



KANSAS CORPORATION COMMISSION 1084088
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: Louis "Don" Bowman or William "Bill" 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 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: Tomlinson-Kathol / Bowman Oil Company
Well Name: Saindon #2
Original Comp. Date: 12/12/1962 Original Total Depth: 3565

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 #: _____

03/16/2012	04/24/2012	04/30/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-163-01683-00-01
Spot Description: _____
S2 NW SW Sec. 23 Twp. 9 S. R. 19 East West
1650 Feet from North / South Line of Section
4620 Feet from East / West Line of Section

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

County: Rooks
Lease Name: Saindon Well #: 2
Field Name: Jelinek
Producing Formation: Arbuckle
Elevation: Ground: 2135 Kelly Bushing: 2140
Total Depth: 3576 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 163 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 3566 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: 40 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: Bowman Oil Company
Lease Name: Saindon KF #1 License #: 6931
Quarter SW Sec. 23 Twp. 9 S. R. 19 East West
County: Rooks Permit #: D10975.0

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 Gerrico Date: 04/18/2012



1084088

Operator Name: Bowman Oil Company, a General Partnership Lease Name: Saindon Well #: 2
 Sec. 23 Twp. 9 S. R. 19 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 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 Correlation 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 (12-1962)</td> <td>3278</td> <td>-1138</td> </tr> <tr> <td>Toronto</td> <td>3301</td> <td>-1161</td> </tr> <tr> <td>Lansing</td> <td>3318</td> <td>-1178</td> </tr> <tr> <td>Base Kansas City</td> <td>3541</td> <td>-1401</td> </tr> <tr> <td>Arbuckle</td> <td>3556</td> <td>-1416</td> </tr> <tr> <td>RTD (04/30/2012)</td> <td>3576</td> <td></td> </tr> </table>	Name	Top	Datum	Heebner (12-1962)	3278	-1138	Toronto	3301	-1161	Lansing	3318	-1178	Base Kansas City	3541	-1401	Arbuckle	3556	-1416	RTD (04/30/2012)	3576	
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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	163		125	
Production	7.875	5.5	14	3563		125	
Liner	5.5	4.5	10.5	3564	SMD-MIDCON II	225	<small>Drayspa, 113 lbs 11 28Gal. 80lbs 13M G</small>

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 <small>Specify Footage of Each Interval Perforated</small>	Acid, Fracture, Shot, Cement Squeeze Record <small>(Amount and Kind of Material Used)</small>	Depth
4	3229.5 - 3230.5	Treat with 3000 gallons 28% NEDFE with Clay Stabilizer & 3% MS-1	3530
4	3355 - 3356		
4	3513.5 - 3514.5		

TUBING RECORD:	Size: 2.875	Set At: 3560	Packer At:	Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. 06/06/2012	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
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Estimated Production Per 24 Hours	Oil Bbls. 2	Gas Mcf	Water Bbls. 126	Gas-Oil Ratio	Gravity 24
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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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CHARGE TO:
Shuman Oil Co.
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET

10470

PAGE 1 OF 1

SERVICE LOCATIONS
 1. *Hayes, KS*
 2. *Ness City, KS*
 3.
 4.

WELL/PROJECT NO. *#1.2*
 LEASE *Shandon owwo*
 COUNTY/PARISH *Rocks*
 STATE *KS*
 CITY
 DATE *4-17-12*
 OWNER

TICKET TYPE
 SERVICE
 SALES
 CONTRACTOR *Co Tools*
 RIG NAME/NO.
 SHIPPED VIA *CT*
 DELIVERED TO *NE/Zarich, KS*
 ORDER NO.

WELL TYPE *S&W OIL*
 WELL CATEGORY *warehouse*
 JOB PURPOSE *connect 1/2 Lines*
 WELL PERMIT NO.
 WELL LOCATION

REFERRAL LOCATION
 INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			UM		UM	
575		1			MILEAGE #113	52	mic		6.00	300.00
578		1			Plug Plug cement Lines	1	ea	3575	152.00	1520.00
390		1			D. tip	3	ea		35.00	105.00
412		1			Top Plug	1	ea	7 1/2	90.00	90.00
418		1			Weld on Flange St. Flange Shoc	1	ea	4 1/2	380.00	380.00
330		2			S&W cement	275	SK		14.50	3712.50
581		2			Service Charge	76	25	397	200	520.00
583		2			Drayage	992	6	72	180	992.00

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 *Bill P... by Don L...*
 DATE SIGNED *4-17-12* TIME SIGNED *11:01* 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	7800.10
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 checked="" type="checkbox"/> YES		<input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	8291.51

Rocks TAX 10.3% 491.41

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

SWIFT OPERATOR *[Signature]* APPROVAL *[Signature]*

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 1-17-12 PAGE NO. 1

CUSTOMER Princeton Oil Co. WELL NO. 01 #2 LEASE Salomon JOB TYPE Cement 4 1/2" Liner TICKET NO. 21470

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1545							On location - Setup P.T. Rig have casing stuck @ 3565' (20 BBL) Hook in and try to cir casing chain Fin cir with partial Returns Casing won't go chain -
	1700	1 1/2	10					Cut off casing - weld on Slip collar Start SUD cent until circulate cent Have partial Returns with mud/mud Cent cir - partial returns - 175 SKS inr wit to 13" for 50 SKS
	1800		20					Fin cent - 4 work out pump/4 Lines Drop 4 1/2 Top Plug -
	1805	3	10			0		Start Displ - 8 BBL to catch mud Press slowly inr
	1835		50			1500		Plug Down - Hold 2000 10s 5 min Release 1/2 Dry Job Complete Washing & Reaking
	1900							
								175 SKS @ 16.2 gal 50 SKS @ 13 gal 275 SKS
								4 1/2 Liner set @ 3564'