

FORM MUST BE TYPED

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 5435Name: BOWERS DRILLING CO., INC.Address 400 N. WoodlawnSuite #16City/State/Zip Wichita, Ks. 67208Purchaser: BARROperator Contact Person: Emil E. BowersPhone (316) 262-6449

Contractor: Name: _____

License: _____

Wellsite Geologist: _____

Designate Type of Completion
____ New Well ____ Re-Entry ☒ Workover

☒ Oil ____ SWD ____ SLOW ____ Temp. Abd.
____ Gas ____ ENHR ____ SIGW ____
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: BOWERS DRG.CO, INC.Well Name: KELLY #2Comp. Date 4-9-1964 Old Total Depth 4494

____ Deepening ____ Re-perf. ____ Conv. to Inj/SWD
☒ Plug Back BP 3922 PBTD
____ Commingled ____ Docket No. ____
____ Dual Completion ____ Docket No. ____
____ Other (SWD or Inj?) ____ Docket No. ____

11-8-99 11-8-99
Spud Date Date Reached TD Completion Date

Well returned to production. Was SWD Docket D-12,017

API NO. 15- 007-19009-0001County BarberC S/2 NW Sec. 27 Twp. 32S Rge. 13 XXX3960 Feet from S/N (circle one) Line of Section3300 Feet from E/W (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)Lease Name KELLY Well # 2Field Name BOGGS NWProducing Formation Perf. Douglas 3860-63Elevation: Ground 1646 KB 1653Total Depth 4494 PBTD 3922Amount of Surface Ripe Set and Cemented at 313 FeetMultiple 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 OWWO 7-28-00 JK
(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 No. _____

____ Quarter Sec. ____ Twp. ____ S Rng. ____ E/W

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 on 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 Emil E. BowersTitle President Emil E. Bowers Date 6/19/2002Subscribed and sworn to before me this 19th day of June, 2002Notary Public Judy C. RidderDate Commission Expires June 16, 2004

JUDY C. RIDDER
STATE NOTARY PUBLIC
SEDGWICK COUNTY, KANSAS
MY APPT. EXP. 6/16/04

K.C.C. OFFICE USE ONLY

F ____ Letter of Confidentiality Attached
C ____ Wireline Log Received
C ____ Geologist Report Received

Distribution

____ KCC ____ SWD/Rep ____ NGPA
____ KGS ____ Plug ____ Other
(Specify)

Form ACO-1 (7-91)

SIDE TWO

Operator Name BOWERS DRILLING CO. INC. Lease Name KELLY Well # 2
 Sec. 27 Twp. 32S Rge. 13 ☐ East County BARBER
☒ West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken ☐ Yes ☐ No
 (Attach Additional Sheets.)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No
 (Submit Copy.)

List All E.Logs Run:

☐ Log Formation (Top), Depth and Datums ☐ Sample

Name	Top	Datum
Upper Douglas	3708	-2055
Lower Douglas	3866	-2207
Lansing	3896	-2243
Miss	4390	-2739

CASING RECORD

☐ New ☐ 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				

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	Size 2-3/8	Set At 3070	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 11-24-99	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls. 24	Gas Mcf	Water Bbls. 10	Gas-Oil Ratio 37 Gravity

Disposition of Gas: METHOD OF COMPLETION

☐ Vented ☐ Sold ☒ Used on Lease
 (If vented, submit ACO-18.)

Production Interval
☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify) _____