Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1365401

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:			Sec	TwpS. R
Address 2:			Feet	from $\ \square$ North / $\ \square$ South Line of Section
City: St	ate: Ziŗ	D:+	Feet	from East / West Line of Section
Contact Person:			Footages Calculated from Ne	arest Outside Section Corner:
Phone: ()			□ NE □ NW	□ SE □ SW
CONTRACTOR: License #			GPS Location: Lat:	, Long:
Name:				. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27 NAD27	
Purchaser:			County:	
Designate Type of Completion:			Lease Name:	Well #:
New Well Re-	·Fntrv	Workover	Field Name:	
	_		Producing Formation:	
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushing:
☐ Gas ☐ D&A ☐ OG	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:
CM (Coal Bed Methane)	G3W	iemp. Abd.	Amount of Surface Pipe Set a	and Cemented at: Feet
Cathodic Other (Core	Expl etc.)		Multiple Stage Cementing Co	
If Workover/Re-entry: Old Well Inf				Feet
Operator:				nent circulated from:
Well Name:			, ,	w/sx cmt.
Original Comp. Date:			loot doparto.	W,
	_	NHR Conv. to SWD		
Deepening Re-perf. Plug Back	Conv. to GS		Drilling Fluid Management F (Data must be collected from the	
Commingled	Permit #:		Chloride content:	ppm Fluid volume: bbls
Dual Completion	Permit #:		Dewatering method used:	
SWD	Permit #:		Location of fluid disposal if ha	uled offsite:
☐ ENHR	Permit #:		On a water Manage	
GSW	Permit #:			L'acces II
				License #:
Spud Date or Date Rea	iched TD	Completion Date or		TwpS. R
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:

# 1365401

C 1 1 1 1 C	
	136540

Operator Name:			Lease Name: _			Well #:		
Sec Twp	S. R [	East West	County:					
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to a	g and shut-in pressur	res, whether shut-in pre	ssure reached stati	c level, hydrosta	tic pressures, bott			
Final Radioactivity Log, files must be submitted				ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log	
Drill Stem Tests Taken (Attach Additional Sh	neets)	Yes No			on (Top), Depth an		Sample	
Samples Sent to Geological	gical Survey	☐ Yes ☐ No	Nam	e		Тор	Datum	
Cores Taken Electric Log Run		Yes No						
List All E. Logs Run:								
		CASING Report all strings set-c	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	CEMENTING / SQL	JEEZE RECORD				
Purpose:  Perforate Protect Casing Plug Back TD	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives				
Plug Off Zone								
Did you perform a hydraulic Does the volume of the tota Was the hydraulic fracturing	al base fluid of the hydra	ulic fracturing treatment ex	_	Yes [ Yes [ Yes [	No (If No, ski	p questions 2 ai p question 3) out Page Three	,	
Shots Per Foot		N RECORD - Bridge Plug otage of Each Interval Per		Acid, Fra (Ai	d Depth			
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No			
Date of First, Resumed P	roduction, SWD or ENHI	R. Producing Meth		Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil Bb	ols. Gas	Mcf Wate	er B	bls. G	as-Oil Ratio	Gravity	
DISPOSITION	N OF GAS:		METHOD OF COMPLE	ETION:		PRODUCTION	ON INTERVAL:	
Vented Sold	Used on Lease	Open Hole		Comp. Cor	mmingled mit ACO-4)			
(If vented, Subm	nit ACO-18.)	Other (Specify)						

Form	ACO1 - Well Completion
Operator	Owens Petroleum LLC
Well Name	COLLINS 3-C
Doc ID	1365401

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	11	7	20	20	Portland	5	na
Production	5.625	2.875	6.5	850	Pozmix	106	na

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

620-625-2447

Invoice # Page

158655 001

Invoice Date

07-10-2017 07:59:34

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

620-625-3607

lease Remi			60.00	pply, lnc., 215 We Order#	est Rutledge, Y	ates Cer	nter, KS 66 Cust.#	783 Slm.	
Net 10th	rms		collin 3-c	158655	House	MED	O36070	Store	
Quantity 5.000	UM EA	MA1235	ltem #	Portland Cemer	Description at 94#			Price 13.90	Extended Price 69.50
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many different photographs								E. C.	
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LETUE	R A A II	VOLID IN	JIVOICES & ST	ATEMENTS				Taxable:	69.50
LET US E-	IVIAIL	TOUR II	NVOICES & STA	A I LIVILIA I O				Tax: Non-Tax:	6.60 0.00
					·		wwite	Total:	76.10
Received b	y:		· .	•					

3613 / Y Road Madison, KS 66860 Ph: 620-437-2661 Fax: 620-437-2881

-ax. 020-437-2081

FED ID# 48-1214033 MC ID# 165290 HURRICANE SERVICES INC

104 Prairie Plaza Parkway Garnett, KS 66032

Ph: 785-448-3100 Fax: 785-448-3102

Remit to: Hurricane Services, Inc.

