



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1172225
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1172225

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Superior Building Supply, Inc.
 215 West Rutledge
 Yates Center, KS 66783

620-625-2447

SOLD TO:
 Owens Scott
 1274 202nd Rd.
 Yates Center, KS 66783

620-625-3607

Invoice #	Page
88951	001
Invoice Date	
10-01-2013 13:35:57	



Please Remit To: Superior Building Supply, Inc., 215 West Rutledge, Yates Center, KS 66783

Terms	PO #	Order #	Type	Sid.By	Cust.#	Sim.
Net 10th	Gar 53	88951	House	MED	O36070	Store
Quantity	UM	Item #	Description	Price	Extended Price	
14,000	EA	MA1235	Portland Cement 94#	12.10	169.40	
LET US E-MAIL YOUR INVOICES & STATEMENTS						Taxable: 169.40
						Tax: 15.08
						Non-Tax: 0.00
Received by:						Total: 184.48

Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765



Ticket Number 100324
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
10-8-13		Garherson #53		Woodson
Customer		Mailing Address	City	State Zip
Owens Petroleum				

Job Type:	Truck #	Driver
Longstring	201	Kelly
Hole Size: 6 3/4"	202	Jerry
Hole Depth: 1447'	106	Charlie
Bridge Plug:	840-156	Bryan
Packer:		

Quantity Or Units	Description of Services or Product	Pump charge	
		790.00	
30	Mileage	\$3.25/Mile	97.50
	Additional charge on Pump Truck - washing casing		400.00
157 SACKS	Quick SET cement	17.90	2810.30
785 lbs.	KOI-SEAL 5" P/SK	.55	431.75
400 lbs.	Gel Flush	.30	120.00
5 Hrs	WATER Truck	84.00	420.00
5 Hrs	WATER Transport	105.00	525.00
8400 GAL	WATER	13.00 per 1000	109.20
	Rental on swivel for 4 1/2" casing	75.00	75.00
30 miles	Truck # 290	1.50	45.00
9.57 Tons	Bulk Truck	\$1.15/Mile	330.16
1	Plugs 4 1/2" Top Rubber Plug	38.00	38.00
	Subtotal		6191.91
	7.15%	Sales Tax	250.91
		Estimated Total	6442.82

Remarks: Rig up to 4 1/2" casing with wash head, washed casing down from 1078' to 1438', Pumped 20 Bbls Gel Flush, Circulated Gel around to condition Hole. Rig up cement head, Pumped 15 Bbls Dye water Ahead, Mixed 157 Sks of Quick SET cement w/ 5" P/SK of KOI-SEAL. Shut down - wash out Pump & Lines - Release Top Rubber Plug. Displaced Plug with 2 3/4 Bbls WATER, Final Pumping at 700 PSI - Pumped Plug to 1300 PSI, Held 1300 PSI 30 minutes. Released Pressure - Float Held, close casing w/ ORSI. Good cement returns with 5 Bbl slurry. "Thank you"

Witnessed by Scott
 Customer Signature

FED ID# 48-1214033
 Shop # (620) 437-2661
 Cellular # (620) 437-7582
 Office # (316) 303-9515
 Office Fax # (316) 263-0432

Hurricane Services, Inc.
Cementing & Circulating Division
 250 N. Water, Suite 200
 Wichita, KS 67202

MC ID# 165290

Shop Address: 3613A Y Road
 Madison, KS 66860

Customer:

OWENS PETROLEUM
 1274 202ND ROAD
 YATES CENTER, KS 66783

Invoice Date: 10/13/2013
 Invoice #: 0011563
 Lease Name: GARBERSON

Well #: 53

County: WOODSON

Date/Description	HRS/QTY	Rate	Total
10/08/13 See work ticket 100324 of BB			
Additional pump charge/washing casing	1.000	790.000	790.00
Pickup/pump truck mileage	1.000	400.000	400.00
Quickset cement	60.000	2.375	142.50
KOL Seal	157.000	17.900	2,810.30 T
Gel flush	785.000	0.550	431.75 T
Water truck 106	400.000	0.300	120.00 T
Transport 840/156	5.000	84.000	420.00
City water	5.000	105.000	525.00
Rental on swivel for 4 1/2" casing	8,400.000	0.013	109.20 T
Bulk truck 202	1.000	75.000	75.00
4 1/2" Top rubber plug	1.000	330.160	330.16
5% Fuel surcharge	1.000	38.000	38.00 T
	1.000	309.600	309.60 T

Net Invoice 6,501.51
 Sales Tax: (7.15%) 273.05
Total 6,774.56

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

WE APPRECIATE YOUR BUSINESS!