| Сс | onfiden | tiality | Requested: |
|----|---------|---------|------------|
|    | Yes     | Ν       | 0          |

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1362276

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 #   | API No. 15   |
|---|--|
| Name:   | Spot Description:  |
| Address 1:  |  |
| Address 2:  | Feet from  North / South Line of Section                 |
| City: State: Zip:+  | Feet from East / West Line of Section                    |
| Contact Person:   | Footages Calculated from Nearest Outside Section Corner: |
| Phone: ()   |  |
| CONTRACTOR: License #   | GPS Location: Lat:, Long:                                |
| Name:   | (e.g. xx.xxxx) (e.gxxx.xxxx)                             |
| Wellsite Geologist:   | Datum: NAD27 NAD83 WGS84                                 |
| Purchaser:  | County:  |
| Designate Type of Completion:   | Lease Name: Well #:                                      |
| New Well Re-Entry Workover  | Field Name:  |
|   | Producing Formation:                                     |
| ☐ Oil ☐ WSW ☐ SWD ☐ SIOW<br>□ Gas □ D&A □ ENHB □ SIGW   | Elevation: Ground: Kelly Bushing:                        |
| Gas D&A ENHR SIGW   | Total Vertical Depth: Plug Back Total Depth:             |
| CM (Coal Bed Methane)   | Amount of Surface Pipe Set and Cemented at: Feet         |
| Cathodic Other (Core, Expl., etc.):   | Multiple Stage Cementing Collar Used? Yes No             |
| If Workover/Re-entry: Old Well Info as follows:   | If yes, show depth set: Feet                             |
| Operator:   | If Alternate II completion, cement circulated from:      |
| Well Name:  | feet depth to:w/sx cmt.                                  |
| Original Comp. Date: Original Total Depth:  |  |
| Deepening Re-perf. Conv. to ENHR Conv. to SWD   | Drilling Fluid Management Plan                           |
| Plug Back   Conv. to GSW   Conv. to Producer  | (Data must be collected from the Reserve Pit)            |
|   | Chloride content: ppm Fluid volume: bbls                 |
| Commingled Permit #:  | Dewatering method used:                                  |
| Dual Completion Permit #:   |  |
| SWD Permit #:   | Location of fluid disposal if hauled offsite:            |
| ENHR         Permit #:           GSW         Permit #:  | Operator Name:   |
| GSW Permit #:   | Lease Name: License #:                                   |
| Canad Data are Data Described TD Our set view Det   | Quarter Sec Twp S. R East _ West                         |
| Spud Date or         Date Reached TD         Completion Date or           Recompletion Date         Recompletion Date         Recompletion Date | 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: |

|   | Page Two                        | 1362276   |
|---|---------------------------------|---|
| Operator Name:  | Lease Name:                     | Well #:   |
| Sec TwpS. R   East  West  | County:                         |   |
| INCTDUCTIONS: Chave important tang of formations panetrated. Do | tail all aaraa Banart all final | popios of drill stome tests siving interval tested, time test |

**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<br>(Attach Additional She | eets)                | Yes No                       | L                        | og Formatic        | on (Top), Depth ar |                  | Sample                        |
|--|----------------------|------------------------------|--------------------------|--------------------|--------------------|------------------|-------------------------------|
| Samples Sent to Geolog                           | ical Survey          | Yes No                       | Nam                      | 6                  |                    | Тор              | Datum                         |
| Cores Taken<br>Electric Log Run                  |                      | ☐ Yes ☐ No<br>☐ Yes ☐ No     |                          |                    |                    |                  |                               |
| List All E. Logs Run:                            |                      |                              |                          |                    |                    |                  |                               |
|  |                      |                              | RECORD Ne                |                    |                    |                  |                               |
|  |                      | Report all strings set-      | conductor, surface, inte | rmediate, producti | on, etc.           |                  |                               |
| Purpose of String                                | Size Hole<br>Drilled | Size Casing<br>Set (In O.D.) | Weight<br>Lbs. / Ft.     | Setting<br>Depth   | Type of<br>Cement  | # Sacks<br>Used  | Type and Percent<br>Additives |
|  |                      |                              |                          |                    |                    |                  |                               |
|  |                      |                              |                          |                    |                    |                  |                               |
|  |                      |                              |                          |                    |                    |                  |                               |
|  |                      | ADDITIONAL                   | CEMENTING / SQU          | EEZE RECORD        |                    |                  |                               |
| Purpose:<br>Perforate                            | Depth<br>Top Bottom  | Type of Cement               | # Sacks Used             |                    | Type and P         | ercent Additives |                               |

| Perforate      | Top Bottom | Type of Centent | # Sacks Used | Type and Fercent Additives |
|----------------|------------|-----------------|--------------|----------------------------|
| Protect Casing |            |                 |              |                            |
| Plug Off Zone  |            |                 |              |                            |
|                |            |                 |              |                            |

| Did you perform a hydraulic fracturing treatment on this well?  |
|---|
| Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? |
| Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?     |

| Yes | No |
|-----|----|
| Yes | No |
| Yes | No |

(If No, skip questions 2 and 3) (If No, skip question 3)

