



KANSAS CORPORATION COMMISSION 1083401
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 # 34535
Name: Integrity Drilling Co., LLC
Wellsite Geologist: Ed Glassman
Purchaser: N/A

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- 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 #: _____

<u>04/25/2012</u>	<u>04/28/2012</u>	<u>04/29/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-051-26182-00-00

Spot Description: _____

NE SW SW SE Sec. 15 Twp. 11 S. R. 18 East West

350 Feet from North / South Line of Section

2230 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 #: 3

Field Name: Bemis-Shutts

Producing Formation: N/A

Elevation: Ground: 1935 Kelly Bushing: 1940

Total Depth: 1586 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: _____ 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: 710 ppm Fluid volume: 25 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 #: D25212.0

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: 06/11/2012



1083401

Operator Name: Bowman, William F. dba The Bill Bowman Oil Company Lease Name: Peavey A Well #: 3
 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 <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>RTD</td> <td>1586</td> <td>+349</td> </tr> </table>	Name	Top	Datum	RTD	1586	+349
Name	Top	Datum					
RTD	1586	+349					

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	170	3% CC, 2% Gel, 6 sxs Chloride

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	
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 <i>(Explain)</i> _____	
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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED OIL & GAS SERVICES, LLC 056949

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

SERVICE POINT:
Russell

DATE <u>1-26-12</u>	SEC <u>25</u>	TWP <u>11S</u>	RANGE <u>18</u>	CALLED OUT	ON LOCATION	JOB START <u>2:00</u>	JOB FINISH <u>2:00</u>
LEASE <u>ROYALTY "A"</u>	WELL # <u>3</u>	LOC # <u>1538</u>	LOCATION <u>HAYS 13N 81ND</u>			COUNTY <u>ELLIS</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Integrally Drilling Co Inc OWNER _____

TYPE OF JOB Workover

HOLE SIZE 12 1/8 T.D. 235'

CASING SIZE 8 3/8 DEPTH 235'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 15'

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT _____

CEMENT AMOUNT ORDERED 170 SK Class A

3% LL 2% Gel

COMMON	<u>170</u>	@	<u>16.25</u>	<u>2762.50</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>21.25</u>	<u>63.75</u>
CHLORIDE	<u>6</u>	@	<u>48.20</u>	<u>349.20</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>179</u>	@	<u>2.25</u>	<u>402.75</u>
MILEAGE	<u>6.25</u>	x	<u>11</u>	<u>767.91</u>
TOTAL				<u>4346.11</u>

EQUIPMENT

PUMP TRUCK # WDA CEMENTER John HELPER Ken

BULK TRUCK # HBI DRIVER Andy

BULK TRUCK # _____ DRIVER _____

REMARKS:

run pipe, establish circulation

mix 170 sk class A 3% LL 2% Gel

& 1% gel

displaced 14 BBL

shot well in

cement did circulate to surface

CHARGE TO: The Bill Bowman Oil Company

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 235'

PUMP TRUCK CHARGE 1125.00

EXTRA FOOTAGE @ _____

MILEAGE MI/HV 39 @ 7.00 273.00

MANIFOLD @ _____

m22 39 @ 4.00 156.00

TOTAL 1554.00

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To: Allied Oil & Gas Services, LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____

SIGNATURE [Signature]

SALES TAX (If Any) 200.05

TOTAL CHARGES 5,900.11

DISCOUNT 20/50 1538.09 IF PAID IN 30 DAYS