Сс	onfiden	tiality	Requested:
	Yes	Ν	0

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1365096

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	Ξ

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:				
		Elevation: Ground: Kelly Bushing:				
		Total Vertical Depth: Plug Back Total Depth:				
	W Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet				
CM (Coal Bed Methane)		Multiple Stage Cementing Collar Used? Yes No				
Cathodic Other (Core, Expl., etc						
If Workover/Re-entry: Old Well Info as follow	NS:	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: Orig	inal Total Depth:					
Deepening Re-perf. Conv	v. to ENHR 🗌 Conv. to SWD	Drilling Fluid Management Plan				
Plug Back Conv	v. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)				
	1.	Chloride content: ppm Fluid volume: bbls				
	t:	Dewatering method used:				
	f:	Location of fluid disposal if hauled offsite:				
	t:	Location of huld disposal in hadred offsite.				
	t:	Operator Name:				
		Lease Name: License #:				
Spud Date or Date Reached TD	Completion Date or	Quarter Sec Twp S. R East _ West				
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	1365096
Operator Name:	_ Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTDUCTIONS. Chave important tang of formations panetrated D	tail all carea. Bapart all final	panias 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 (Attach Additional Sheets)		Yes No		-	on (Top), Depth a		Sample
Samples Sent to Geolog	amples Sent to Geological Survey		Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			RECORD Ne		ion, 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	L CEMENTING / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives	

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

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

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

No

No

No

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

Shots Per Foot	Shots Per Foot PERFORATIO				Plugs Set/Typ Perforated	e		Depth		
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner R	un:	No	
Date of First, Resumed	I Product	ion, SWD or ENHF	۶.	Producing I		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wat	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI		SAS:			METHOD	OF COMPLE			PRODUCTION INTE	-RVAL
DISPOSITION OF GAS:				Open Hole Other <i>(Specif</i> y	Perf.		Comp.	Commingled (Submit ACO-4)		

Form	ACO1 - Well Completion
Operator	Owens Petroleum LLC
Well Name	RENO 21
Doc ID	1365096

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	11	7	20	20	Portland	5	na
Production	5.625	2.875	6.5	886	Pozmix	114	na

Superior Building Supply, Inc. 215 West Rutledge Yates Center, KS 66783

620-625-2447

 Invoice #
 Page

 159424
 001

 Invoice Date
 07-27-2017 12:56:33

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

620-625-3607

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

	erms		· · · · · ·		Order #	Туре	Sld.By	Cust.#	SIm.	
Net 10th	·.		reno 21		159424	House	MED	O36070	KMD	
Ouantity 6.000 5.000	UM EA EA	L6612t MA1235	liem #		x12 treated tland Cemer	Description nt 94#			Price 44.64 13.90	Extended Price 267.84 69.50
						• • •		-		
						i.				
										•
					- <u>w</u>					
LET US E-N	MAIL	YOUR INV	/OICES & STA	TEME	NTS				Taxable: Tax: Non-Tax:	337.34 32.05 0.00
Received by	<u>/:</u> (brys	; or					-	Fotal:	369.39

3613A Y Road Madison, KS ∕元3860 Ph: 620: ∮37-2661 Fax: 620-437-2881



HURRICANE SERVICES INC

104 Prairie Plaza Parkway Garnett, KS 66032 Ph: 785-448-3100 Fax: 785-448-3102

FED ID# 48-1214033 MC ID# 165290

Remit to: Hurricane Services, Inc. 250 N. Water, Suite 200 Wichita, KS 67202

Customer: OWENS PETROLEUM 1274 202ND ROAD	Invoice Date: Invoice #: Lease Name: Well #:	· ·	7/25/2017 0033821 RENO 21
YATES CENTER, KS 66783	County:	W	OODSON
Date/Description	HRS/QTY	Rate	Total
Ticket 50318 Longstring	0.000	0.000	0.00
Heavy Eq mileage one way	50.000	3.250	162.50
Light Eq mileage one way	50.000	1.500	75.00
Bulk truck #241	1.000	300.000	300.00
Cement Pozmix 70/30	114.000	10.275	1,171.35
Bentonite Gel	401.000	0.225	90.23
Top rubber plug 2 7/8"	1.000	22.500	22.50
Cementer #230	1.000	506.250	506.25
FLO Seal	29.000	1.612	46.76
Surfactamt	1.000	50.000	50.00
Polymer	1.000	150.000	150.00

Total 2,574.59

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!



