

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 Recompletion Date _____ 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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Kelly Down Drilling Co., Inc.

K. W. Laymon
Drilling Contractor
&
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 1/2" 8 rd.
Seating nipple 857.15'.

STATION CHANUTE OPERATOR SMITH
CONSOLIDATED OIL WELL SERVICES, INC.

P.O. Box 884
 Chanute, Kansas 66720
 Phone (316) 431-9210

Ticket 52384

Date <u>8-3-84</u>	Customer's Acct. No. <u>5046</u>	Sec. <u>29</u>	Twp. <u>23</u>	Range <u>17</u>	Well No. & Farm <u>Jack Dunne #19, #18</u>	Place or Destination <u>W. of Neosho Falls</u>
Charge To <u>M + M Exploration Company</u>			Owner			County <u>Woodson</u>
Mailing Address <u>Box 93</u>			Contractor			State <u>KANSAS</u>
City & State <u>Neosho Falls, KS</u>			Well Owner Operator Contractor <u>66758</u>			

CEMENTING SERVICE DATA

TYPE OF JOB	CASING	HOLE DATA	PLUGS AND HEAD	PRESSURE	CEMENT LEFT IN CASING
Surface	New <input checked="" type="checkbox"/>	Bore Size <u>5 1/8"</u>	Bottom <u>Rubber Plug</u>	Circulating <u>200</u>	Requested
Production <input checked="" type="checkbox"/>	Used	Total Depth <u>99-925</u>	Top <u>1-5-W</u>	Minimum <u>100</u>	Necessity
Squeeze	Size <u>2 7/8"</u>	Cable Tool <u>118-931</u>	Head <u>BRASS VALVES</u>	Maximum <u>700</u>	Measured
Pumping	Weight	Rotary <input checked="" type="checkbox"/>	FLOAT EQUIPMENT	Sacks Cement <u>240</u>	
Other	Depth <u>19-916</u>			Type & Brand <u>Portland-A</u>	
	Type <u>957-925</u>			Admixes <u>2% Gel 2 Gel ahead each</u>	

FRACTURING - ACIDIZING SERVICE DATA

Type of Job	At Intervals of				
Bbls Fracturing Fluid	Breakdown Pressure from	psi to	psi		
Treating Pressures: Maximum	psi	Minimum	psi	Avg. Pump Rate	GPM/BPM
Sand	Gals. Treating Acid	Type	Open Hole Diameter		
Well Treating Through: Tubing	Casing	Annulus	Size	Weight	
Remarks:					
No. Perforations	Pay Formation Name	Depth of Job		Ft.	

CEMENTING

INVOICE SECTION

FRACTURING - ACIDIZING

Pumping Charge <u>2-Cement</u>	Office Use	\$ <u>335.00</u>	Pumping Charge	Office Use	\$
Pumping Charge	@	\$ <u>335.00</u>	Pumping Charge	@	\$
<u>240</u> Sacks Bulk Cement	@	<u>1200.00</u>	12x30 Sand	@	
Ton Mileage on Bulk Cement <u>34</u>	@ <u>MIN</u>	<u>52.00</u>	10x20 Sand	@	
<u>95v</u> Premium Gel	@	<u>62.10</u>	x Sand	@	
Flo-Seal	@		Ton Mileage	@	
Calcium-Chloride	@		Gals., Acid	@	
<u>2</u> Plug <u>2 7/8"</u>	@	<u>20.00</u>	Chemicals	@	
Equipment	@			@	
	@			@	
	@			@	
	@			@	
	@		Potassium Chloride	@	
	@		Rock Salt	@	
<u>1</u> Granulated Salt	@		Water Gel	@	
Transport Truck (Hrs.)	@		Transport Truck (Hrs.)	@	
Vac Truck (Hrs.)	@		Vac Truck (Hrs.)	@	
Fuel Surcharge	@		Fuel Surcharge	@	
	Tax	<u>51.28</u>		Tax	
A Finance Charge computed at 1 1/4% per month (annual percentage rate of 21%) will be added to balance over 30 days.		Total	\$ <u>2055.38</u>	Total	\$

WELL LOG

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Formation Description
 Log Sample

Name Top Bottom

Drillers Log Attached.

CASING RECORD <input type="checkbox"/> New <input checked="" 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
Surface	9 7/8"	7"	29	40	Portland	12	
Production	5 1/8"	2 8/8"	6.5	916	"	115	
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)		Depth	
2	862 to 870'			150 Bbl. Oil		862-870'	
				150 Sacks Sand		862-870'	
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First Production		Producing Method					
8-25-84		<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (explain).....					
Estimated Production Per 24 Hours	Oil	Gas	Water	Gas-Oil Ratio	Gravity		
	3 Bbls	Trace MCF	None Bbls		26-27 CFPB		

METHOD OF COMPLETION

Production Interval

Disposition of gas: Vented Open Hole Perforation

862' to 870'

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
**NOTICE OF INJECTION
COMMENCEMENT OR TERMINATION**

Form U-5
December 2015
Form must be Typed
Form must be Signed
All blanks must be Filled
Form must be completed
on a per well basis

Notice of Injection: (check one) Commencement
 Termination
Entire Permit Yes No
 Disposal Enhanced Recovery
Effective Date: 01/01/2017
OPERATOR: License #: 34008
Name: Owens Petroleum, LLC
Address 1: 1274 202nd Rd
Address 2: _____
City: Yates Center State: KS Zip: 66783 + _____
Contact Person: Jody Owens
Phone: (620) 625-3607

API No.: 15-207-24953-00-01
Permit Number: E24906.7
SW SE SW Sec. 29 Twp. 23 S. R. 17 East West
165 Feet from North / South Line of Section
3750 Feet from East / West Line of Section
County: WOODSON
Lease Description:
SW frac; the West Two Thirds of the Southwest Quarter of the Southeast Quarter (W2/3 SW1/4 SE/4); the Southwest of the Northwest Quarter (SW NW
Please List **only the injection lease and well** affected by this document:
Lease Name: Dunne Well: 19

Reason For Termination of Injection Authority on Above Listed Well: (check one)

- Well has been plugged.
(Operator should also file a CP-4 form on KOLAR.)
- Well has been returned to production, and Operator requests injection authority to be terminated.
(Operator should also file an ACO-1 form on KOLAR.)
- Well has been temporarily abandoned, and Operator requests injection authority to be terminated.
(Operator should also file a CP-111 form on KOLAR.)

NOTE: If injection authority is terminated, Operator must obtain new injection authority before using the well as an injection well.

I certify that the above is a true and accurate statement of the facts as known this 20th day of June, 2018

Signature: Jody L. Owens

Name: Jody L. Owens

Title: Managing Member

KCC Office Use Only:

- KCC District # _____
 Production