



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1320915
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: _____

1320915

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
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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	KELLER C NE 2
Doc ID	1320915

All Electric Logs Run

Dual Induction Log 07/15/2016
Dual Comp Porosity Log 07/15/2016
Microresistivity Log 07/15/2016
Computer Processed Interpretation Log 07/15/2016
Gammy Ray Correlation Log 09/19/2016

Form	ACO1 - Well Completion
Operator	Bowman Oil Company, a General Partnership
Well Name	KELLER C NE 2
Doc ID	1320915

Tops

Name	Top	Datum
Anhydrite	1544	+657
Heebner	3412	-1211
Toronto	3435	-1234
Lansing-Kansas City	3451	-1250
Base Kansas City	3659	-1458
Conglomerate	3719	-1518
Arbuckle	3768	-1567
RTD	3807	-1606



Services, Inc.

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

WELL/PROJECT NO: G-2
 LEASE: Keller
 COUNTY/PARISH: Books
 STATE: Ks
 CITY: _____
 DATE: 8-16-16
 OWNER: _____

TICKET TYPE: SALES SERVICE
 CONTRACTOR: White Knight

WELL TYPE: _____
 WELL CATEGORY: development
 JOB PURPOSE: 2 stage long string
 WELL PERMIT NO: _____
 WELL LOCATION: _____

INVOICE INSTRUCTIONS: _____
 REFERRAL LOCATION: _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT DF							
575		1		MILEAGE Tax # 111	30	Mi			5.00	150.00
579		1		Pump Charge - 2 stage long string	1	FN			1700.00	1700.00
290		1		D-Air	7	GM			42.00	294.00
221		1		liquid bit	4	GM			25.00	100.00
281		1		Mudflush	500	GM			1.25	625.00
402		1		Centralizer	8	EA		5/2	60.00	480.00
403		1		Cement Brackit	2	EA			250.00	500.00
407		1		Insert float shoe w/ Auto fill	1	EA			300.00	300.00
408		1		D.V. Tool & Plug set	1	EA			3250.00	3250.00
417				D.V. latch down plug & bottle	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 _____
 TIME SIGNED _____
 A.M.
 P.M.

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	P.2	10449.90
TOTAL	P.1	7599.00
TOTAL	Tax	1709.00
TOTAL		18048.90



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

TICKET CONTINUATION

OWB

TICKET No. 29446

DATE 9-16-16		PAGE 2 OF 2	
WELL Belle (#2)		NE	
CUSTOMER Souman Oil Co		NE	

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	LOG ACCT DF	ACCOUNTING	TIME	DESCRIPTION	QTY	U/M	UNIT PRICE	AMOUNT
330		2			SWIFT Multi Density STD	360	SKS	15.75	5670.00
335		2			STANDARD Cement	150	SKS	12.25	1837.50
284		2			Galical	7	SKS	30.00	210.00
283		2			SHLT	812	lbs	20	16240
282		2			HARD	70	lbs	8.00	560.00
276		2			Flocele	38	lbs	2.25	85.50

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	LOG ACCT DF	ACCOUNTING	TIME	DESCRIPTION	QTY	U/M	UNIT PRICE	AMOUNT
330		2			SWIFT Multi Density STD	360	SKS	15.75	5670.00
335		2			STANDARD Cement	150	SKS	12.25	1837.50
284		2			Galical	7	SKS	30.00	210.00
283		2			SHLT	812	lbs	20	16240
282		2			HARD	70	lbs	8.00	560.00
276		2			Flocele	38	lbs	2.25	85.50

SERVICE CHARGE	Cement				
MILEAGE CHARGE	TOTAL WEIGHT	51550			
	LOADED MILES	60			
	TON MILES	1546			
	CUBIC FEET	510 SKS			
		1			
		25			
		1159			
		52			

CONTINUATION TOTAL 10449.90

JOB LOG

SWIFT Services, Inc.

DATE 8-16-16 PAGE NO.

CUSTOMER Bowman WELL NO. C#2 LEASE Keller JOB TYPE 2 stage long string TICKET NO. 29440

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	100							On location w/ float equip
								5 1/2 CSg RTD - 3841 pipe - 3807 shoe jt - 32 Centralizers - 1, 3, 5, 7, 9, 11, 13, 53 Baskets - 2 x 53 D.V. TOOL - 54
	310							START Running Csg
	510							Break Circ on 15tm
	605	6	0					START CMT - <u>150</u> EA. 2 @ 15.5 ppq
		6	36					End CMT
	620	6	0				0	Drop plug wash p3L
	635	6	90				700	START DISP START DISP
	637							land plug - lift - 700 land - 1500
	645	2	15				0	Drop bomb
								plug rat hole - <u>30</u> sks
	655						1500	plug rat hole open D.V. TOOL DV Tool @ 2169'
								break Circ
	655	6.5	0				100	START CMT - <u>330</u> sks SMD @ 11.2 ppq
		6.5	168				100	END CMT
								Drop plug
	730	5	0				100	START DISP
			25					Circ CMT
	735	5	50				400	land plug lift - 400psi land 1700p
								Thanks
								David, Jon, Austin, & Isaac!