

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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 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: \_\_\_\_\_

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](mailto: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 <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>List All E. Logs Run: _____ | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|--|---|

| 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<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone |                  |                |              |                            |
|  |                  |                |              |                            |

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
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:<br><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:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5) (Submit ACO-4)</i> | PRODUCTION INTERVAL:<br>Top Bottom |
|---|--|------------------------------------|

| Shots Per Foot | Perforation Top | Perforation Bottom | Bridge Plug Type | Bridge Plug Set At | Acid, Fracture, Shot, Cementing Squeeze Record<br><i>(Amount and Kind of Material Used)</i> |
|----------------|-----------------|--------------------|------------------|--------------------|---|
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |

|                |       |         |            |  |
|----------------|-------|---------|------------|--|
| TUBING RECORD: | Size: | Set At: | Packer At: |  |
|----------------|-------|---------|------------|--|



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 |
| 164849              | 001  |
| Invoice Date        |      |
| 11-20-2017 09:28:17 |      |



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

| Terms                                    | PO # | Order # | Type                | Slid.By | Cust.#         | Sim.           |
|--|------|---------|---------------------|---------|----------------|----------------|
| Net 10th                                 |      | 164849  | 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.:                   | 50184      |        |
| Address:          |                 |             | Contractor:    |              |         | Date:                         | 11/30/2017 |        |
| City, State, Zip: |                 |             | Job type:      | Longstring   |         | Well Type:                    | Oil        |        |
| Service District: | Madison, Ks     |             | Well Details:  | Sec:         |         | Twps:                         |            | Rs:    |
| Well name & No.:  | Collins 9-c     |             | Well Location: | Piqua        | County: | Woodson                       | State:     | Kansas |
| Equipment #       | Driver          | Equipment # | Driver         | Equipment #  | Driver  | TRUCK CALLED                  |            |        |
| 230               | Kevin           |             |                |              |         | ARRIVED AT JOB                |            |        |
| 240               | Mark            |             |                |              |         | START OPERATION               |            |        |
| 24                | Jake            |             |                |              |         | FINISH OPERATION              |            |        |
|                   |                 |             |                |              |         | RELEASED                      |            |        |
|                   |                 |             |                |              |         | MILES FROM STATION TO WELL 50 |            |        |

| Product/Service Code | Description             | Unit of Measure | Quantity | List Price/Unit | Gross Amount | Net Amount |
|----------------------|-------------------------|-----------------|----------|-----------------|--------------|------------|
| c001                 | Heavy Equip. One Way    | mi              | 50.00    | \$3.25          | \$162.50     | \$121.88   |
| c002                 | Light Equip. One Way    | mi              | 50.00    | \$1.50          | \$75.00      | \$56.25    |
| c004                 | Minimum Ton Mile Charge | ea              | 1.00     | \$300.00        | \$300.00     | \$225.00   |
| c020                 | Cement Pump             | ea              | 1.00     | \$675.00        | \$675.00     | \$608.25   |
| cp008                | 70/30 Pozmix Cement     | sack            | 111.00   | \$13.70         | \$1,520.70   | \$1,140.53 |
| cp014                | Bentonite Gel           | lb              | 196.00   | \$0.30          | \$58.80      | \$44.10    |
| 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 1.75% 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 H.S.I. 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:           | \$ 2,882.00      | Net:        | \$2,161.50 |
| <b>Total Taxable</b>  |  |  | \$ -             | <b>Tax Rate:</b> |             |            |
| Fraze and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable. |  |  | <b>Sale Tax:</b> |                  | \$ -        |            |
|   |  |  | <b>Total:</b>    |                  | \$ 2,161.50 |            |

Date of Service: 11/30/2017  
 HSI Representative: Jake Heard

Customer Comments:

