



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1190684
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: _____

1190684

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

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> <i>(Submit ACO-4)</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
90929	001
Invoice Date	
11/30/2013	



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

Terms	PO #	Order #	Type	Sid.By	Cust.#	Sim.
Net 10th	H2-7	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 Total: 263.54
Received by:						

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



HURRICANE SERVICES INC
 OILFIELD SERVICES
 MADISON, KANSAS

Ticket Number 100340
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
12-3-13		H2- # 7	12-24-15E	Woodson
Customer		Mailing Address	City	State Zip
Owens Petroleum				

Job Type: <u>Longstring</u>	Truck #	Driver
	201	Kelly
Hole Size: <u>5 7/8"</u>	202	Jerry
Hole Depth: <u>1170'</u>	842-157	Bryan
Bridge Plug:		
Packer:		
Casing Size:	Displacement: <u>6 3/4 Bbls</u>	
Casing Weight:	Displacement PSI: <u>500</u>	
Tubing: <u>2 7/8"</u>	Cement Left in Casing: <u>0'</u>	
PBTD: <u>1158'</u>		

Quantity Or Units	Description of Services or Product	Pump charge	
<u>35</u>	Mileage	\$3.25/Mile	<u>113.75</u>
<u>173</u> sacks	<u>70/30 Pozmix cement</u>	<u>12.70</u>	<u>2197.10</u>
<u>305</u> lbs	<u>Gel 22</u>	<u>.30</u>	<u>91.50</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 1/2</u> Hrs	<u>WATER Truck</u>	<u>84.00</u>	<u>294.00</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>
Tons	Bulk Truck > minimum charge	300.00	<u>300.00</u>
<u>2</u>	Plugs <u>2 7/8" Top Rubber</u>	<u>25.00</u>	<u>50.00</u>
		Subtotal	<u>4056.35</u>
		Sales Tax <u>7.15%</u>	<u>179.18</u>
		Estimated Total	<u>4235.53</u>

Remarks: Rig up to 2 7/8" - Taped float shoe at 1158' by wireline.
Break circulation with 10 Bbl water, 10 Bbl Gel Flush followed with 30 Bbls fresh water.
Mixed 173 sks 70/30 Pozmix cement w/ 22 Gel + Floccle. Shut down washout pump & lines.
Release 2- Top Rubber Plugs, Displaced Plugs with 6 3/4 Bbls water
Final Pumping at 500 PSI, Bumped Plugs to 1100 PSI, closed Tubing w/ 1100 PSI
Good cement returns with 6 1/2 Bbl slurry
"Thank you"

Witnessed by Scott
 Customer Signature