Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1370880

Form ACO-1 November 2016 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.:
Name:	Spot Description:
Address 1:	SecTwpS. R
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: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW	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 EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Committed at Provider	Chloride content: ppm Fluid volume: bbls
☐ Commingled     Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Location of fluid disposal if fladied offsite.
GSW Permit #:	Operator Name:
<u> </u>	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
Recompletion Date Recompletion Date	County: Permit #:

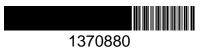
#### **AFFIDAVIT**

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 Drill Stem Tests Received							
Geologist Report / Mud Logs Received							
UIC Distribution							
ALT I I II Approved by: Date:							

Page Two



Operator Name:					Lease Na	ıme: _			Well #:	
SecTwp	oS. F	R	East	West	County: _					
	flowing and sh	ut-in pressure	s, whe	ther shut-in pre	essure reache	ed stati	c level, hydrosta	tic pressures, t		val tested, time tool erature, fluid recovery,
Final Radioactivit files must be sub							gs must be ema	iled to kcc-wel	l-logs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests T			Ye	es No		L		on (Top), Depth		Sample
Samples Sent to	Geological Sur	vey	Ye	es No		Nam	е		Тор	Datum
Cores Taken Electric Log Run Geolgist Report / List All E. Logs R	_		<ul><li> Y€</li><li> Y€</li></ul>	es No						
			Repo		RECORD conductor, surfa	Ne	w Used	on, etc.		
Purpose of Str	ing Siz	e Hole		e Casing	Weight		Setting	Type of	# Sacks	Type and Percent
Fulpose of Sti	"' <sup>g</sup> D	rilled	Set	(In O.D.)	Lbs. / F	t.	Depth	Cement	Used	Additives
				ADDITIONAL	CEMENTING	i / SQL	JEEZE RECORD			
Purpose:		Depth Bottom	Type	of Cement	# Sacks U	sed		Type an	d Percent Additives	
Perforate Protect Cas	sing									
Plug Back Plug Off Zo										
1 lug Oli 20	JIIC .									
Did you perform	a hydraulic fractu	ring treatment o	n this w	ell?			Yes	No (If No,	skip questions 2 ar	nd 3)
2. Does the volume	e of the total base	fluid of the hydr	aulic fra	cturing treatmen	t exceed 350,00	00 gallo	ons? Yes	No (If No,	skip question 3)	·
3. Was the hydrauli	ic fracturing treatr	nent information	submit	ted to the chemic	cal disclosure re	egistry?	Yes	No (If No,	fill out Page Three	of the ACO-1)
Date of first Produc	ction/Injection or F	Resumed Produc	ction/	Producing Met	hod:					
Injection:				Flowing	Pumping		Gas Lift C	other (Explain)		
Estimated Produc Per 24 Hours	tion	Oil Bbls	S.	Gas	Mcf	Wat	er Bl	ols.	Gas-Oil Ratio	Gravity
DISPO	OSITION OF GAS	:		N	METHOD OF C	OMPLE	TION:			N INTERVAL:
Vented	Sold Use	d on Lease		Open Hole	Perf.			nmingled	Тор	Bottom
(If vente	d, Submit ACO-18.	)				(Submit	ACO-5) (Subi	mit ACO-4)		
Shots Per	Perforation	Perforation	1	Bridge Plug	Bridge Plug		Acid,	Fracture, Shot, (	Cementing Squeeze	Record
Foot	Тор	Bottom		Туре	Set At			(Amount and k	Kind of Material Used)	
TUBING RECORE	): Size:		Set At:	<u> </u>	Packer At:					

Form	ACO1 - Well Completion
Operator	Owens Petroleum LLC
Well Name	DRISKILL 28
Doc ID	1370880

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	11.75	7	20	40	Portland	8	na
Production	5.625	2.875	6.5	1052	Poxmix	115	na





