



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1271748  
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: \_\_\_\_\_



1271748

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

<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> _____ <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 5
Doc ID	1271748

All Electric Logs Run

Dual Comp Porosity Log
Dual Induction Log
Borehole Compensated Sonic Log
Microresistivity Log
Computer Processed Interpretation

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Tops

Name	Top	Datum
Anhydrite	2823	+184
Anhydrite Base	2862	+145
Neva	3396	-389
Red Eagle	3474	-467
Foraker	3526	-519
Tarkio	3609	-602
Topeka	3812	-805
Oread	3910	-903
Lansing	3968	-961
Base of Kansas City	4232	-1225
Pawnee	4289	-1282
Fort Scott	4331	-1324
RTD	4384	-1377

Form	ACO1 - Well Completion
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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
12	4365 - 4368	250 gals MCA 15% Acid, 15 gals RAS-a20, 20 bbls 2% KCL Biocide	4406 - 4410
12	4200 - 4203	250 gals MCA 15% Acid, 3 gals RAS-10, 25 gals KCL 2% Biocide	4200 - 4203
12	4052 - 4055	1500 gals MC 15% Acid, 15 gals RAS-10, 60 bbls 2% KCL Biocide	4038 - 4040, & 4017 - 4020, & 4052 - 4055
8	4038 - 4040		
12	4017 - 4020	250 gals MCA 15% Acid, 3 gals RAS-10, 25 bbls 2% KCL Biocide	4018 - 4020
	CIBP set at 4094		





Services, Inc.

CHARGE TO: **Bauman Oil Co.**  
 ADDRESS:  
 CITY, STATE, ZIP CODE: **5184-32**

PAGE 1 OF 2

1. ADDRESS: <b>KS</b>	WELL/PROJECT NO. <b>S</b>	LEASE	COUNTY/PARISH: <b>Rawlins</b>	STATE: <b>KS</b>	CITY: <b>Atwood</b>	DATE: <b>9-8-15</b>	OWNER: <b>Scum</b>
2. TICKET TYPE: <b>SERVICE</b>	CONTRACTOR: <b>Swinger "SL" Rawlins</b>	RIG NAME/NO. <b>#1</b>	SHIPPED VIA: <b>CT</b>	DELIVERED TO: <b>Loc-Ken</b>	ORDER NO.	DATE	OWNER
3. WELL TYPE: <b>Oil</b>	WELL CATEGORY: <b>White Knight Drilling LLC</b>	JOB PURPOSE: <b>Cement 5 1/2" Longstring</b>	WELL PERMIT NO.	WELL LOCATION: <b>Skyl 6 1/2" 14 1/2" 14 1/2"</b>	INVOICE INSTRUCTIONS	REFERRAL LOCATION	

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING	DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
525		1	MILEAGE	1	mi	140	mi	5.00	700.00
529		1	Pump Change - Two Stages	1	job			1700.00	1700.00
403		1	Cement Bussket	2	ca			250.00	500.00
407		1	Insert Flood Shoe w/ Auto Fill	1	ca			300.00	300.00
408		1	D.V. Tool + Plug Set	1	ca			3250.00	3250.00
409		1	Turbolizer	12	ca			75.00	900.00
417		1	D.V. Latch Down Plug + Bc. Flk	1	ca			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: **9-8-15**  
 TIME SIGNED: **1:00 P.M.**  
 X **Rawlins**

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

**SURVEY**

AGREE	UN-DECIDED	DIS-AGREE
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL #1	7550.00
TOTAL	22,162.52
TAX	1233.27
Subtotal	20,929.25

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

Thank You!

APPROVAL

SWIFT OPERATOR

**David Kuehn**



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

TICKET CONTINUATION

TICKET No. 28899

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		TIME	DESCRIPTION	QTY	U/M	QTY	U/M	AMOUNT
		LOC	ACCT							

325					Standard Cement	12	SKS	12	SKS	2143.75
284					Calseal	30	%	8	SKS	240.00
283					Salt	00	%	900	lbs	180.00
285					CFR-1	4	%	100	lbs	450.00
276					Floccle	2	lb	150	lb	337.50
330					SMD Cement	15	SKS	350	SKS	5512.50
290					D-Air	42	gal	5	gal	210.00
281					Mud Flush	1	gal	500	gal	625.00
221					Liquid W/L	25	gal	4	gal	100.00

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	TIME	DESCRIPTION	QTY	U/M	QTY	U/M	AMOUNT	MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES	CUBIC FEET	SERVICE CHARGE
583														

CONTINUATION TOTAL 13379.25

CUSTOMER: *Bowman Oil Co.*  
WELL: *Summinger SW #5*  
DATE: *9-8-15*  
PAGE 2 OF 2



JOB LOG

SWIFT Services, Inc.

DATE 8-15 PAGE NO.

CUSTOMER Bauman Oil Co. WELL NO. Simminger SW LEASE # 5 JOB TYPE Cement 5 1/2" Longstring TICKET NO. 28894

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1400							On Location 5 1/2" 15.5"
								RTD- 4384 LTD- 4384 TP- 4384 Set- 4364 SJ- 13.77 D.V. # 37 2766 Turboes #1"3"5"7"9"11"13"15"17"19"21"36 Basket - * 7"37 out - * 100
	1600							Start 5 1/2" 15.5" casing in well
	1735							Drop Ball Circulate
	1750							Lost circulation - * Did not gain back*
	1848	6 1/2	12		✓		300	Pump 500gal Mud Flush
		6 1/2	20		✓			Pump 2066 KCL Flush
	1857	4 1/2	42		✓		300	Mix 175 sks FA-2 @ 15.5 ppg
								Wash out Pump + Lines
								Release Latch Down Plug
	1911	6 1/2	∅		✓		100	Start Displacement * 82 lbs in Disp *
		6 1/2	65.8		✓		300	Pump Mud * Regain Circulation *
	1930	6 1/2	1035		✓		1800	Land Latch Down Plug * Release PSI Hold *
	1932							Drop Bomb
	1949	∅	∅		✓		1400	Open D.V. Tool * Circulate good return *
	2010	6 1/2	<del>20</del> 10		✓		400	Pump 10 Hbl KCL Flush
			17					Plug RH (30 sks)
	2015	5 1/2	177		✓		200	Mix 320 sks SMD @ 11.2 ppg
								Wash out Pump + Lines
								Release Top Plug
	2100	6 1/2	∅		✓		250	Start Displacement
		6 1/2	60		✓		700	circulate Cement to surface * 20 sks *
	2111	6 1/2	65.8		✓		1800	Land Top Plug Close D.V. Tool
								Wash up Truck
	2145							Job Complete Thank You Doree Wayne John Preston Tyler