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

### CEMENTING LOG

|          |                 |                     |                           |
|----------|-----------------|---------------------|---------------------------|
| Company  | Owens Petroleum | Lease               | Well Name/No. Collins 9-c |
| Type Job | Longstring      | Type & Amt Material | 70:30 2% Gel              |
| Field    |                 | Ticket Number       | 50183                     |

|                    |             |              |                   |
|--------------------|-------------|--------------|-------------------|
| <b>CASING DATA</b> |             |              |                   |
| Size               | 2.875"      | Type         | Weight 6.4 Collar |
| Casing Depths:     | Top         | Bottom       | 830'              |
| Drill Pipe:        | Size        | Weight       | Collars           |
| Open Hole:         | Size 5.875" | T.D. (ft)    | 840'              |
|                    |             | P.B. to (ft) |                   |

|                         |               |         |              |
|-------------------------|---------------|---------|--------------|
| <b>CAPACITY FACTORS</b> |               |         |              |
| Casing                  | Bbls/Lin. ft. | 0.00579 | Lin. ft./Bbl |
| Open Holes              | Bbls/Lin. ft. |         | Lin. ft./Bbl |
| Drill Pipes             | Bbls/Lin. ft. |         | Lin. ft./Bbl |
| Annulus                 | Bbls/Lin. ft. | 0.0255  | Lin. ft./Bbl |
|                         | Bbls/Lin. ft. |         | Lin. ft./Bbl |
| Perforations            | From (ft)     | To      | Amount       |

|                    |              |           |                                   |
|--------------------|--------------|-----------|-----------------------------------|
| <b>CEMENT DATA</b> |              |           |                                   |
| Spacer Type        | Gelled water |           |                                   |
| Amt.               | 12 BBL       | Sks Yield | ft <sup>3</sup> /sk Density (PPG) |

|                 |           |                                   |        |
|-----------------|-----------|-----------------------------------|--------|
| <b>LEAD</b>     |           |                                   |        |
| Pump Time (hrs) |           | Type                              | Excess |
| Amt.            | Sks Yield | ft <sup>3</sup> /sk Density (PPG) |        |

|                 |               |  |            |
|-----------------|---------------|--|------------|
| <b>TAIL</b>     |               |  |            |
| Pump Time (hrs) |               | Type 70:30 2% Gel                      | Excess 20% |
| Amt.            | 111 Sks Yield | 1.28 ft <sup>3</sup> /sk Density (PPG) | 14.5       |

|                               |         |                |                                  |
|-------------------------------|---------|----------------|----------------------------------|
| <b>WATER</b>                  |         |                |                                  |
| Lead                          | gals/sk | Tail           | 5.91 gals/sk Total (Bbls.) 15.61 |
| Pump Trucks Used              |         |                | 230                              |
| Bulk Equipment                |         |                | 240                              |
| Float Equipment: Manufacturer |         |                |                                  |
| Shoe: Type                    |         |                | Depth                            |
| Float: Type                   |         |                | Depth                            |
| Centralizers: Quantity        |         | Plugs: Top TRP | Bottom                           |
| Stage Collars                 |         |                |                                  |
| Special Equipment             |         |                |                                  |
| Disp. Fluid Type              |         | Amt. (Bbls.)   | 4.8 Weight (PPG)                 |
| Mud Type                      | WBM     |                | 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.) |                               |
|      |                   |         |                   |                    |                  | On location safety meeting    |
|      |                   |         |                   |                    |                  | Spot in and rig up            |
|      |                   |         |                   |                    |                  | Hook up to tubing             |
|      |                   | 250     |                   | 5                  |                  | 3 Break circulation           |
|      |                   | 200     |                   | 12                 |                  | 3 Pump gelled water           |
|      |                   | 200     |                   | 3                  |                  | 3 Pump fresh water            |
|      |                   | 200     |                   | 5                  |                  | 3 Pump dyed water             |
|      |                   | 150     |                   | 25.3               |                  | 3 Mix and pump cement         |
|      |                   |         |                   |                    |                  | Stop                          |
|      |                   |         |                   |                    |                  | Wash pump and lines           |
|      |                   |         |                   |                    |                  | Drop plug                     |
|      |                   | 300     |                   | 4.8                |                  | 3 Displace                    |
|      |                   | 1100    |                   |                    |                  | 3 Bump plug                   |
|      |                   |         |                   |                    |                  | Release pressure              |
|      |                   |         |                   |                    |                  | Shut in well                  |
|      |                   |         |                   |                    |                  | Wash up pump                  |
|      |                   |         |                   |                    |                  | Rig down and leave location   |
|      |                   |         |                   |                    |                  | Thanks— Jake, Kevin, and Mark |