



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1172436  
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: \_\_\_\_\_

1172436

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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

<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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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
90929	001
Invoice Date	
11-05-2013 12:45:56	



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

Terms	PO #	Order #	Type	Sid.By	Cust.#	Sim.
Net 10th	h2 #5	90929	House	MED	O36070	Store
Quantity	UM	Item #	Description	Price	Extended Price	
20,000	EA	MA1235	Portland Cement 94#	12.10	242.00	
LET US E-MAIL YOUR INVOICES & STATEMENTS						Taxable: 242.00
						Tax: 21.54
						Non-Tax: 0.00
Received by:						Total: 263.54

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



Ticket Number 100331  
 Location Madison  
 Foreman Brad Butler

**Cement Service ticket**

Date	Customer #	Well Name & Number	Sec./Township/Range	County
11-11-13		H2-#5		Woodson
Customer <u>Owners Petroleum</u>		Mailing Address	City	State Zip

Job Type:	Truck #	Driver
<u>Longstrms</u>	<u>201</u>	<u>Kelly</u>
Hole Size: <u>5 7/8"</u>	<u>202</u>	<u>Terry</u>
Hole Depth: <u>1177'</u>	<u>106</u>	<u>Mark</u>
Bridge Plug:		
Packer:		

Quantity Or Units	Description of Services or Product	Pump charge	
<u>0</u>	<u>Mileage - Trk in Area</u>	<u>\$3.25/Mile</u>	<u>790.00</u>
<u>157</u> SACKS	<u>70/30 Pozmax cement</u>	<u>12.70</u>	<u>1993.90</u>
<u>276</u> lbs.	<u>Gel 2%</u>	<u>.30</u>	<u>82.80</u>
<u>50</u> lbs.	<u>Floccle</u>	<u>2.15</u>	<u>107.50</u>
<u>200</u> lbs.	<u>Gel Flush</u>	<u>.30</u>	<u>60.00</u>
<u>3</u> hrs	<u>WATER Truck</u>	<u>84.00</u>	<u>252.00</u>
<u>3300</u> GALS	<u>WATER</u>	<u>13.00 #1/1000</u>	<u>42.90</u>
<u>35</u> miles	<u>Truck #290</u>	<u>1.50</u>	<u>52.50</u>
	<u>Wireline Services</u>	<u>50.00</u>	<u>N/C</u>
<u>Tons</u>	<u>Bulk Truck &gt; minimum charge</u>	<u>1.30</u>	<u>300.00</u>
<u>2</u>	<u>Plugs 2 7/8" Top Rubber</u>	<u>25.00</u>	<u>50.00</u>
		<u>Subtotal</u>	<u>3731.60</u>
	<u>7.15%</u>	<u>Sales Tax</u>	<u>167.10</u>
		<u>Estimated Total</u>	<u>3898.70</u>

Remarks: Rig up to 2 7/8" Tubing - Taped Float shoe at 1160' by wireline. Break circulation with fresh water, Pumped 10 Bbl. Gel Flush, circulated Gel around to condition hole. Mixed 157 Sks 70/30 Pozmax cement with 22 Gel + Floccle. Shut down - wash out pump lines, Release 2- Top Rubber Plugs, Displace Plugs with 6 3/4 Bbls Final Pumping at 500 PSI - Pumped Plugs to 1100 RST, closed Tubing w/ 1100 RST. Good cement returns with 5 1/2 Bbls slurry. "Thank you"

Called by Scott  
 Customer Signature

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

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

MC ID# 165290

Shop Address: 3613A Y Road  
 Madison, KS 66860

Customer:  
 OWENS PETROLEUM  
 1274 202ND ROAD  
 YATES CENTER, KS 66783

Invoice Date: 11/17/2013  
 Invoice #: 0011804  
 Lease Name: H2  
 Well #: 5  
 County: WOODSON

Date/Description	HRS/QTY	Rate	Total
11/11/13 See work ticket 100331 of BB	1.000	790.000	790.00
70/30 Pozmix cement	157.000	12.700	1,993.90 T
Gel 2%	276.000	0.300	82.80 T
Flocele	50.000	2.150	107.50 T
Gel flush	200.000	0.300	60.00 T
Water truck 106	3.000	84.000	252.00
City water	3,300.000	0.013	42.90 T
Pickup mileage	35.000	1.500	52.50
Bulk truck 202	1.000	300.000	300.00
2 7/8" Top rubber plugs	2.000	25.000	50.00 T
5% Fuel surcharge	1.000	186.580	186.58 T

Net Invoice	3,918.18
Sales Tax: (7.15%)	180.45
<b>Total</b>	<b>4,098.63</b>

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!**