



KANSAS CORPORATION COMMISSION 1089871  
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 # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

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: \_\_\_\_\_

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 #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_



1089871

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**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 type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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
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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:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Invoice #	Page
35470	001
Invoice Date	
06-25-2012 11:32:50	




True Enterprise  
 1326 North Main Street  
 LeRoy, KS 66857

(620) 964-2514

SOLD TO: Scott Owens  
 Scott Owens  
 1274 202 Road  
 Yates Center, KS 66783

620-625-3607

Please Remit To: True Enterprise, 1326 North Main, LeRoy, KS 66857

Terms	P.O.#	Order #	Type	Slid.By	Cust.#	Slm.
10th Next Month	GA 46	35470	House	CKP	O36070	Store
Quantity	UM	Item #	Description	Price	Extended Price	
20.000	EA	CL203	PORTLAND CEMENT	10.25	205.00	
1.000	EA	X120	glasses	14.95	14.95	
Comment:				Taxable:	219.95	
				Tax:	16.06	
				Non-Tax:	0.00	
Received by: 				Total:	236.01	
				bryceownes		



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 34876  
LOCATION Eureka  
FOREMAN Steve Neal

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** APZ 15-207-28150

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
<u>7-2-12</u>	<u>6068</u>	<u>Garberson #46</u>	<u>27</u>	<u>23S</u>	<u>16E</u>	<u>Woodson</u>
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
<u>Owen Petroleum LLC</u>			<u>485</u>	<u>Alan m.</u>		
MAILING ADDRESS			<u>667</u>	<u>Joey</u>		
<u>1274 202ND Rd</u>			<u>611</u>	<u>Chris M.</u>		
CITY	STATE	ZIP CODE	<u>637</u>	<u>Chris B.</u>		
<u>Yate Center</u>	<u>Ks</u>	<u>66783</u>				

JOB TYPE Long String 0 HOLE SIZE 6 3/4 HOLE DEPTH 1460 CASING SIZE & WEIGHT 4 1/2 10.5"  
 CASING DEPTH 1447 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 23 bbls DISPLACEMENT PSI 500\* Bump plug 1200\* RATE \_\_\_\_\_

REMARKS: Safety meeting: Rig up to 4 1/2 casing with wash head. Break circulation with fresh water. Wash 4 1/2 casing down 50'. Rig up to 4 1/2 casing with cement head & manifold. Break circulation w/ 10 bbls water. Mix 400# Gel Flush & 10 bbl water spacer. Mix 130 sks 60/40 Poz mix cement w/ 6% Gel & 1/2" Phenoseal per sk. Tail in with 40 sks Thick set cement w/ 1/2" phenoseal per sk. Wash out pump & lines. Shut down. Release plug. Displace with 23 bbls fresh water. Final pumping pressure 500# Bump plug to 1200#. Wait 2 min Release pressure. Plug held. Job complete Rig down

*Thank you!*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>5401</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>1030.00</u>	<u>1030.00</u>
<u>5406</u>	<u>45</u>	<u>MILEAGE</u>	<u>4.00</u>	<u>180.00</u>
<u>1181</u>	<u>130 sks</u>	<u>60/40 Poz Mix Cement</u>	<u>12.55</u>	<u>1631.50</u>
<u>1118B</u>	<u>670 #</u>	<u>Gel 6%</u>	<u>.21</u>	<u>140.70</u>
<u>1107A</u>	<u>65 #</u>	<u>Phenoseal 1/2" per/sk</u>	<u>1.29</u>	<u>83.85</u>
<u>1126A</u>	<u>40 sks</u>	<u>Thick set cement</u>	<u>19.20</u>	<u>768.00</u>
<u>1107A</u>	<u>20 #</u>	<u>Phenoseal 1/2" per/sk</u>	<u>1.29</u>	<u>25.80</u>
<u>1118B</u>	<u>400 #</u>	<u>Gel Flush</u>	<u>.21</u>	<u>84.00</u>
<u>4404</u>	<u>1</u>	<u>4 1/2 Rubber plug</u>	<u>45.00</u>	<u>45.00</u>
<u>5407A</u>	<u>7.79 ton</u>	<u>Ton mileage Bulk Truck 667; 611</u>	<u>1.34</u>	<u>469.74</u>
<u>5502C</u>	<u>6 hrs</u>	<u>80 bbl Vacuum Truck</u>	<u>90.00</u>	<u>540.00</u>
<u>1123</u>	<u>3000 gallons</u>	<u>City water</u>	<u>16.50/1000</u>	<u>49.50</u>
			<b>SubTotal</b>	<b>5048.09</b>
			SALES TAX <u>2.3%</u>	<u>206.46</u>
			ESTIMATED TOTAL	<b>5254.55</b>

Revin 9737

AUTHORIZATION

*Scott Owen*

TITLE

251051

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 for