(If No, fill out Page Three of the ACO-1)

| Shots Per Foot                       |            | PERFORATION<br>Specify Fo |         | RD - Bridge Plu<br>Each Interval P |        | 0e    |          |                              | ement Squeeze Record<br>d of Material Used) | Depth   |
|--------------------------------------|------------|---------------------------|---------|------------------------------------|--------|-------|----------|------------------------------|---|---------|
|                                      |            |                           |         |                                    |        |       |          |                              |   |         |
|                                      |            |                           |         |                                    |        |       |          |                              |   |         |
|                                      |            |                           |         |                                    |        |       |          |                              |   |         |
|                                      |            |                           |         |                                    |        |       |          |                              |   |         |
|                                      |            |                           |         |                                    |        |       |          |                              |   |         |
| TUBING RECORD:                       | Siz        | e:                        | Set At: |                                    | Packer | r At: | Liner R  | lun:                         | No  |         |
| Date of First, Resumed               | d Producti | on, SWD or ENH            | ٦.      | Producing Me                       | ethod: | ping  | Gas Lift | Other (Explain)              |   |         |
| Estimated Production<br>Per 24 Hours |            | Oil Bb                    | ls.     | Gas                                | Mcf    | Wate  | er       | Bbls.                        | Gas-Oil Ratio                               | Gravity |
| DISPOSIT                             |            | AS                        |         |                                    | METHOD |       |          |                              |   | FR\/AL· |
| Vented Sol                           | d 🗌 l      | Jsed on Lease             |         |                                    | Perf.  | _     | Comp.    | Commingled<br>(Submit ACO-4) |   |         |
| Per 24 Hours DISPOSIT                | d 🗌 l      | AS:<br>Jsed on Lease      |         |                                    | METHOD |       | ETION:   | Commingled                   | Gas-Oil Ratio PRODUCTION INT                |         |

| Form      | ACO1 - Well Completion |
|-----------|------------------------|
| Operator  | Owens Petroleum LLC    |
| Well Name | RENO 14                |
| Doc ID    | 1362276                |

# Casing

| Purpose<br>Of String | Size Hole<br>Drilled | Size<br>Casing<br>Set | Weight | Setting<br>Depth | Type Of<br>Cement |     | Type and<br>Percent<br>Additives |
|----------------------|----------------------|-----------------------|--------|------------------|-------------------|-----|----------------------------------|
| Surface              | 11                   | 7                     | 20     | 20               | portland          | 10  | na                               |
| Production           | 5.625                | 2.875                 | 6.5    | 865              | poxmix            | 102 | na                               |
|                      |                      |                       |        |                  |                   |     |                                  |
|                      |                      |                       |        |                  |                   |     |                                  |

Page Invoice D: . 05-15-2017 0 Invoice #

Superior Bultding 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

| Please Remit To:<br>Terms  | Superior Building Supply, Inc., 215 West Rutledge, Yates Center, KS 65783<br>P.O.# Order # Type Sld.By Cust.# | pply, Inc., 215 Wes<br>Order # | st Rutledge, Y<br>Type | ates Cent<br>Sld.By | er, KS 667<br>Cust.# | '83<br>Sim.                  |                         |
|----------------------------|---|--------------------------------|------------------------|---------------------|----------------------|------------------------------|-------------------------|
| Net 10th                   | reao 14   | 156033                         | House                  | MED                 | 036070               | Store                        |                         |
| Quantity UM<br>10.000 EA M | Item #<br>MA1235  | Portland Cement 94#            | Description<br>194#    |                     |                      | Price<br>13.90               | Extancied Price         |
|                            |   |                                | ι                      | *                   |                      |                              |                         |
| LET US E-MAIL YC           | LET US E-MAIL YOUR INVOICES & STATEMENTS  | VTEMENTS                       |                        |                     |                      | Taxable:<br>Tax:<br>Non-Tax: | 139.00<br>13.21<br>0.00 |
| Received by:               | N<br>S<br>N   |                                |                        |                     |                      | Total:                       | 152.21                  |



