

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1372894  
OIL & GAS CONSERVATION DIVISION

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 # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

New Well  Re-Entry  Workover

Oil  WSW  SWD

Gas  DH  EOR

OG  GSW

CM (Coal Bed Methane)

Cathodic  Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

Deepening  Re-perf.  Conv. to EOR  Conv. to SWD

Plug Back  Liner  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

EOR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE  NW  SE  SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27  NAD83  WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite:

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

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  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1372894

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 _____	

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
160564	001
Invoice Date	
08-21-2017 09:47:12	



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

Terms	PO #	Order #	Type	Std. By	Cust. #	Sim.
Net 10th		160564	House	MED	O36070	Store
Quantity	UM	Item #	Description	Price	Extended Price	
7.000	EA	MA1235	Portland Cement 94#	13.90	97.30	
LET US E-MAIL YOUR INVOICES & STATEMENTS						Taxable: 97.30
						Tax: 9.24
						Non-Tax: 0.00
Received by:						Total: 106.54



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

**HURRICANE SERVICES INC**

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer:	Owens Petroleum			Customer Name:	Bryson Owens		Ticket No.:	50336		
Address:				Contractor:	Owens		Date:	8/24/2017		
City, State, Zip:				Job type:	Longstring		Well Type:	Oil		
Service District:	Madison, KS			Well Details:	Sec		Twp:		R:	
Well name & No.:	Driskill # 30			Well Location:	Neosho Falls	County:	Woodson	State:	Kansas	
Equipment #	Driver	Equipment #	Driver	Equipment #	Driver	TRUCK CALLED			AM PM	TIME
230	Kevin					ARRIVED AT JOB			AM PM	
241	Billy					START OPERATION			AM PM	
26	Jake					FINISH OPERATION			AM PM	
						RELEASED			AM PM	
						MILES FROM STATION TO WELL				37

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Net Amount
c001	Heavy Equip. One Way	mi	37.00	\$3.25	\$120.25	\$90.19
c002	Light Equip. One Way	mi	37.00	\$1.50	\$55.50	\$41.63
c004	Minimum Ton Mile Charge	ea	1.00	\$300.00	\$300.00	\$225.00
c020	Cement Pump	ea	1.00	\$675.00	\$675.00	\$506.25
cp008	70/30 Pozmix Cement	sack	114.00	\$13.70	\$1,581.80	\$1,171.35
cp014	Bentonite Gel	lb	203.00	\$0.30	\$60.90	\$45.68
cp018	FLO-Seal	lb	56.00	\$2.15	\$120.40	\$90.30
cp038	Rubber Plug 2 7/8	ea	1.00	\$30.00	\$30.00	\$22.50
cp014	Bentonite Gel	lb	200.00	\$0.30	\$60.00	\$45.00

**TERMS:** Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Discount rate is based on 30 days net payment terms or cash.

**DISCLAIMER NOTICE:**  
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 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 terms and conditions stated above.

	Gross:	\$ 2,983.85	Net:	\$ 2,237.89
Total Taxable	\$ -	Tax Rate:		
Free and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.		Sale Tax:	\$ -	
		Total:	\$ 2,237.89	
Date of Service:	8/15/2017			
HSI Representative:	Jake Heard			

X \_\_\_\_\_  
CUSTOMER AUTHORIZED AGENT

Customer Comments:

### CEMENTING LOG

<b>Company</b> Owens Petroleum		<b>Lease</b> 0		<b>Well Name/No.</b> Driskill # 30	
<b>Type Job</b> Longstring		<b>Type &amp; Amt Material</b> 70/30 + 2% C.C + 1/4 lb/sk Floseal			
<b>Field</b> 0		<b>Ticket Number</b> 50336			
<b>CASING DATA</b>					
<b>Size</b>	2.875	<b>Type</b>		<b>Weight</b>	0 Collar
<b>Casing Depths:</b>	Top	0 Bottom	1053'		
<b>Drill Pipe:</b>	<b>Size</b>	<b>Weight</b>		<b>Collars</b>	
<b>Open Hole:</b>	<b>Size</b> 5.875	<b>T.D. (ft)</b> 1062'		<b>P.B. to (ft)</b>	
<b>CAPACITY FACTORS</b>					
<b>Casing</b>	Bbls/Lin. ft.		0.00579	Lin. ft./Bbl	
<b>Open Holes</b>	Bbls/Lin. ft.		0.0335	Lin. ft./Bbl	
<b>Drill Pipes</b>	Bbls/Lin. ft.			Lin. ft./Bbl	
<b>Annulus</b>	Bbls/Lin. ft.		0.0255	Lin. ft./Bbl	
	Bbls/Lin. ft.			Lin. ft./Bbl	
<b>Perforations</b>	From (ft)	To		Amount	
<b>CEMENT DATA</b>					
<b>Spacer Type</b>	Gelled water				
<b>Amt.</b> 12 bbl	<b>Sks Yield</b>		<b>ft<sup>3</sup>/sk</b>	<b>Density (PPG)</b>	
<b>LEAD</b>					
<b>Pump Time (hrs)</b>		<b>Type</b>		<b>Excess</b>	
<b>Amt.</b>	<b>Sks Yield</b>		<b>ft<sup>3</sup>/sk</b>	<b>Density (PPG)</b>	
<b>TAIL</b>					
<b>Pump Time (hrs)</b>		<b>Type</b> 70/30 + 2% gel + .25 floseal		<b>Excess</b>	20%
<b>Amt.</b> 114	<b>Sks Yield</b>		<b>1.49 ft<sup>3</sup>/sk</b>	<b>Density (PPG)</b>	14.5
<b>WATER</b>					
<b>Lead</b>	7.44 gals/sk	<b>Tail</b>		<b>gals/sk Total (Bbls.)</b>	20.37
<b>Pump Trucks Used</b>					230
<b>Bulk Equipment</b>					241
<b>Float Equipment: Manufacturer</b>					
<b>Shoe: Type</b>				<b>Depth</b>	
<b>Float: Type</b>				<b>Depth</b>	
<b>Centralizers: Quantity</b>		<b>Plugs: Top</b>		<b>Bottom</b>	
<b>Stage Collars</b>					
<b>Special Equipment</b>					
<b>Disp. Fluid Type</b> Freshwater		<b>Amt. (Bbls.)</b>		<b>6.9 Weight (PPG)</b>	
<b>Mud Type</b>				<b>Weight (PPG)</b>	

**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.)	
						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		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
						Rig down and leave location
						Thanks- Jake, Kevin, And Billy