



KANSAS CORPORATION COMMISSION 1060719
OIL & GAS CONSERVATION DIVISION

Form ACO-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 # 33723
Name: Paul Bowman Oil Trust
Address 1: 801 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: _____

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: R.W. Shields Oil Company/Murfin Drilling Company
Well Name: Forgy #3

Original Comp. Date: 06/25/1951 Original Total Depth: 3836

- 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>06/13/2011</u>	<u>06/15/2011</u>	<u>7/20/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-065-01416-00-01

Spot Description: _____

SE NE SE NW Sec. 18 Twp. 9 S. R. 21 East West
3562 Feet from North / South Line of Section
2934 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Graham

Lease Name: Brassfield (Formerly Forgy #3) Well #: 3

Field Name: Morel

Producing Formation: Arbuckle

Elevation: Ground: 2317 Kelly Bushing: 2322

Total Depth: 3836 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 174 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: 60 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: _____

Operator Name: Paul Bowman Oil Trust

Lease Name: Buss C #6 License #: 33723

Quarter NE Sec. 13 Twp. 9 S. R. 22 East West

County: Graham Permit #: D-24,221

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 Garrison Date: 08/08/2011



1060719

Operator Name: Paul Bowman Oil Trust Lease Name: Brassfield (Formerly Forgy #3) Well #: 3
 Sec. 18 Twp. 9 S. R. 21 East West County: Graham

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray Collar Log Gamma Ray CCL Log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Heebner</td> <td>3486</td> <td>-1169</td> </tr> <tr> <td>Lansing</td> <td>3529</td> <td>-1212</td> </tr> <tr> <td>Arbuckle</td> <td>3830</td> <td>-1513</td> </tr> <tr> <td>RTD</td> <td>3836</td> <td></td> </tr> <tr> <td>from Original Log</td> <td>06/25/1951</td> <td></td> </tr> </table>	Name	Top	Datum	Heebner	3486	-1169	Lansing	3529	-1212	Arbuckle	3830	-1513	RTD	3836		from Original Log	06/25/1951	
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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 checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	1023-3230	Common	300	3% CC, 2 sacks sand
	1005-1573	Standard	250	3% CC

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
4			3830-3836

TUBING RECORD:	Size: <u>2.875</u>	Set At: <u>3831</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>07/29/2011</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 Bbls. <u>3</u>	Gas Mcf	Water Bbls. <u>200</u>	Gas-Oil Ratio <u>28</u>

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 4967

Date	6-17-11	Sec.	18	Twp.	9	Range	21	County	Graham	State	Ks	On Location		Finish	6:00 pm	
Lease	Bassfield		Well No.	#3		Location	Redline Rd + Bouge Rd Jct - 300									
Contractor	Bowman oil Co.							Owner	Law, S/Side							
Type Job	Squeeze							To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.								
Hole Size								T.D.								
Csg.	5 1/2"							Depth								
Tbg. Size	2 7/8"							Depth	3207'							
Tool	CIBP							Depth	3230'							
Cement Left in Csg.								Shoe Joint								
Meas Line								Displace	8 BLS		Cement Amount Ordered	300 sx Common 3% CC				

EQUIPMENT

Pumptrk	1	No.	Cement	Cisco	Common	300
Bulktrk	13	No.	Driver	Cory	Poz. Mix	
Bulktrk	u	No.	Driver	Rick	Gel.	

JOB SERVICES & REMARKS

Remarks:	Holes 1113' - 1144'		Calcium	10
Rat Hole			Hulls	
Mouse Hole			Salt	
Centralizers			Flowseal	
Baskets			Kol-Seal	
D/V or Port Collar			Mud CLR 48	
Test CIBP at 3230'	to 1500# held		Sand	2
Spot sand at 1941'	in 109 BLS		Handling	312
of saltwater			Mileage	
Set @ 1023'	to squeeze		FLOAT EQUIPMENT	
Injection rate 4 BPM	at 650#		Guide Shoe	
Mix 300 sx Common 3% CC			Centralizer	
Shut down, wash up truck			Baskets	
stage cement pump up to 800#			AFU Inserts	
held 300#, Bled back + de-upt			Float Shoe	
pull 2 1/2" tubing + re-pressure to			Latch Down	
300# Shut in				
			Pumptrk Charge	Squeeze
			Mileage	42
			Tax	
			Discount	
			Total Charge	

X Signature *John Smith*



CHARGE TO: BOLMAN DL
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
20203

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>HAYS</u>	WELL/PROJECT NO. <u>3</u>	LEASE <u>BOLDFIELD</u>	COUNTY/PARISH <u>GRAHAM</u>	STATE <u>KS</u>	CITY	DATE <u>06-23-11</u>	OWNER
2. <u>NESS</u>	TICKET-TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA <u>GTZ</u>	DELIVERED TO <u>S. BOGUE</u>	ORDER NO.	
3.	WELL TYPE <u>DIL</u>	WELL CATEGORY <u>WOODRIVER</u>	JOB PURPOSE <u>SD-HOLES</u>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
<u>575</u>		<u>1</u>			<u>MILEAGE # 112</u>	<u>60</u>	<u>mi</u>			<u>5.00</u>	<u>300.00</u>	
<u>578</u>		<u>1</u>			<u>PUMP SERVICE</u>	<u>1</u>	<u>ea</u>			<u>1400.00</u>	<u>1400.00</u>	
<u>590</u>		<u>1</u>			<u>DAIR</u>	<u>1</u>	<u>unit</u>			<u>35.00</u>	<u>35.00</u>	
<u>325</u>		<u>2</u>			<u>STD CMT</u>	<u>50</u>	<u>sq</u>			<u>12.00</u>	<u>600.00</u>	
<u>278</u>		<u>2</u>			<u>CALC IN CHARGE</u>	<u>7</u>	<u>sq</u>			<u>35.00</u>	<u>245.00</u>	
<u>581</u>		<u>2</u>			<u>SERVICE CHG CMT</u>	<u>250</u>	<u>sq</u>			<u>1.50</u>	<u>375.00</u>	
<u>583</u>		<u>2</u>			<u>DRYHOLE</u>	<u>721.8</u>	<u>sq</u>			<u>1.00</u>	<u>721.80</u>	

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

X
 DATE SIGNED 06-23-11 TIME SIGNED 1:30 A.M. P.M.

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	<u>3676.80</u>
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					
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	<u>3954.40</u>

Graham TAX 7.55% 277.60

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

SWIFT OPERATOR D. [Signature] APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 06-23-11 PAGE NO. 1

CUSTOMER BOLLMAN D/L WELL NO. 3 LEASE BRASSFIELD JOB TYPE SQ-Holes TICKET NO. 20203

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1330							ON LOCATION CMT: 250 STD 3% CC 278X52 SQUEEZED HOLES 1113-1573
	1415		270	✓		1000 H		TEST TBL PWR 1573 HOURS
	1425		24.5		-	500 L		" ANN " " LEADS 100" IN 1/2 INCS
	1440		.5		-	1000 H		" TBL " 1447 HOURS
	1445		1.5		-	500 L		" ANNS " " LEADS 75" IN 1/2 INCS
	1453		1.5		-	500 L		" " " 1384 LEADS " " "
	1500		1.5		-	500 L		" " " 1258 LEADS 100" IN 1/2 INCS
	1507		1.4		-	500 L		" " " 1195 LEADS " " "
	1515		1.2		-	1000 L		" TBL " 1195 LEADS 500" IN 1/2 INCS
	1528		1.0		-	500 H		" ANNS " 1089 HOURS
	1530		.7		-	1000 L		" TBL " 1089 LEADS 500" IN 1/2 INCS
	1545		.7		-	1000 H		" " " 1257 HOLD HOLES 1089 TO 1257 TRIP PWR OUT, RUN IN OPEN ENDED TBL TO 1257 SPOT SDSH CMT
	1635		0	✓		100		ST. CMT
			10	✓				END
	1645		4.5	✓				DISP
	1655	3.0	0		✓	250		FULL TBL UP TO 1005, REV. OUT 400' PWR
		5	15		✓	5		END
								TRIP TBL OUT, RUN IN PWR TO 630 FT
	1730			✓		940		PS UP SQ-STAGE
	1745			✓		875-925		LAST 35 PSI, Bumpup
	1800			✓		925		
	1815					925		HOLD, RELEASE B, DOWN TO 500 PSI CLOSE FN
	1820							JOB COMPLETE
								THANK YOU! DAVE, JOSH & JOHN