

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

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. 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 <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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				

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: <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> <i>(Submit ACO-4)</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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THE NEW KLEIN LUMBER COMPANY
 201 W. MADISON
 P.O. BOX 805
 IOLA, KS 66749
 PHONE: (620) 365-2201

SCOTT OWENS
 1274 202 RD

YATES CENTER

KS 66783

CUST # 253607
 TERMS: NET 10TH OF MONTH

REF. # OWENS OIL CO. 14C

INV # 207097
 DATE : 1/22/18
 CLERK: BE
 TERM # 551

TIME : 10:38

 * INVOICE *

QUANTITY	UM	ITEM	DESCRIPTION	SUG. PRICE	PRICE/PER	EXTENSION
7	EA	PC	PORTLAND CEMENT		11.50 /EA	80.50
REPRINT						
				** AMOUNT CHARGED TO ACCOUNT **	87.54	80.50
					TAXABLE	0.00
					NON-TAXABLE	80.50
					SUB-TOTAL	7.04
					TAX AMOUNT	87.54
					TOTAL INVOICE	

X 

Received By



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.:	50197				
Address:		Contractor:		Date:	1/26/2018				
City, State, Zip:		Job type:	Longstring	Well Type:	Oil				
Service District:	Garnett, Ks	Well Details:	\$oo	Typ:					
Well name & No.:	Collins 14c and 12c	Well Location:	Piqua	County:	Woodson	State:	Kansas		
Equipment #	Driver	Equipment #	Driver	Equipment #	Driver	TRUCK CALLED		AM - PM	TIME
230	Keyin					ARRIVED AT JOB		AM - PM	
240	Chad					START OPERATION		AM - PM	
24	Jake					FINISH OPERATION		AM - PM	
						RELEASED		AM - PM	
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	50.08	\$1.50	\$75.80	\$56.25
c003	Ton Mileage - One way	mi	583.00	\$1.30	\$757.90	\$568.43
c020	Cement Pump	ea	2.80	\$675.00	\$1,350.80	\$1,012.58
cp009	70/30 Pozmix Cement	sack	226.00	\$13.70	\$3,082.50	\$2,311.88
cp016	Bentonite Gel	lb	396.00	\$0.30	\$118.80	\$89.16
cp046	Rubber Plug 2 7/8"	ea	2.00	\$30.00	\$60.08	\$45.00
cp032	Mud Flush	gal	336.00	\$1.00	\$336.60	\$252.00

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 effect 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:	\$ 5,942.70	Net:	\$4,457.03
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:		\$	4,457.03
Date of Service:	11/28/2017		
HSI Representative:	Jake Heard		
Customer Comments:			

X _____
 CUSTOMER AUTHORIZED AGENT

TREATMENT REPORT



HURRICANE SERVICES INC

Customer:	Owens Petroleum	Date:	1/26/2018	Ticket No.:	50197
Field Rep:	Bryson Owens				
Address:					
City, State:					
County, Zip:					

Field Order No.:		Open Hole:	5.875" 840'	Perf Depths (ft)	Perfs
Well Name:	Collins 14c	Casing Depth:			
Location:	Piqua, Ks	Casing Size:			
Formation:	Squirrel	Tubing Depth:	825'		
Type of Service:	Longstring	Tubing Size:	2.875"		
Well Type:	Oil	Liner Depth:			
Age of Well:	New	Liner Size:			
Packer Type:		Liner Top:			
Packer Depth:		Liner Bottom:			
Treatment Via:		Total Depth:			
				Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gts)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
					On location safety meeting. Spot in and rig up			
					Hook up to tubing			
	4.0		300.0		Break circulation			6.00
	4.0		300.0		Pump mudflush			5.00
	4.0		200.0		Mix and pump cement			28.53
					Stop wash pump and lines			
					Drop plug			
	4.0		300.0		Displace			4.80
	3.0		1,200.0		Bump plug			
					Release pressure			
					Rig down and leave location			
					Thanks-- Jake, Kevin and Chad			
TOTAL:						-	-	41.33

SUMMARY

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
4.0	3.8	1,200.0	460.0

PRODUCTS USED

112 Sacks 70:30 2% gel

Treater: Jake Heard

Customer: Bryson Owens