# KOLAR Document ID: 1413080

Confident	tiality Re	equested:
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 #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / 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.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD □ Gas □ DH □ EOR	Elevation: Ground: Kelly Bushing:
	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?
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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:      Dual Completion Permit #:	Dewatering method used:
SWD     Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Location of huid disposa in nauled offsite.
GSW     Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. 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 II III Approved by: Date:					

## KOLAR Document ID: 1413080

Operator Name:	Lease Name: Well #:
Sec TwpS. R East 🗌 West	County:

Page Two

**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 (Attach Additional Sheets)		Y	Yes No		Log Formation (Top), Dep			and Datum	Sample
Samples Sent to Geolog	*		és 🗌 No	Ν	lame	e		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud Logs List All E. Logs Run:			ies No ies No ies No						
		Repo	CASING I		] Ne	w Used rmediate, productio	on, etc.		
Purpose of String	Size Hole Drilled		ze Casing tt (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Туре	e of Cement	# Sacks Used	k		Type and Percent Additives		
Protect Casing Plug Back TD Plug Off Zone									
<ol> <li>Did you perform a hydra</li> <li>Does the volume of the is</li> <li>Was the hydraulic fractu</li> <li>Date of first Production/Inj</li> </ol>	total base fluid of the h ring treatment informa	nydraulic fra tion submit	acturing treatment	al disclosure regis	-	Yes Yes Yes Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Injection:			Flowing	Pumping		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITION	I OF GAS:		M	ETHOD OF COM	<b>IPLE</b>	TION:			ON INTERVAL:
Vented Sold (If vented, Subm	Used on Lease		Open Hole		Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)			Top Bottom	
	oration Perfora Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Owens Petroleum LLC
Well Name	DUNNE 19
Doc ID	1413080

# Casing

	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	29	40	Portland	12	na
Production	5.125	2.875	6.5	916	Portland	115	na

# Kelly Down Drilling Co., Inc.

K. W. Laymon Drilling Contractor E Oil Producer

Route 1 P. O. Box 85 Neosho Falls, Kansas 66758

Phone: (316) 963-2495

August 2, 1984

M & M Exploration Co. Box 93 Neosho Falls, Kansas 66758

> Dunne No. 19 Spudding Date: 8/1/84 Completion Date: 8/2/84 Bit Size: 5 1/8"

Soil & Clay	12
Sand & Gravel	16
Shale	49
Lime	98
Shale & Lime	425
Black Shale	430
Lime & Shale	478
Big Shale	675
Lime & Shale	811
Black Shale	818
Lime 5'	821
Sandy Shale	854
Cap Rock 1st	855
Shale	858
Cap Rock 2nd	859
Sand & Broken Sand	867
Shale '	925
Total Depth	925

Set 40' of 7" surface. Cored from 858'-875'. Ran 916.50' of  $2\frac{1}{2}$ " 8 rd. Seating nipple 857.15'.

Date		tomer's Acct.		Sec.	Twp.	Rar	nge Well No. & F	arm Ø	in A	Place or Destina	tion
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Mailing Addr	ress	XPIDA 1	<u>1104</u>	20mpa	1	Contracto	or			State	
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City & State	osho Fal	Ile Ka	a	66	758	weil Own	ner Operator Contract	or			
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urface		New	1	Bore	-1111	Bottom	TUBSET Plugs	Circulating	250	Requested	
roduction	V	Used	<i></i>	Size	518	Тор	1-5-W	Minimum	100	Necessity	
queeze		Size	27/2"	Total Depth	99-925	Head	Brass VALVES	Maximum	720	Measured	
umping		Weight		Gabte Tool	18-930	FLOA	T EQUIPMENT	Sacks Cement	240		
other		Depth	19-916		18-43			Type & Brand	Portlanc	1-A	
		Ђуре	981925	Rotary	-			Admixes	29% Ge	1 2 Gel	ahead each
			FR	ACTU	RING - A	CIDIZ	ZING SERV	ICE DAT	A		
ype of Job				ч	-	At Interv	vals of			an a	
bls Fracturi	ng Fluid		Breakdown	Pressure fro	m		psi to		psi		
	ssures: Maximum		psi	Minimur		psi	Avg. Pump Rate		GPM/BPM	Close In	p
and			Gals. Treatin	a Acid			Туре		Open Hole	Diameter	
							//				
140 B B B	a Through: Tubina		Casino	2		Annulus	S	Size		Weight	
	g Through: Tubing		Casing	)		Annulus	S	Size		Weight	
Well Treating Remarks: No. Perforati	ions	- SA	Casing		Formation Name				Depth of Job		Ft.
Well Treating Remarks: No. Perforati CEMENT Pumping	ions ING Charge 2 - C					CE S	s SECTIOI Pumping Charg Pumping Charg	<b>N</b> ge	Depth of Job		Ft. ING - ACIDIZING \$ \$
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DESCRIPTION OF WELL AND LEASE	1.165 Ft North from Southeast Corner of Section 1.3749 Ft West from Southeast Corner of Section
Operator: License 7529 Name M. & M. Exploration Co. Address Box 93	(Note: Locate well in section plat below) Lease Name.Jack Dunne
City/State/Zip Neosho Falls, Ks.66758	
Purchaser. Square. Deal. Oil. Co., Inc.	Producing Formation. Lower Squirrel Elevation: Ground. 970' KB. 975'
Operator Contact Person William McCullough Phone 316-963-2105	Section Plat
Contractor:License # .5661 Name Kelly Down Drilling GoInc	
Wellsite Geologist. None Phone	3300 2970 2640 2310
Designate Type of Completion	1980 1650 1320
X       OII       SWD       Temp Abd         Gas       Inj       Delayed Comp.         Dry       Other (Core, Water Supply etc.)         If OWNO: old well info as follows:	660 330 866 4 4 7 6 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Operator	WATER SUPPLY INFORMATION         Disposition of Produced Water:       Disposal         Docket #       Repressuring
WELL HISTORY Drilling Method: Mud Rotary Air Rotary Cable	Questions on this portion of the ACO-1 call: Water Resources Board (913) 296-3717 Source of Water:
8-1-84	Division of Water Resources Permit #         Image: Division of Water Resources Permit #
Total Depth PBTD Amount of Surface Pipe Set and Cemented at.40.feet Multiple Stage Cementing Collar Used?	Surface WaterFt North from Southeast Corner (Stream,pond etc)Ft West from Southeast Corner Sec Twp Rge East West
If yes, show depth setfeet If alternate 2 completion, cement circulated If rom40feet depth to:::::::::::::::::::::::::::::::::::	Other (explain)
200 Colorado Derby Building, Wichita, Kansas 67202 well. Rule 82-3-130 and 82-3-107 apply. Information on side two of this form will be h in writing and submitted with the form. See rule 82	g shall be attached with this form. Submit CP-4 form with
All requirements of the statutes, rules and regulation been fully complied with and the statements herein ar	ns promulgated to regulate the oil and gas industry have e complete and correct to the best of my knowledge.
Signature Milliam E. M. Fullough	K.C.C. OFFICE USE ONLY
	J2.C84       F       Letter of Confidentiality Attached       Prime State         L2.C84       C       Wireline Log Received       Prime State         C       Drillers Timelog Received       Prime State       Prime State         Distribution       Prime State       Prime State       Prime State
Subscribed and sworn to before me this	

