



KANSAS CORPORATION COMMISSION 1066493
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 # 6931
Name: Bowman Oil Company, a General Partnership
Address 1: 805 CODELL RD
Address 2: _____
City: CODELL State: KS Zip: 67663 + 8500
Contact Person: William "Bill" Bowman
Phone: (785) 434-2286
CONTRACTOR: License # 6931
Name: Bowman Oil Company, a General Partnership
Wellsite Geologist: Roger Moses
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 (Coal Bed Methane)
 Cathodic Other (Core, Expl., 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 Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

08/17/2011	08/25/2011	09/19/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-163-23974-00-00
Spot Description: 40' South & 75' East SENWSWSW
SE NW SW SW Sec. 22 Twp. 10 S. R. 20 East West
900 Feet from North / South Line of Section
405 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rooks
Lease Name: Rogers Well #: 4
Field Name: Trico
Producing Formation: Lansing Kansas City
Elevation: Ground: 2145 Kelly Bushing: 2152
Total Depth: 3771 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 230 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2250 Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 2250 w/ 480 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 89000 ppm Fluid volume: 30 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 Gerritor Date: 11/09/2011



1066493

Operator Name: Bowman Oil Company, a General Partnership Lease Name: Rogers Well #: 4
 Sec. 22 Twp. 10 S. 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 complete 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 <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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: <small>Dual Induction Log Dual Compensated Porosity Log Microresistivity Log</small>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum Attached Attached Attached
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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	12.25	8.625	20	230	Class A Commor	150	3% CC, 2% Gel
Production	7.875	5.5	15.5	3769	Class A Commor	150	10% salt, 2% Gel

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	0-2250	60/40 Poz Mix	480	1/4# FloSeal
	-			

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
16	3209 - 3213		
16	3334 - 3338	225 sacks Standard, 2 Bbl. Acid, 5 Bbl. Flush	3520 - 3521
8	3432-3436, 3462-3466, 3480-3484	25 sacks Standard, 17 Bbl. Water, Halad 9	3705 - 3739
2	3520	250 gal. 15% MCA, Flush with Salt Water	3209-3213, 3334-3338
2	3705-3706, 3739-3740		

TUBING RECORD:	Size: <u>2.875</u>	Set At: <u>3766</u>	Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. <u>09/22/2011</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 <u>150</u>	Water Bbls. <u>150</u>	Gas-Oil Ratio <u>29</u>	Gravity <u>29</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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Bowman Oil Company, a General Partnership
Well Name	Rogers 4
Doc ID	1066493

Tops

Anhydrite	1629	+ 523
Base of Anhydrite	1668	+ 483
Topeka	3188	- 1036
Heebner	3391	- 1239
Toronto	3412	- 1260
Lansing	3429	- 1277
Base of Kansas City	3642	- 1490
Conglomerate	3666	- 1514
Arbuckle	3746	- 1594
RTD	3771	



CONSOLIDATED
Oil Well Services, L.L.C.

TICKET NUMBER 28181

LOCATION OKMAY

FOREMAN FuzzY

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-24-11	3395	#4 ROGERS	22	10	20	Roots

CUSTOMER	MAILING ADDRESS	CITY	STATE	ZIP CODE
Bowman Oil				

TRUCK #	DRIVER	TRUCK #	DRIVER
463	Josh G		
439	Cody R		
528	Damon M		

JOB TYPE Z:stage HOLE SIZE 7 7/8 HOLE DEPTH 3771' CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH 3771' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 17.7-11.5-12.5 SLURRY VOLT. 36-2.3 WATER gal/hr 6.5-12.1 CEMENT LEFT IN CASING 46 9L
 DISPLACEMENT 89.65 DISPLACEMENT PSI _____ MIX PSI _____ RATE DV Tool @ 2250'

REMARKS: Safety meeting on Falcon #1. Pick up and circulate. Pump 5 BBL water, 500 gal mud flush, 5 BBL water, Mix 150 STS CLASS 'A' 109 gal salt, 29 gal. Wash pump + lines. Drop plug and displace 36 BBL water and 53 3/4 BBL mud. 700* lift, 1100* land plug float hold. Drop DU Bomb wait 10 min open DV Tool @ 1100#. Good circulation. Pump 5 BBL water Mix 30 STS cement with Mix 450 STS cement down 5 1/2 csg. Wash pump + lines. Drop plug and displace 53 3/4 BBL water. Lift press 600* close tool @ 1600#. Cement did circulate 53 BBL to pit.