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

Order # Type Sld.By Cust.# Slm.	0043 House MED 036070 KMD	scription Price Extended Price	# 11.20	Taxable: 11.20 Tax: 10.56 Non-Tax: 0.00	
Туре	MED	Description	Portland Gement 94#	Taxa Tax: Non-	
P.O.#	oe driskel	Item #	MA1235 Portland C	LET US E-MAIL YOUR INVOICES & STATEMENTS	(
Terms	Net 10th	Quantity UM	8.000 EA	LET US E-MAIL Y	



					1	ES INC		T	T		
Customer	Owens Pe	troleum			<del> </del>	Bryson Owe	ns	Ticket No.:	-		
Address:		<del></del> -	······		Contractor	Owens		Date	8/15/2017		
City, State, Zip:			<del> </del>		Job type	Longstring		Well Type:	Oil		· · · · · · · · · · · · · · · · · · ·
Service District:	Madison,	KS			Well Details:	Sec		Twp:		R	b
Well name & No.	Driskiil # 2	28			Well Location:	Neosho Falls	County	Woodson	State:		Kansas
Equipment#	Driver	Equipment#	Driver I	Equipment#	Driver	TRUCK CALL	_ED			AM PM	TIME
201	Kevin		<u> </u>			ARRIVED AT	JOB			AN PM	ļ
202	Josh		ļ			START OPER				AM PM AM	
26	Jake		<del> </del>			FINISH OPER	RATION			PM AM	
						RELEASED MILES FROM	STATION T	O WELL		PM	37
Product/Service					Unit of		List	Gross			
Code	Description				Measure	Quantity	Price/Unit	Amount			Net Amou
:001		ip. One Way			mi	37.00	\$3.25	\$120.25			\$90.
002		o. One Way			mi	37.00	\$1.50	\$55.50			\$41.
c004 c020		on Mile Char	je		ea	1.00	\$300.00 \$675.00	\$300.00 \$675.00			\$225. \$506.
:p008	Cement Pu 70/30 Pozr	nix Cement			ea sack	115.00	\$13.70	\$1,575.50			\$1,181.
cp014	Bentonite (		~		ib	203.00	\$0.30	\$60.90			\$45.4
cp018	FLO-Seal				lb	56.00	\$2.15	\$120.40			\$90.
p038	Rubber Plu	ıg 2 7/8			ea	1.00	\$30.00	\$30.00			\$22.
p014	Bentonite (	Gel			lb.	200.00	\$0.30	\$60.00			\$45.
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									<b>-</b>		
			製造を対象		11 m 12 M 13	5 15 W.		17.10年代基本	je trjedi	NAVA:	<b>加州和</b> 拉克
<b>的数字形数</b>					斯特·斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯			ACCEPTANT SERVICE	<b>第2次数</b> 位		
<u>[ERMS;</u> Cash in advar ale. Credit terms of sa	le for approved :	accounts are total ir	nvoice due on or b	perore the 30th day			Gross:	\$ 2,997.55	Net:		\$2,248.1
rom the date of invoice ate of 1 1/4% per month					Total '	Taxable	\$ -	Tax Rate:			><
aws limit interest to a le attemay to affect the co						vice treatments design on on newly drilled or			Sale Tax:	\$	
or indirectly incurred for	r such collection	. In the event that C	Customer's accoun	nt with HSi	Morease processor	not taxable.			Total:	\$	2,248.1
ecomes delinquent, HSI has the right to revoke any and all discounts previously applied in inving at net involce price. Upan revocation, the full invoice price without discount will ecome immediately due and subject to collection. Prices quoted are estimates only and are				scount will	Date of	f Service:		8/	15/2017		
	he date of issue	. Pricing does not in	nclude federal, sta	ite, or local taxes,	HSI Repr	esentative:		Jak	e Heard		•
secome immediately du good for 30 days from t					Tiorrica	COLINATIVE,	Custorr	ner Comments:	<del>-</del>		
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pecome immediately du good for 30 days from to royalties and stated p puipment, and matteris on 30 days net paymen DISCLAIMER NOTICE This technical data is pro- tiability for advice or use of any product or use	it terms or cash, resented in good recommendatio ervice. The Infor	ns made concerning mation presented is	g results to be obt s HSt best estimat	tained from the te of the actual							
pecome immediately du good for 30 days from to proyalities and stated of equipment, and matteria on 30 days net paymen <u>DISCLAIMER NOTICE</u> This technical data is ponto ise of any product or see results that may be ach guarantee of future pro-	It terms or cash, resented in good recommendatio ervice. The Infor Neved and shoul duction performs	ns made conceming mation presented is d be used for comp ance. Customer wa	g results to be obt s HSI best estimat arison purposes a rrants that well an	tained from the le of the actual and make no ld all associated							
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## **CEMENTING LOG**

