

1372801



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			
Geologist Report / Mud Logs	<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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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>	PRODUCTION INTERVAL: Top _____ Bottom _____
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:
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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

Invoice #	Page
160277	001
Invoice Date	
08-15-2017 07:56:02	



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

Terms	PO #	Order #	Type	Slid.By	Cust.#	Sim.
Net 10th		160277	House	MED	O36070	TDJ
Quantity	U/M	Item #	Description	Price	Extended Price	
8.000	EA	MA1235	Portland Cement 94#	13.90	111.20	
LET US E-MAIL YOUR INVOICES & STATEMENTS						Taxable: 111.20 Tax: 10.56 Non-Tax: 0.00 Total: 121.76
Received by: <i>DC</i>						

CEMENTING LOG

Company	Owens Petroleum	Lease	0	Well Name/No.	Driskill # 31
Type Job	Longstring	Type & Amt Material	70/30 + 2% C.C + 1/4 lb/sk Floseal		
Field	0	Ticket Number	50332		

CASING DATA					
Size	2.875	Type		Weight	0
Casing Depths:	Top	0	Bottom	1053'	Collar
Drill Pipe:	Size	Weight	Collars		
Open Hole:	Size	5.875	T.D. (ft)	1060'	P.B. to (ft)

CAPACITY FACTORS					
Casing	Bbbls/Lin. ft.		0.00579	Lin. ft./Bbl	
Open Holes	Bbbls/Lin. ft.		0.0335	Lin. ft./Bbl	
Drill Pipes	Bbbls/Lin. ft.			Lin. ft./Bbl	
Annulus	Bbbls/Lin. ft.		0.0255	Lin. ft./Bbl	
	Bbbls/Lin. ft.			Lin. ft./Bbl	
Perforations	From (ft)	To	Amount		

CEMENT DATA					
Spacer Type	Gelled water				
Amt.	12 bbl	Sks Yield		ft ³ /sk Density (PPG)	

LEAD					
Pump Time (hrs)		Type		Excess	
Amt.	Sks Yield	ft ³ /sk Density (PPG)			

TAIL					
Pump Time (hrs)		Type	70/30 + 2% gel + .25 floseal	Excess	20%
Amt.	121 Sks Yield	1.49 ft ³ /sk Density (PPG)			14.5

WATER					
Lead	7.44 gals/sk	Tail		gals/sk Total (Bbbls.)	21.43
Pump Trucks Used					230
Bulk Equipment					241
Float Equipment: Manufacturer					
Shoe: Type				Depth	
Float: Type				Depth	
Centralizers: Quantity		Plugs: Top		Bottom	
Stage Collars					
Special Equipment					
Disp. Fluid Type	Freshwater	Amt. (Bbbls.)		6.9 Weight (PPG)	
Mud Type				Weight (PPG)	

COMPANY REPRESENTATIVE Bryson Owens CEMENTER Jake Heard

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	PUMPED/ TIME PERIOD	RATE (BBLs MIN.)	
3:00 PM						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		32.1		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
4:00 PM						Rig down and leave location
						Thanks-- Jake, Kevin, And T.C