



KANSAS CORPORATION COMMISSION 1062641
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 # 33263
Name: Bowman, William F. dba The Bill Bowman Oil Company
Address 1: 2640 W RD
Address 2: _____
City: NATOMA State: KS Zip: 67651 + 8816
Contact Person: William "Bill" Bowman
Phone: (785) 885-4830
CONTRACTOR: License # 6931
Name: Bowman Oil Company, a General Partnership
Wellsite Geologist: William "Bill" 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: H.H. Blair, ETAL

Well Name: Opdyke A #2

Original Comp. Date: 10/19/1947 Original Total Depth: 3496
 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>07/22/2011</u>	<u>08/15/2011</u>	<u>08/16/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-051-05256-00-01

Spot Description: _____
SW SW SE Sec. 15 Twp. 11 S. R. 18 East West
330 Feet from North / South Line of Section
2310 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Ellis
Lease Name: Peavey A Well #: 2

Field Name: Bemis-Shutts

Producing Formation: Arbuckle

Elevation: Ground: 1940 Kelly Bushing: 1950

Total Depth: 3300 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 134 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: 20 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 Gersior Date: 09/07/2011



1062641

Operator Name: Bowman, William F. dba The Bill Bowman Oil Company Lease Name: Peavey A Well #: 2
 Sec. 15 Twp. 11 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 <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Attached Attached Attached
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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
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed 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: <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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Bowman, William F. dba The Bill Bowman Oil Company
Well Name	Peavey A 2
Doc ID	1062641

Tops

Anhydrite	1224	+726
Topeka	2890	-940
Heebner	3137	-1187
Lansing	3178	-1228
Base of Kansas City	3410	-1460
Conglomerate	3444	-1494
Simpson	3478	-1528
Arbuckle	3493	-1543
RTD	3497	on original card



CHARGE TO: *Brown Oil Co.*
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
19748

PAGE 1 OF 1

SERVICE LOCATIONS 1. <i>Atty's, Ky.</i> 2. <i>Ness City, Ky.</i>	WELL/PROJECT NO. <i>Atty</i>	LEASE <i>Primary "A"</i>	COUNTY/PARISH <i>Illis</i>	STATE <i>Ks</i>	CITY	DATE <i>8-15-11</i>	OWNER <i>Sumi</i>
	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Co. Local</i>	RIG NAME/NO.	SHIPPED VIA <i>27</i>	DELIVERED TO <i>Location</i>	ORDER NO.	
	WELL TYPE <i>oil</i>	WELL CATEGORY <i>Oil</i>	JOB PURPOSE <i>PTA</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #111	30	mi			6.00	180.00
576 P		1			Pump Charge (PTA)	1	ea	3300		1000.00	1000.00
275		1			Co. Hanson Seed Halls	7	shs			25.00	175.00
290		1			D-Air	3	gal			35.00	105.00
328-4		2			60/40 Pez. mix 4% agcl	300	shs			11.50	3450.00
581		2			Cement Service Charge	300	shs			2.00	600.00
585		2			Drayage	376	TM			1.00	376.00

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

X
 DATE SIGNED *8-16-11* TIME SIGNED *1000* 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
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			

PAGE TOTAL	5886.00
page 2	2608.50
subtotal	9494.50
Ellis TAX 6.3%	598.15
TOTAL	10,092.65

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR *Mike [Signature]* APPROVAL

Thank You!



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

TICKET CONTINUATION

TICKET No. 19748

CUSTOMER *Rowland Oil Co.* WELL *Peavey "A" #3* DATE *8-16-11* PAGE *2* OF *2*

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF			QTY.	U/M	QTY.	U/M			
503		1				<i>Circ. Mileage</i>	<i>30</i>	<i>mi</i>			<i>2.00</i>	<i>60.00</i>	
576-P		1				<i>Pump Charge</i>	<i>1</i>	<i>per</i>			<i>1000.00</i>	<i>1000.00</i>	
290		1				<i>D. Air</i>	<i>1</i>	<i>gal</i>			<i>35.00</i>	<i>35.00</i>	
275		1				<i>C. Hansoned Halls</i>	<i>4</i>	<i>skt</i>			<i>25.00</i>	<i>100.00</i>	
700 725-4		2				<i>60% Per mix 4% gel</i>	<i>125</i>	<i>skt</i>			<i>11.50</i>	<i>1437.50</i>	
581		2				SERVICE CHARGE					<i>2.00</i>	<i>600.00</i>	
583		2				MILEAGE CHARGE	<i>950848</i>	TOTAL WEIGHT <i>300 skt</i>	LOADED MILES <i>30</i>	TON MILES <i>376</i>	<i>1.00</i>	<i>376.00</i>	

CONTINUATION TOTAL *3608.50*

JOB LOG

SWIFT Services, Inc.

DATE 8-15-11 PAGE NO. 7

CUSTOMER DeWitt Oil Co. WELL NO. 4F2 LEASE Peavey A JOB TYPE PTA TICKET NO. 19748

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1415							on loc set up trucks
								T.D. 7300
								Tbg 1st Plug 3250' 50sks
	1515	5	0			50		start Cement 50sks 60% Por 4% gel 200# Hulls
		5	13/0			50		End Cement/start wtr
	1520		3					Balanced no circulation
	1605	5	0					2nd Plug 1700' 100sks 60% Por 150# Hulls
		5	26/0			50		start Cement
	1610		3			50		start wtr
								Balanced no circulation
	1640	5	0					3rd Plug 200'
		5	42/0					start Cement 150sks 60% Por 150# Hulls
	1650		3					start wtr
								shut down no circulation
	0830							8-16-11 Return to Loc. Tag cement @ 1175' Tbg @ 1150'
	0910	5	0			50		Start Cement 100sks 60% Por 4% gel 225# Hulls
		5	25/0			150		Circulate Cement/start wtr
	0915		1					End
								TOOH w/ Tbg
								Tap off
	0940	1.5	0					start Cement 25sks 60% Por 4% gel
			3					Hole Full
								425sks 60% Por 4% gel 800# Hulls
								Thank you Nick, Josh F., Rob & Lane