| Gustoma   | OWENS PETROLEUM   | Gustomor Name:   | BRYSON                                |   | Tickot No.1                           |                   | 50981         |                |
|---|---|--|---------------------------------------|---|---------------------------------------|-------------------|---------------|----------------|
| Addross   |   | Contractor   | OWE                                   | OWENS                                   |                                       | i                 | 5/16/2017     |                |
| City, Stato, Zip  |   | Job type   | LONGSTRING                            |   | Well Type:                            |                   | OIL           |                |
| Service District  |   | Woll Dotallis:   | Sec:                                  | Sect                                    |                                       |                   | Ri            |                |
|   |   | Well Logation  | PIQUA                                 |   |                                       | State:            | State: KANSAS |                |
| Well name & No  | Driver  |  | TRUCK CALL                            | FD                                      |                                       |                   | AM<br>PM      | TIME           |
| Equipment #   | KEVIN   |  | ARRIVED AT                            |   |                                       |                   | AM<br>PM      | 1:00           |
| 201 203   | MARK  | START OPERATION  |                                       |   |                                       |                   | AM<br>PU      |                |
| 30  | JAKE  |  | FINISH OPERATION                      |   |                                       |                   | AM<br>PM      |                |
|   | 0/11/2  |  | RELEASED                              |   |                                       | AM<br>PM          | 2:15          |                |
|   |   | MILES FROM STATION TO  |                                       |   | O WELL                                |                   |               | 50             |
|   | T   | Freatment Summary  |                                       |   |                                       |                   |               |                |
|   |   | 11-10-2  |                                       | List                                    | Gross                                 |                   |               |                |
| Product/Service<br>Code   | Description   | Unit of<br>Measure   | Quantity                              | Price/Unit                              | Amount                                |                   |               | Net Amour      |
| 01  | Heavy Equip. One Way  | mi   | 50.00                                 | \$3.25                                  | \$162.50                              |                   |               | \$162.8        |
| 02  | Light Equip. One Way  | mi   | 50.00                                 | \$1.50                                  | \$75.00                               |                   |               | \$75.0         |
| )04   | Minimum Ton Mile Charge   | ea   | 1.00                                  | \$300.00                                | \$300.00                              |                   |               | \$300.0        |
| 2008  | 70/30 Pozmix Cement   | sack   | 102.00                                | \$12.70                                 | \$1,295.40                            |                   |               | \$971.         |
| 2013  | Bentonite Gel   | lb   | 180.00                                | \$0.30                                  | \$54.00                               |                   |               | \$40.          |
| 2037  | Rubber Plug 2 7/8   | ea   | 1.00                                  | \$30.00                                 | \$30.00                               |                   |               | \$22.          |
| 2013  | Bentonite Gel   | lb   | 300.00                                | \$0.30                                  | \$90.00                               |                   |               | \$67.          |
| )20   | Cement Pump   | ea   | 1.00                                  | \$675.00                                | \$675.00                              |                   |               | \$506.:        |
|   |   |  |                                       |   |                                       |                   |               |                |
| ······································  |   |  |                                       |   |                                       |                   |               |                |
|   |   |  | · · · · · · · · · · · · · · · · · · · |   |                                       |                   |               |                |
|   |   |  |                                       |   |                                       |                   |               |                |
| DISC. Cash la adua  | ance unless Hurricane Services Inc. (HSI) has approved credit prior to  |  |                                       | l                                       |                                       |                   |               |                |
| a, Credit lerms of sa   | ale for approved accounts are total invoice due on or before the 30th day   |  |                                       | r                                       | · · · · · · · · · · · · · · · · · · · | Net:              | \$            | 2,145.1        |
| m the date of Involce. Past due accounts may pay interest on the balance past due at the rate<br>1 W% per month or the maximum allowable by applicable state or federal faws if such taws |   |  | Taxable                               | \$ -                                    | Tax Rate:                             | 7.150%            |               |                |
| 1 yaw permonin or   | ir amount, in the event it is necessary to employ an agency and/or<br>collection of seid account, Customer hereby agrees to pay all fees directly   | Frac and Acid service treatments designed with intent to<br>Increase production on newly drilled or existing wells are |                                       |   | ļ                                     | Sale Tax:         |               | -              |
| it interest to a lasse<br>snev to affect the c  |   | not taxable:   |                                       |   | 1                                     | Total:            | \$            | 2,145.         |
| it interest to a lasse<br>smey to affect the c<br>indirectly incurred ic  | or such collection. In the event that Customer's account with HSI becomes   |  | not taxaole:                          | r · · · · · · · · · · · · · · · · · · · |                                       |                   | Ψ.            | Z, 140.        |
| it interest to a lesse<br>prney to affect the c<br>indirectly incurred ik<br>inquent, HSI has the<br>pice price, Upon rev   | or such collection. In the event that Customer's account with HSI becomes<br>to right to revoke any and all discounts previously applied in arriving at net<br>vocation, the full invoice price without discount will become immediately<br>laction. Prices quoted are estimates only and are good for 30 days from | Date o   | f Service:                            |   |                                       | 5/2017<br>E HEARD |               | <u>z, 143.</u> |

Х

ultimately required to perform these services. Discount rate is based on 30 days net payment terms or cash. DiscoLaMER.NOTICE: This technical data is presented in good faith, but no warranty is given by and H.S.I assumes no fability for advice or recommendations made concerning results to be obtained from the use of any product or service. The Information presented is HSI best estimate of the actual results that may be achieved and should be used for comparison purposes and make no guarantee of future production performance. Customer warrants that well and all associated equipment in acceptable condition to receive services by H.S.I. Likewise, the customer will guarantee proper operational care of all customer owned production and associated equipment, while H.S.I. Is on location performing services which could adversely affect the performance of such services. Authorization below acknowledges receipt and acceptance of all lerms and conditions stated v