THANKS FUZZY & CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401c	1	PUMP CHARGE	2850 ⁰⁰	2850 ⁰⁰
5406	60	MILEAGE	5 ⁰⁰	300 ⁰⁰
5407A	27.7 ton	Ton Mileage Delivery	1.58	2626 ³⁰
11045	150 STS	Class 'A' Cement	16 ⁸⁰	2520 ⁰⁰
1131	480 gal	60/40 Pas	14 ³⁵	6888 ⁰⁰
1128B	3486	Bentonite	.24	836 ⁶⁴
1111	810 #	Salt	.42	340 ²⁰
1107	120 #	Flsocal	2 ⁶⁶	319 ²⁰
1146	500 gal	Mud Flush	1 ⁰⁰	500 ⁰⁰
4283	1	5 1/2 DV Tool w/ backdown	3850 ⁰⁰	3850 ⁰⁰
4130	6	5 1/2 - centralizers	58 ⁰⁰	348 ⁰⁰
4104	2	5 1/2 - Baskets	276 ²⁰	552 ⁰⁰
		<u>243 71</u> subtotal		21930 ⁰⁰
		less 1590 disc		3295 ⁰⁰
		subtotal		19640 ⁰⁰
		Cement Circulated 53 BBL to pit		
		6.3%	SALES TAX	865 ⁰³
			ESTIMATED TOTAL	19505 ⁷⁵

Rev 07/37

AUTHORIZATION [Signature]

Roger D. Moss
TITLE FuzzY - cementer DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

ALLIED CEMENTING CO., LLC. 038153

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell KS

DATE <i>8-18-2011</i>	SEC. <i>23</i>	TWP. <i>10S</i>	RANGE <i>20W</i>	CALLED OUT	ON LOCATION	JOB START <i>4:00 AM</i>	JOB FINISH <i>4:30 AM</i>
LEASE <i>Rogers</i>	WELL # <i>4</i>	LOCATION <i>Ellis Ksl 16 N 1E 1/2 SW 1/4</i>		COUNTY <i>Rogers</i>		STATE <i>KANSAS</i>	
OLD OR NEW (Circle one) <input checked="" type="radio"/> NEW							

CONTRACTOR *Faxon Drilling Rig #1*

TYPE OF JOB: *Cement Surface*

HOLE SIZE: *12 1/4* T.D. *235*

CASING SIZE: *8 5/8* DEPTH *230*

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX. _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. *15'*

PERFS. _____

DISPLACEMENT *13.70 / BBL*

OWNER _____	CEMENT AMOUNT ORDERED <i>150 sx Comm</i>
COMMON <i>150</i>	@ <i>16.25</i> <i>2437.50</i>
POZMIX _____	@ _____
GEL <i>3</i>	@ <i>21.25</i> <i>63.75</i>
CHLORIDE <i>5</i>	@ <i>58.20</i> <i>291.00</i>
ASC _____	@ _____
HANDLING <i>158</i>	@ <i>2.25</i> <i>355.50</i>
MILEAGE <i>111.56/mile</i>	<i>417.12</i>
TOTAL	<i>3564.87</i>

EQUIPMENT

PUMP TRUCK # *417* CEMENTER *Glenn*

BULK TRUCK # *378* HELPER *Woody*

BULK TRUCK # _____ DRIVER *Roy*

BULK TRUCK # _____ DRIVER _____

REMARKS:

Rev. 5 JTS of 8 5/8 CSG. (set @ 230)
Received circulation of cement
w/ 150 sx comm 3% gel & 2% gel
Displace 13.70 BBL H₂O & Shift
in @ 300ft. Cement
did circulate to surface

THANKS

SERVICE

DEPTH OF JOB _____	PUMP TRUCK CHARGE _____	<i>1125.00</i>
EXTRA FOOTAGE _____	@ _____	
MILEAGE <i>48</i>	@ <i>7.00</i>	<i>336.00</i>
MANIFOLD _____	@ _____	
<i>cut</i> <i>48</i>	@ <i>4.00</i>	<i>192.00</i>
TOTAL		<i>1653.00</i>

CHARGE TO: *Bowman Oil Company*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____	@ _____	
_____	@ _____	
_____	@ _____	
_____	@ _____	

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment