

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

IND

Form ACO-1

September 1999

Form Must Be Typed

COPY

Operator: License # 33263
Name: The Bill Bowman Oil Co
Address: 2640 W Road
City/State/Zip: Natoma, KS 67651
Purchaser: NCRA
Operator Contact Person: William F Bowman
Phone: (785) 885-4830
Contractor: Name: Murfin Drilling Co
License: 30606
Wellsite Geologist: Ron Nelson

Designate Type of Completion:

☒ New Well ☐ Re-Entry ☐ Workover
☐ Oil ☒ SWD ☐ SIOW ☐ Temp. Abd.
☐ Gas ☐ ENHR ☐ SIGW
☐ Dry ☐ Other (Core, WSW, Expl., Cathodic, 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./SWD
☐ Plug Back ☐ Plug Back Total Depth
☐ Commingled ☐ Docket No. _____
☐ Dual Completion ☐ Docket No. _____
☐ Other (SWD or Enhr.?) ☐ Docket No. _____

11/09/2004 11/15/2004
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 163234180000

County: Rooks

NE SW SE Sec. 36 Twp. 9 S. R. 20 ☐ East ☒ West
1034 1038 feet from S N (circle one) Line of Section
1895 1894 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Pywell Well #: 4

Field Name: Marcotte

Producing Formation: Arbuckle

Elevation: Ground: 2236 Kelly Bushing: 2241

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 210 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 1679

feet depth to surface w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content 4000 ppm Fluid volume 180 bbls

Dewatering method used evaporated dry

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: William F. Bowman

Title: Owner Date: February 28, 2005

Subscribed and sworn to before me this 28th day of February

20 05

Notary Public: Jackie J. Langholz

Date Commission Expires: 2-24-2009

JACKIE J. LANGHOLZ
NOTARY PUBLIC
STATE OF KANSAS
My Exp. 2-24-2009

KCC Office Use ONLY

☐ Letter of Confidentiality Received

If Denied, Yes ☐ Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

RECEIVED
MAR 03 2005
KCC WICHITA

Operator Name: The Bill Bowman Oil Co Lease Name: Pywell Well #: 4
 Sec. 36 Twp. 20 S. 20 R. 20 ☐ East ☒ West County: Rooks

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: RAG and Sonic	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width: 100%;"> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> <tr> <td>Anhydrite</td> <td>1670</td> <td>+570</td> </tr> <tr> <td>Topeka</td> <td>3248</td> <td>-1007</td> </tr> <tr> <td>Heebner</td> <td>3456</td> <td>-1215</td> </tr> <tr> <td>LKC</td> <td>3495</td> <td>-1254</td> </tr> <tr> <td>Arbuckle</td> <td>3818</td> <td>-1577</td> </tr> </table>	Name	Top	Datum	Anhydrite	1670	+570	Topeka	3248	-1007	Heebner	3456	-1215	LKC	3495	-1254	Arbuckle	3818	-1577
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CASING RECORD <input checked="" 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
Surface	12 1/4"	8 5/8"	24 lbs	210	common	180	2%gel 3%cc
Production	7 7/8"	5 1/2"	14 inch	3920	ASC	150	2%gel 500gal WFR-2

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	1679	60/40 6% gel	430	1/4 lb floseal per sack cement to surface

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
TUBING RECORD		Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No	
Size Set At Packer At			
Date of First, Resumerd Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls. Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas ☐ Vented ☐ Sold ☐ Used on Lease ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled ☐ Other (Specify) _____
 (If vented, Submit ACO-18.)