250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Gustemer	Owens Petroleum			Customer Name:	Bryson Owens		Ticket No.;	50318			
Address;				Contrastor: Owens		Date:	7/25/2017				
City, State, Zip:				Job type	Longstring		Woll Type:	New Oil			
Service District:	Madison, KS		Wolf Details:	5ec		ťwp:		R			
Well name & No,	Reno # 2	21			Well Location;	Piqua	County:	Woodson	Stato:		Kansas
Equipment#	Driver	Equipment#	Driver	Equipment#	Driver	TRUCK CALL	ED			AN PM	TIME
230	Kevin									AN PN	
241	Jesse					START OPERATION					
25	Jake	1	1	FINISH OPERATION			AK PM	1			
			1			RELEASED	·			АЦА РМ	
	MILES FROM STATION TO					WELL	and a comparate of Manage		no el distra mierto.		

On location safety meeting. Spot in and rig up. Hook up to tubing @ 890". Break circulation with 8 bbl fresh water. Mix and pump 9 bbl gel, followed by 5 bbl freah water. Mix and pump 114 sacks cement. Stop. Wash pump and lines. Drop plug. Start displacement. Displace 4.9 bbl water. Pressured up to 1250#. Release pressure to 400 PSI. Shut in well. Wash up pump. Rig down and leave location.

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount		Net Amour		
C001	Heavy Equip. One Way	ml	50.00	\$3.25	\$162,50		\$162.5		
C002	Light Equip. One Way	mi	50.00	\$1.50	\$75.00	1	\$75.0		
C004	Minimum Ton Mile Charge	ea	1.00	\$300.00	\$300,00		\$300.0		
CP008	70/30 Pozmix Cement	sack	114.00	\$13.70	\$1.561.80		\$1,171.3		
CP013	Bentonite Gel	lb	201.00	\$0.30	\$60.30		\$46.2		
CP037	Rubber Plug 2 7/8	ea	1.00	\$30.00	\$30.00	1	\$22.6		
CP013	Bentonite Gel	IЬ	200.00	\$0.30	\$60.00		\$45.0		
C020	Cement Pump	ea	1.00	\$675.00	\$876.00		\$506.2		
CP017	FLO-Seal	lb	29.00	\$2.15	\$62.35		\$46.7		
		·							
				<u> </u>					
				· · · · · · · · · · · · · · · · · · ·					
			· · · · ·						
	1		· · · · · · · · · · · · · · · · · · ·						
				· · · -					
· · .	· · · · · · · · · · · · · · · · · · ·		· · ·						
to section to	Polymer	Gal 🔿	3.00	\$50.00	\$150,00	an an taon an t	15		
	Surfactant	Gal	1.00	\$50.00	\$50:00		\$50.0		
ERMS: Cesh in adva	nce unless Hurricane Services Inc. (HSI) has approved credil prior to			Gross:	\$ 3,186.95	Net:	\$2.574.55		
sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day rown the date of invoice. Past due accounts may pay interest on the balance past due at the ate of 1 12% per month or the maximum allowable by applicable states or laderoi laws if such aws limit interest to a lesser amount, in the event it is necessary to employ an agency and/or			Taxable	\$ -		INCL.	\$2,014.03		
				<u> </u>	Tax Rate:				
ittorney to affect the c	ollection of said account, Customer hereby agrees to pay all fees directly					Sale Tax:	\$		
iecomes delinquent, H	r such collection. In the event that Gustomer's account with HSI ISI has the right to revoke any and all discounts previously applied in					Total:	\$ 2,574.59		
	ng at net invoice price. Upon revocation, the full invoice price without discount will me immediately due and subject to collection. Prices quoted are estimates only and are		Date of Service:			7/25/2017			
ppd for 30 days fram the date of issue. Pricing does not include federal, state, or local taxes, r royalities and stated price adjustments. Actual charges may vary depending upon time,		HSI Representative:			Jake Heard				
quipment, and materia	al ultimately required to perform these services. Discount rate is based	Customer Comments:							
o liebility for advice or se of any product or s esuits that may be ach	: resonted in good faith, but no warranty is given by and H.S.I assumes recommendations made concerning results to be obtained from the ervice. The information presented is HSI best estimate of the actual heved and should be used for comparison purposes and make no								
quipment in acceptab uarantee proper opera quipment, while H.S.I.	duction parformance. Cuutomer warrants that well and all associated le condition to receive services by H.S.I. Likewise, the customer will alional care of all customer owned production and associated is on location performing services which could adversely offect the								
	innulations coolet and essentianes of all torms and readilians closed								
HISTOMER AL	ITHORIZED AGENT	l							