

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) (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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Superior Building Supply, Inc.  
 215 West Rutledge  
 Yates Center, KS 66783

620-625-2447

Invoice #	Page
169584	001
Invoice Date	
03-12-2018 09:56:14	



SOLD TO:  
 Owens Scott  
 1274 202nd Rd.  
 Yates Center, KS 66783

620-625-3607

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

Terms	PO #	Order #	Type	Slid By	Cust #	Slm.
Net 10th	BR #25	169584	House	MED	038070	DSD
Quantity	UM	Item #	Description	Price	Extended Price	
12.000	EA	MA1235	Portland Cement 94#	15.10	181.20	
LET US E-MAIL YOUR INVOICES & STATEMENTS				Taxable:	181.20	
				Tax:	17.21	
				Non-Tax:	0.00	
Received by: <i>NJS</i>				Total:	198.41	



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

**HURRICANE SERVICES INC**

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer:	<b>Owens Petroluem</b>	Customer Name:	<b>Bryson Owens</b>	Ticket No.:	<b>ICT1015</b>
Address:	<b>1274 202nd Rd</b>	Contractor:	<b>Owens</b>	Date:	<b>3.17.18</b>
City, State, Zip:	<b>Yates Center, Kansas 66783</b>	Job type:	<b>Longstring</b>	Well Type:	<b>Oil New</b>
Service District:	<b>Garnett, Kansas</b>	Well Details:	Sec	Typ:	R:
Well name & No.:	<b>Broadmerkle #25</b>	Well Location:	<b>Neosho Falls</b>	County:	<b>Woodson</b>
				State:	<b>Kansas</b>

Equipment #	Driver	Equipment #	Driver	Equipment #	Driver	TRUCK CALLED	AM	PM	TIME
265	Kevin					ARRIVED AT JOB	AM	PM	
240	T.C					START OPERATION	AM	PM	
21	Jake H					FINISH OPERATION	AM	PM	
167-156	Josh					RELEASED	AM	PM	
						MILES FROM STATION TO WELL			39

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount
c001	Heavy Equip. One Way	mi	39.00	\$3.25	\$126.75		\$95.06
c002	Light Equip. One Way	mi	39.00	\$1.50	\$58.50		\$43.88
c003	Ton Mileage - One way	mi	233.00	\$1.30	\$302.90		\$227.18
c020	Cement Pump	ea	1.00	\$675.00	\$675.00		\$506.25
cp009	70/30 Pozmix Cement	sack	133.00	\$13.70	\$1,822.10		\$1,366.58
cp016	Bentonite Gel	lb	234.00	\$0.30	\$70.20		\$52.65
cp032	Mud Flush	gal	200.00	\$1.00	\$200.00		\$80.00
cp046	Rubber Plug 2 7/8"	ea	2.00	\$30.00	\$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 1/4% per month or the maximum allowable by applicable state or federal law 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.

<b>Gross:</b> \$ 3,315.45		<b>Net:</b> \$2,416.59
<b>Total Taxable</b>	\$ -	<b>Tax Rate:</b>
<b>Sale Tax:</b> \$ -		
<b>Total:</b> \$ 2,416.59		

Date of Service: **3.17.2018**

HSI Representative: **Jake Heard**

Customer Comments:

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



**HURRICANE SERVICES INC**

<b>Customer:</b> Owens Petroleum	<b>Date:</b> 3.17.18	<b>Ticket No.:</b> ICT1015
<b>Field Rep:</b> Bryson Owens		
<b>Address:</b>		
<b>City, State:</b>		
<b>County, Zip:</b>		

Field Order No.:		<b>Open Hole:</b> 975' 5.875"	<b>Perf Depths (ft)</b>	<b>Perfs</b>
Well Name:	Broadmerkle #25	<b>Casing Depth:</b>		
Location:	Neosho Falls, Ks	<b>Casing Size:</b>		
Formation:		<b>Tubing Depth:</b> 962'		
Type of Service:	Longstring	<b>Tubing Size:</b> 2.875"		
Well Type:	Oil	<b>Liner Depth:</b>		
Age of Well:	New	<b>Liner Size:</b>		
Packer Type:		<b>Liner Top:</b>		
Packer Depth:		<b>Liner Bottom:</b>		
Treatment Via:	Tubing	<b>Total Depth:</b>		
			<b>Total Perfs</b>	<b>0</b>

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
					On Location safety meeting spot in and rig up			
					Hook up to tubing			
	4.0		500.0		Start to break circulation			6.00
								7.00
	3.0		250.0		Break circulation			1.00
	4.0		250.0		Pump Mudflush			4.75
	4.0		250.0		Pump dyed water			5.00
	4.0		200.0		Mix and pump cement			30.31
					Stop			
					Wash pump and lines			10.00
					Drop plug			
	4.0		350.0		Displace			5.56
	3.0		1,400.0		Bump plug			
					Wash up pump			
					Rig down leave location			
					Thanks--- Jake Kevin T.C and Josh			
<b>TOTAL:</b>								<b>69.62</b>

**SUMMARY**

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
4.0	3.7	1,400.0	457.1

**PRODUCTS USED**

133 sacks 70:30 2% gel 1 Gals Mudflush

Treater: **Jake Heard**

Customer: Bryson Owens