



KANSAS CORPORATION COMMISSION 1092617
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 # 5723
Name: John M. Denman Oil Co., Inc.
Address 1: PO BOX 36
Address 2: _____
City: SEDAN State: KS Zip: 67360 + _____
Contact Person: SHELLEY WISE
Phone: (620) 725-3727
CONTRACTOR: License # 5831
Name: M.O.K.A.T.
Wellsite Geologist: NA
Purchaser: COFFEYVILLE RESOURCES

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 #: _____

<u>1/12/2012</u>	<u>1/13/2012</u>	<u>1/14/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-019-27114-00-00

Spot Description: _____

NW SW SW NE Sec. 11 Twp. 34 S. R. 12 East West
2294 Feet from North / South Line of Section
2316 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Chautauqua

Lease Name: E. E. BOWMAN Well #: R-1

Field Name: PERU-SEDAN

Producing Formation: WISER

Elevation: Ground: 771 Kelly Bushing: 0

Total Depth: 1125 Plug Back Total Depth: 1020

Amount of Surface Pipe Set and Cemented at: 40 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1020

feet depth to: 0 w/ 115 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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: 09/07/2012



1092617

Operator Name: John M. Denman Oil Co., Inc. Lease Name: E. E. BOWMAN Well #: R-1
 Sec. 11 Twp. 34 S. R. 12 East West County: Chautauqua

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: DUAL INDUCTION LL3 GR LOG GAMMA RAY CEMENT BOND COLLAR 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>WISER</td> <td>970</td> <td></td> </tr> </table>	Name	Top	Datum	WISER	970	
Name	Top	Datum					
WISER	970						

CASING RECORD <input type="checkbox"/> New <input checked="" 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	11	8.625	15	40	PORTLAND	8	
CASING	6.75	4.5	10	1020	PORTLAND	115	
PRODUCTION	0	0	0	0	0	0	0

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 (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 checked="" type="checkbox"/> Other (Specify) PLUGGING	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32364

LOCATION Bathel, OK

FOREMAN Kirk Sanders

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-16-12		Bolman P-1	11	34	12E	CR
CUSTOMER			TRUCK #			
Mailing Address <u>Danman</u>			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE LS HOLE SIZE 6 3/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 1020' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5/14.7 SLURRY VOL 1737/145 WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 16.2 DISPLACEMENT PSI 400 MIX PSI 200 RATE 46gpm

REMARKS: Run gel from to est. circ., ran loss of 6% gel cement (head) & loss of OWC (tail). Flushed pump & lines, dropped plug & disp. to set. Shut down & washed up.

Plug held!
— Circ Cement to Surf —

[Handwritten signature]
LKS 71

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	40	MILEAGE		1030.00
5407	1	Bulk TRK		160.00
5408	1020'	Footage		350.00
5501C	3 hrs	Transport		224.40
				336.00
1104	65cu	Cement (Class A) TOP	*	971.75
1107A	80#	Pheno Seal	*	103.20
1123	50cu	OWC BOTTOM	*	940.00
1118B	500#	Premium Gel	*	105.00
1123	5440gal	City Water	*	90.31
4404	1	4 1/2 Rubber Plug	*	45.00
<u>10% Disc. Price \$4,088.57</u>				
			SALES TAX	187.19
			ESTIMATED	
			TOTAL	4,542.85

AUTHORIZATION Alvin Bunn

TITLE _____ 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.



247098

TICKET NUMBER 32363

LOCATION Barthesville, OK

FOREMAN Kirk Sanders

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-457-9676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
1-12-12	2333	Bowman R-1	11	34	12E	CG	
CUSTOMER		Fidelity DENNEN Oil					
MAILING ADDRESS							
CITY		STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
				398	John W.		
				518	Bryan S.		
				550	Dusty E.		

JOB TYPE Such HOLE SIZE 11 HOLE DEPTH _____ CASING SIZE & WEIGHT 8 7/8
 CASING DEPTH 53 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.6 SLURRY VOL 1.18 WATER gal/sk 5.2 CEMENT LEFT in CASING 15'
 DISPLACEMENT 2.4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Run gel from to est. circ., ran 50% of 3% calcium cement & disp. shot in & washed up.

— Give Cement to Such —

Safety Meeting at 12:30 PM 1/12/12

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE		825.00
5406	40	MILEAGE		160.00
5402	53'	Footage		1146.00
5407	1	Bulk Tck		350.00
5502C	2.5 hrs.	80 Vac		250.00
1102	150 #	Calcium	#	111.00
11045	50#	Cement	#	747.50
1107A	40 #	Phena Seal	#	51.60
1118B	150 #	Premium Gel	#	31.50
1133	2,520 gal	City Water	#	415.80
<u>10% Disc. Price \$ 2,395.80</u>				

SALES TAX 8.3% ESTIMATED TOTAL 2,661.43

AUTHORIZATION W. J. King TITLE VP 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.