

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
--	---

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
---	--	------------------------------------

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:	
----------------	-------	---------	------------	--

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

620-625-2447

Invoice #	Page
252096	001
Invoice Date	
05-03-2023 16:38:38	



SOLD TO:
 Owens Bryson
 1268 Native Rd
 Burlington, KS 66839

SHIP TO:
 Owens Bryson
 1268 Native Rd
 Burlington, KS 66839
 620-496-6804

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

Terms	P.O.#	Order #	Type	Std By	Cust.#	Sim
Net 10th	Nick Leis	252096	House	MED	O68040	LLD
Quantity	U/M	Item #	Description	Price	Extended Price	
7.000	EA	MA1235	Portland Cement 92#	23.3855	163.70	
LET US E-MAIL YOUR INVOICES & STATEMENTS				Taxable:	163.70	
				Tax:	15.55	
				Non-Tax:	0.00	
Received by:				Total:	179.25	



Hammerson Ready Mix

1300 2200 Rd.
Gas, KS 66742
620-365-7200

1740 US-54
Ft. Scott, KS 66701
620-224-2800

PLANT 01	TIME 11:01	DATE 05/09/23	ACCOUNT OWENSOIL	TRUCK 76	DRIVER AARON	TICKET 22531
-------------	---------------	------------------	---------------------	-------------	-----------------	-----------------

CUSTOMER NAME OWENS OIL, LLC 1274 202 ROAD YATES CENTER KS 66703	DELIVERY ADDRESS WHITEFORD 19
--	----------------------------------

PURCHASE ORDER	SALES ORDER 6352	TAX WOODSON	CREDIT CO	SLUMP 4.00 in
----------------	---------------------	----------------	--------------	------------------

LOAD QTY.	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
16.00 yd	WELL MUD	WELL (10 BAGGS PER YARD)	16.00	16.00		
16.00 ea	HAUL & MI	HAUL & MIX	16.00	16.00		
1.00 ea	FUEL	FUEL SURCHARGE	1.00	1.00		

LOADED 11:25	ARRIVE JOB SITE 12:15	START DISCHARGE 12:20	FINISH DISCHARGE 12:45	ARRIVE PLANT 1:45
-----------------	--------------------------	--------------------------	---------------------------	----------------------

SUB TOTAL
DISCOUNT
TAX
TOTAL
PREVIOUS TOTAL
GRAND TOTAL

This batch of concrete is mixed with the proper amount of water. If additional water is desired, please instruct the driver.	ADDITIONAL WATER ADDED ON JOB →	Gallons	By
--	---------------------------------	---------	----

CAUTION: Freshly mixed cement, mortar, grout or concrete may cause skin irritation. Avoid direct contact where possible and wash exposed skin areas promptly with water. If any cementitious material gets into the eye, rinse immediately and repeatedly with water and get prompt medical attention. KEEP OUT OF REACH OF CHILDREN

UNLOADING TIME ALLOWED 30 MINUTES PER TRIP EXTRA CHARGE FOR OVER 30 MINUTES →
RECEIVED IN GOOD CONDITION BY X

Purchaser waives all claims for personal or property damage caused by seller's truck when delivery is made beyond street curb line. If not paid as agreed; this credit agreement provides for your payment of reasonable costs of collection, including, but not limited to, court costs, attorney fees and/or collection agency fees.

WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 35564		API # 15-207-29924	
Operator: Owens Oil Company LLC		Lease: Whiteford	
Address: 1274 202 nd Rd, Yates Center, Ks 66783		Well # S1	
Phone: 620-496-6804		Spud Date: 5-3-2023 Completed: 5/8/2023	
Contractor License: 33900		Location: Sec:36	TWP: 23s R: 14e
T.D. 1265	Bite Size: 5.875	165' FNL	
Surface Pipe Size: 7"	Surface Depth: 40'	1485' FEL	
Kind of Well: Oil		County: Woodson	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	4	Lime	1027	1033
Clay	4	22	Shale	1033	1042
Shale	22	62	Lime	1042	1045
Lime	62	68	Shale	1045	1051
Shale	68	94	Lime	1051	1062
Lime	94	104	Shale	1062	1084
Shale	104	122	Lime	1084	1092
Lime	122	125	Shale	1092	1100
Shale	125	216	Lime	1100	1103
Lime	216	219	Shale	1103	1118
Shale	219	250	Lime	1118	1120
Lime	250	255	Shale	1120	1124
Shale	255	263	Lime	1124	1135
Lime	263	268	Shale	1135	1150
Shale	268	402	Lime	1150	1156
Lime	402	458	Shale	1156	1168
Shale	458	471	Lime	1168	1174
Lime	471	482	Shale	1174	1201
Shale	482	489	Lime	1201	1203
Lime	489	594	Shale	1203	1206
Shale	594	601	Sand Gas	1206	1209
Lime	601	669	Oil Sand	1209	1213
Shale	669	683	Sandy Shale	1213	1265
Lime	683	788	TD 1265		
Shale	788	794	Ran 2-7/8" Pipe to 1257		
Lime	794	881	Cemented Surface with		
Shale	881	1027	10 Sacks		