



KANSAS CORPORATION COMMISSION 1059664
OIL & GAS CONSERVATION DIVISION

Form AGO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 6931
Name: Bowman Oil Company, a General Partnership
Address 1: 805 CODELL RD
Address 2: _____
City: CODELL State: KS Zip: 67663 + 8500
Contact Person: Louis "Don" Bowman
Phone: (785) 434-2286
CONTRACTOR: License # 6931
Name: Bowman Oil Company, a General Partnership
Wellsite Geologist: Louis "Don" Bowman
Purchaser: Coffeyville Resources, LLC

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Cobl Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:
Operator: Mr. Bill Oil, LLC (1st time drilled Walters Oil Operations)
Well Name: Karlin Twin #1

Original Comp. Date: 12/11/1981 Original Total Depth: 3700
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>04/19/2011</u>	<u>05/27/2011</u>	<u>05/27/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-051-22659-00-01
Spot Description: _____
NE SE NW NW Sec. 13 Twp. 12 S. R. 18 East West
4589 Feet from North / South Line of Section
4148 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellis
Lease Name: Schmeldler B (Formerly Karlin Twin) Well #: 1
Field Name: Bemis-Shutts
Producing Formation: Arbuckle
Elevation: Ground: 2171 Kelly Bushing: 2176
Total Depth: 3707 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: 3707
feet depth to: 0 w/ 350 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: 40 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: Bowman Oil Company
Lease Name: Sutor A #9 License #: 6931
Quarter NE Sec. 24 Twp. 10 S. R. 20 East West
County: Rooks Permit #: #D-25,212

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

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Gantso Date: 07/19/2011



1059664

Operator Name: Bowman Oil Company, a General Partnership Lease Name: Schmeidler B (Formerly Karlin Twin) Well #: 1Sec. 13 Twp. 12 S. R. 18 East West County: Ellis

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name Attached	Top Attached	Datum Attached
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Gamma Ray Correlation RA Guard Log done 11/02/1981				

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 (1981)	12.25	8.625	23	210	50/50 Commor	125	3% Cal, 2% Gel
Production (1981)	7.875	5.5	14	3698	50/50 Commor	150	1910#'s Salt
Production Liner	5.5	4.5	10.5	3707	SMD Standard MIDCON II	350	D-Air

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	-			

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
20	(32) 3668-3676	Treated with 2000 gal. 15% NEFE Acid	3668-3676
16	3680-3684		3680-3684

TUBING RECORD:	Size: <u>2.875</u>	Set At: <u>3689</u>	Packer At:	Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>05/27/2011</u>	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 <u>3</u> Bbls.	Gas <u>150</u> Mcf	Water <u>150</u> Bbls.	Gas-Oil Ratio _____ Gravity <u>26</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Bowman Oil Company, a General Partnership
Well Name	Schmeidler B (Formerly Karlin Twin) 1
Doc ID	1059664

Tops

Anhydrite	1415	+ 761
Topeka	3138	- 962
Heebner	3367	- 1191
Toronto	3387-3406	- 1211
Lansing Kansas City	3410-3650	- 1234
Arbuckle	3670-3700	- 1494
RTD	3700	
information from	original ACO-1	01/22/1982