250 N. Water, Suite 200 Wichita, KS 67202

Customer:

OWENS PETROLEUM 1274 202ND ROAD YATES CENTER, KS 66783 Invoice Date: Invoice #: Lease Name: 7/12/2017 0033629 COLLINS 3-C

Well #: County:

3-C WOODSON

Date/Description	HRS/QTY	Rate	Total
Date/Description .			
Ticket 50310 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 #202	1.000	300.000	300.00
Pump truck #201	1.000	506.250	506.25
Cement Pozmix 70/30	106.000	10.275	1,089.15
Bentonite Gel	376.000	0.225	84.60
Top rubber plug 2 7/8"	1.000	22.500	22.50

Total 2,240.00

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.



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

### **HURRICANE SERVICES INC**

104 Prnirie Plaza Parkway - Garnett, Ks 66032

Customer	Owens	wens Petroleum			Customer Name:	Bryson Owens	i	Ticket He.:	50310		
Addrass:				Contractor			Date:	7/12/201	7		
City, State, Zip:				Job type	Longstring		Wail Type:	OII N	(ew)		
Service District:	Madison, Ks		Olatrict: Madison, Ks Well Datails: 300		Twp:		R				
Well name & No.	Collins :	3-C			Well Location:	Piqua	Woodson	State		Kansas	
Equipment#	Driver	Equipment#	Driver	# Equipment	Driver	TRUCK CALLE	D			AM PM	TIME
201	Kevin					ARRIVED AT J	QB			AM PM	
202	Mark					START OPERATION					<b></b>
30	Jake					FINISH OPERA	TION			ALL PM	
						RELEASED				A34 \$11	
						MILES FROM S	TATION TO	WELL			50

On location safely meeting. Spot in and rig up. Hook up to casing. Break circulation with 8 bbl water. Mix and pump 200 lbs of gel spacer. Pump freshwater behind the spacer 5 bbl. Mix and pump 4 bbl dyed water. Mix and pump 100 sacks of cement. Stop and drop the plug and wash pump and lines. Displace with 4.5 bbl water, bump plug. Release pressure. Float held. Wash up pump and rig down to leave loaction.

Product/Service								
Code	Description	Unit of Measure	Quantity	List Price/Unit	Grass Amount		 N	et Amou
001	Heavy Equip. One Way	mi	50.00	\$3.25	\$162.50	)		\$162.
002	Light Equip. One Way	mi	50.00	\$1.50	\$75.00	+		\$75.
004	Minimum Ton Mile Charge	ea	1.00	\$300.00	\$300.00	,		\$300.
020	Cement Pump	ea	1.00	\$675.00	\$675.00			\$506,
P008	70/30 Pozmix Cement	sack	106,00	\$13.70	\$1,452.20	<del></del>		\$1,089.
P013	Bentonite Gel	lb	176.00	\$0.30	\$52.80	1		\$39
037	Rubber Plug 2 7/8	ea	1.00	\$30.00	\$30.00			\$22.
P013	Bentonite Gel	lb	200.00	\$0.30	\$60.00			\$45.
	4							
							<del></del> _	
						<u> </u>		
					-			
								•
			<u>.</u>					
				9/10/25 10/25				77.7
MS: Cash in advance	e unless Hurricane Services Inc. (HSI) has approved credit prior to	# 1 1 M M M M M M M M M M M M M M M M M		A STATE OF	<b>主持,持续</b> 在1			Grv.
Credit terms of sale	for approved accounts are lotal invoice due on or before the 30th day Past due accounts may pay interest on the balance past due at the	<u> </u>	<del></del> ,	Gross:	\$ 2,807.50	Net:	\$2	,240.0
i 1 14% permonih d	or the maximum allowable by applicable state or federal laws if such	Total 1	axable	\$ -	Tax Rate:			$\leq$
mit interest to a les ry to affect the coll	ser amount, in the event it is necessary to employ an agency and/or ection of said account, Customer hereby agrees to pay all fees directly		ice treatments desig			Sale Tax: \$		-
rectly incurred for a	such collection, in the event that Customer's account with HSI	meressa brooncho	n on newly drilled or not taxable.	existing walls are		Total:		240.0
ames delinquent, HSI has the right to revoke any and all discounts proviously upplied in sing at nel invoice price. Upon revocation, the full invoice price without discount will ame immediately due and subject to collection. Prices quoted are estimates only and are		Date of Service:			Total: \$ 2,240.			
for 30 days from the	e date of issue. Pricing does not include federal, state, or local taxes, los edjustments. Actual charges may vary depending upon time,	HS! Repre	sentative:		Jak	e Heard		
ment, and material days net payment to LAIMER NOTICE:	ultimately required to perform these services. Discount rate is based			Custom	er Comments:			

on 30 days net payment terms or cash.

<u>DISCLAIMER NOTICE</u>:

This technical data is presented in good faith, but no warranty is given by and H.S.I assumes no liability 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 reaches services by H.S.I. Exwiste, the customer will quarantee proper operational care of all customer owned production and associated equipment, while H.S.I. Is on localion performing services which could adversely affect the performance of such services.

CUSTOMER AUTHORIZED AGENT