



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1211063
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
-----------------------------------	-----------------	---

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: _____

1211063

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: _____ _____
--	---	---

Invoice #	Page
52326	001
Invoice Date	
03-25-2014 10:36:37	



True Enterprise
 1326 North Main Street
 LeRoy, KS 66857

(620) 964-2514
 620-625-3607

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

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

Terms		P.O.#	Order #	Type	Sld.By	Cust.#	Slm.
10th Next Month		holloway 4 #1	52326	House	CKP	O36070	Store
Quantity	UM	Item #	Description			Price	Extended Price
20.000	EA	CL203	PORTLAND CEMENT			10.95	219.00
1.000	EA	CL111	PALLET DEPOSIT			17.00	17.00
						Taxable:	236.00
						Tax:	16.87
						Non-Tax:	0.00
						Total:	252.87

Recd *Edwin Dwyer*

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



Ticket Number 100377
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
3-28-14		H-4 # 1		Woodson
Customer <u>Owens Petroleum</u>		Mailing Address	City	State Zip

Job Type:	Truck #	Driver
<u>LongStems</u>	<u>201</u>	<u>Kelly</u>
Hole Size: <u>5 7/8"</u>	Casing Size: <u>6 7/8 Bbls</u>	<u>203</u>
Hole Depth: <u>1163'</u>	Casing Weight: <u>500</u>	<u>106</u>
Bridge Plug:	Tubing: <u>2 7/8"</u>	Cement Left in Casing: <u>0'</u>
Packer:	PBTD: <u>1156'</u>	

Quantity Or Units	Description of Services or Product	Pump charge	
			<u>790.00</u>
<u>30</u>	Mileage	\$3.25/Mile	<u>97.50</u>
<u>157 SACKS</u>	<u>70/30 Pozmix cement</u>	<u>12.70</u>	<u>1993.90</u>
<u>276 lbs.</u>	<u>Gel 2%</u>	<u>.30</u>	<u>82.80</u>
<u>50 lbs.</u>	<u>Flocite</u>	<u>2.15</u>	<u>107.50</u>
<u>200 lbs.</u>	<u>Gel Flush</u>	<u>.30</u>	<u>60.00</u>
<u>3 Hrs.</u>	<u>Water Truck</u>	<u>84.00</u>	<u>252.00</u>
	<u>Wireline Services</u>	<u>50.00</u>	<u>N/C</u>
<u>Tons</u>	<u>Bulk Truck Minimum charge</u>	<u>1.30</u>	<u>300.00</u>
<u>2</u>	<u>Plugs 2 7/8" Top Rubber Plugs</u>	<u>25.00</u>	<u>50.00</u>
		Subtotal	<u>3733.70</u>
		Sales Tax <u>7.15%</u>	<u>164.04</u>
		Estimated Total	<u>3897.74</u>

Remarks: Rig up to 2 7/8" Tubing, Taped Flat shoes at 1156' by wireline. Break circulation with 10 Bbls water, Pumped 10 Bbl Gel Flush, circulated Gel around to condition hole. Mixed 157 Sks 70/30 Pozmix cement with 2% Gel and Flocite. Shut down - wash out Pump + Lines - Release Two Top Rubber Plugs Displace Plugs with 6 3/4 Bbls water, Final Pumping at 500 PSI Pumped Plugs to 1100 PSI, closed Tubing w/ 1100 PSI Good cement returns with 4 Bbl slurry "Thank you"

Witnessed by Scott
 Customer Signature