

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

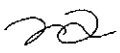
Invoice #	Page
252452	001
Invoice Date	
05-10-2023 16:35:16	

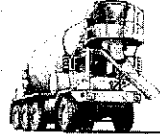


SOLD TO:
 Owens Bryson
 1268 Native Rd
 Burlington, KS 66839

620-496-6804

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

Terms	P.O.#	Order #	Type	Slid. By	Cust.#	Sim.
Net 10th		252452	House	MED	O68040	DSD
Quantity	UM	Item #	Description	Price	Extended Price	
7.000	EA	MA1235	Portland Cement 92#	23.9855	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 10:57	DATE 05/16/23	ACCOUNT OWENSOIL	TRUCK 73	DRIVER CARL	TICKET 22555
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CUSTOMER NAME OWENS OIL, LLC 1274 202 ROAD YATES CENTER, KS 66783	DELIVERY ADDRESS WHITEFORD SS
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PURCHASE ORDER	SALES ORDER 6372	TAX WOODSON	CREDIT CO	SLUMP 4.00 in
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LOAD QTY.	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
16.00 yd	WELL MUD	WELL (10 SACKS 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	ARRIVE JOB SITE 11:45	START DISCHARGE 11:45	FINISH DISCHARGE 1:30	ARRIVE PLANT :
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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
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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 # 15-207-29925	
Operator: Owens Oil Company LLC		Lease: Whiteford	
Address: 1274 202 nd Rd, Yates Center, Ks 66783		Well # S5	
Phone: 620-496-6804		Spud Date: 5/10/2023 Completed: 5/15/2023	
Contractor License: 33900		Location: Sec: 36 TWP: 23s R: 15e	
T.D. 1268	Bite Size: 5.875	1485' FNL	
Surface Pipe Size: 7"	Surface Depth: 42'	1300' FEL	
Kind of Well: oil		County: Woodson	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	4	Shale	826	832
Clay	4	26	Lime	832	851
Shale	26	62	Shale	851	856
Lime	62	66	Lime	856	868
Shale	66	92	Shale	868	875
Lime	92	99	Lime	875	885
Shale	99	129	Shale	885	1035
Lime	129	132	Lime	1035	1038
Shale	132	250	Shale	1038	1045
Lime	250	254	Lime	1045	1070
Shale	254	264	Shale	1070	1084
Lime	264	272	Lime	1084	1086
Shale	272	412	Shale	1086	1102
Lime	412	445	Lime	1102	1105
Shale	445	449	Shale	1105	1128
Lime	449	663	Lime	1128	1138
Shale	663	695	Shale	1138	1155
Lime	695	705	Lime	1155	1161
Shale	705	710	Shale	1161	1176
Lime	710	713	Lime	1176	1181
Shale	713	744	Shale	1181	1200
Lime	744	748	Lime	1200	1204
Shale	748	758	Shale	1204	1207
Lime	753	797	Oil Sand	1207	1216
Shale	797	803	Shale	1216	1268
Lime	803	810	TD 1268		
Shale	810	815	Ran 2-7/8" pipe to 1257		
Lime	815	826	Surface With 10 Sacks		