		CLIVI			
Company	Owens Petroleum	Lease 0	Well P	lame/No.	Driskill # 28
Type Job	Longstring	Type & Amt Mate	erial 70/30 + 2% C.C + 1/4 lb	/sk Floseal	
Field	0	Ticket Number	50328		
CASING DATA					
Size	2.875	уре	Weight	0 Collar	
Casing Depths	: Тор	0 Bottom 1053'			
Drill Pipe:	Size	Weight	Collars		
Open Hole:	Size	5.875 T.D. (ft) 1062'	P.B. to (ft)		
CAPACITY FAC	TORS				
Casing	Bbls/Lin. ft.		0579 Lin. ft./Bbl		
Open Holes	Bbls/Lin. ft.	0.0	0335 Lin. ft./Bbl		
Drill Pipes	Bbls/Lin. ft.		Lin. ft./Bbl		
Annulus	Bbls/Lin. ft.	0.0	0255 Lin. ft./Bbl		
	Bbls/Lin. ft.		Lin. ft./Bbl		
Perforations	From (ft)	То	Amount	·	
CEMENT DAT					
Spacer Type	Gelled water	_			İ
Amt. 12 bbl	Sks Yield	ft <sup>3</sup> / <sub>sk</sub> Density (PP	G)		
LEAD		Type	Excess		
Pump Time (h		ft <sup>3</sup> / <sub>sk</sub> Density (PP			1
Amt.	Sks Yield	it /sk Delisity (FF			
TAIL					
Pump Time (h	irs)	Type 70/30 + 29	% gel + .25 floseal Excess		20%
Amt.	115 Sks Yield	1.49 ft <sup>3</sup> / <sub>sk</sub> Density (PP	G)		14.5
WATER					
Lead	7.44 gals/sk	Tail	gals/sk Total (Bbls.)		20.37
Pump Trucks					201
Bulk Equipme	nt				
ļ					202
					404
	ent: Manufacturer		Depth		
Shoe: Type			Depth		
Float: Type	Ouantity	Plugs: Top	Bottom		
Centralizers: Stage Collars	quantity	riugs, iop	bottom		
Special Equip	ment				
Disp. Fluid Ty		Amt. (Bbls.)	6.9 Weight (PPG)		
Mud Type	he Healimarei	Faire (opis.)	Weight (PPG)		
IIVIII I I VOE					

COMPANY REPRESENTATIVE	Bryson Owens	CE	EMENTER	Jake Heard	
Committee Manual Committee					

TIME	PRESSU	RES PSI	FLU	IID PUMPED DA	ATA	
AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	PUMPED/ TIME PERIOD	RATE (BBLS MIN.)	REMARKS
1:00 PM		1				On location safety meeting
						Spot in and rig up
						Hook up to tubing
	100		6		4	Break circulation
	100		12		4	Mix and pump gel
	100		5		4	Pump freshwater
	100		3		4	Mix and pump dyed water
	150		30.51		4	Mix and pump cement
						Stop
						Wash pump and lines
						Drop plug
	100		1		4	Displace
	1200		6.9		2	Bump plug
						Release pressure
						Check floats
	0					Shut in well
3:00 PM						Rig down and leave location
01001771						Thanks Jake, Kevin, And Josh
			-			