an a	ere et port de tra El secondo en el	n 200 million an 1995) A dhaan million	WELL LOG			diase de lata La composition	
NSTRUCTIONS: Show ests giving inte fressure reached f gas to surface d	rval tested static level	i, time tool op , hydrostatic pr	en and clos essures, bott	ed, flowin om hole tem	g and shut- perature, f	in pressu luid recc	very, and flow ra
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- Drill Stem Tes Samples Sent t Cores Taken		Survey Yes	No No No		Formati Log	on Descri	<b>ption</b> Sample Top Bottom
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		ings ser-conduc	ior, surrace,		e, produci	ion, erc.	Type and
Purpose of String	Size Hole	Size Casing	Weight	Setting	Type of	#Sacks	Percent
	Drilled	Set (in 0.D.)	Lbs/Ft.	Depth	Cement	Used	Additives
		L	l	L		L	
Surface Production	9 7/8" 5 1/8"	7" 2878"	29 6.5	40 916	Portlar "	d 12 115	
PE	RFORATION REI	1 CORD	l	Acid. Fra	ture. Shot	Cement	Squeeze Record
		e of Each Interv	al Perforated		id Kind of I		
2 86	52 to 870	N	•••••	1.150.31			862-870
		····	•••••		cks Sar	nd	862-870
					*****	***	

TUBING RECORD	Size ]	" Set At 858	Packer at	Liner Run	Yes X No	
Date of First P	roduction	Producing Method				<del>a sela seguna.</del> Tagén a sela sa
8-25-84			Flowing Pump	ing Gas Lift	Other (explain)	•••••••
۲۵، ۲۵، ۲۵ میک در به رو میکی این از ۲۰ میکی این از ۲۰ میک در به رو میکی میکی این از ۲۰ میکی این		011	Gas	Water	Gas-OII Ratio	Gravity
Estimated Produ Per 24 Hours	ction	3	Trace	None	्रमे २०१३ में जिल्हाल केल्ड प्रमुख	26-27
	7	Bbls	MCF	Bbls	CFPB	
		MET	HOD OF COMPLETION		Productio	n Interval

Disposition of gas: 🛣 Vented

<u>ب</u>

Open Hole

Production Interval

.

A Perforation

8621 to 8701

WCI I	100
WELL	LOG

KANSAS CORPORATION COMMISSIONForm U-SOIL & GAS CONSERVATION DIVISIONDecember 2015OIL & GAS CONSERVATION DIVISIONForm must be TypedNOTICE OF INJECTIONAll blanks must be SignedCOMMENCEMENT OR TERMINATIONForm must be completedon a per well basison a per well basis	
Notice of Injection: (check one)       Commencement         Image: Commencement       Image: Commencement         Image: Commencement       Image: Commencement         Image: Commencement       Image: Commencement         Image: Commencement       Image: Commencement         OPERATOR: License #: 34008       OPERATOR: License #: 34008         Name: Owens Petroleum, LLC       Address 1: 1274 202nd Rd         Address 2:       Image: Contact Person: Jody Owens         Contact Person: Jody Owens       Phone: (620) 625-3607         Phone: (620) 625-3607       Image: Commencement Kold also file a CP-4 form on KOLAR.)         Image: Well has been returned to production, and Operator requests injection autor (Operator should also file an ACO-1 form on KOLAR.)         Image: Well has been temporarily abandoned, and Operator requests injection autor (Operator should also file an ACO-1 form on KOLAR.)	thority to be terminated.
(Operator should also file a CP-111 form on KOLAR.) NOTE: If injection authority is terminated, Operator must obtain <u>new</u> if I certify that the above is a true and accurate statement of the facts as kn Signature: <u>Jody L. Owens</u> Name: Jody L. Owens	injection authority before using the well as an injection well.

KCC Office Use Only:
KCC District #
Production