWC	23 <sup>70</sup>	4147 <sup>50</sup>
1110A	875 #	Kolsol	56	490 <sup>00</sup>
1131	450 sks	60/40 poz mix	15 <sup>86</sup>	7137 <sup>00</sup>
1118b	3096 #	gal	27	8359 <sup>2</sup>
1107	113 #	flaseal	292	33561
1144g	500 gal	mud flush	100	500 <sup>00</sup>
4104	2	5 1/2 baskets (W)	290 <sup>00</sup>	580 <sup>00</sup>
4130	12	5 1/2 centralizers (W)	61 <sup>00</sup>	732 <sup>00</sup>
4159	1	5 1/2 AFU float shoe (W)	433 <sup>22</sup>	433 <sup>22</sup>
4454	1	5 1/2 latch down assy (W)	567 <sup>00</sup>	567 <sup>00</sup>
4277A	1	5 1/2 Stage collar (W)	4900 <sup>00</sup>	4900 <sup>00</sup>
			Subtotal	27582 <sup>28</sup>
			less 10% disc.	2758 <sup>28</sup>
			Subtotal	24824 <sup>06</sup>
			SALES TAX	1,468.84
			ESTIMATED TOTAL	26292.90

Revin 3737

AUTHORIZATION Randy D. Moses TITLE 9-28-2014 DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

