

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34008
Name: Owens Petroleum, LLC
Address 1: 1274 202nd RD
Address 2: _____
City: Yates Center State: KS Zip: 66783 + _____
Contact Person: Scott Owens
Phone: (620) 625-3607
CONTRACTOR: License # 33986
Name: Owens Petroleum Services, LLC
Wellsite Geologist: none
Purchaser: Coffeyville Resources
Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover
 Oil _____ SWD _____ SLOW
_____ Gas _____ ENHR _____ SIGW
_____ CM (Coal Bed Methane) _____ Temp. Abd.
_____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
_____ Deepening _____ Re-perf. _____ Conv. to Enhr. _____ Conv. to SWD
_____ Plug Back: _____ Plug Back Total Depth
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
11/17/2008 11/23/2009 06/16/2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 207-27,454-6600
Spot Description: _____
NE4 _NE4 _NE4 _NE4 Sec. 32 Twp. 23 S. R. 16 East West
165 Feet from North / South Line of Section
165 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Shepard Well #: 17
Field Name: Vernon
Producing Formation: Squirrel
Elevation: Ground: 1109 Kelly Bushing: na
Total Depth: 1159 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1142
feet depth to: 134 w/ Alt 2-Dlg - 8/14/09 ^{5x cmt.}

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: fresh ppm Fluid volume: 300 bbls
Dewatering method used: pumped out
Location of fluid disposal if hauled offsite:
Operator Name: Owens Petroleum, LLC
Lease Name: Roberts License No.: 34008
Quarter SE4 Sec. 4 Twp. 24 S. R. 16 East West
County: Woodson Docket No.: D-20-591

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Jody Owens
Title: member/owner Date: 6/26/2009
Subscribed and sworn to before me this 26th day of June,
2009.
Notary Public: Suzanne M Black
Date Commission Expires: Mar 24, 2011

KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes No Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

KANSAS CORPORATION COMMISSION

JUL 27 2009

SUZANNE M. BLACK
Notary Public - State of Kansas
My Appt. Expires 3-24-2011

RECEIVED

Operator Name: Owens Petroleum, LLC Lease Name: Shepard Well #: 17
 Sec. 32 Twp. 23 S. R. 16 East West County: Woodson

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray / Neutron / CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Squirrel 1079' 30
--	---

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
Surface	9.875"	7"	17	40'	Portland	20	calcuim, 3 gals
Production Casing	6.0"	2-7/8	6.7	1142'	Portland	134	

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	1079' - 1089'	spotted 1 bbl of 15% acid on zone; frac w/105 sacks of sand	

KANSAS CORPORATION COMMISSION
JUL 27 2009
RECEIVED

TUBING RECORD: Size: <u>2-7/8</u> Set At: <u>1042'</u> Packer At: <u>none</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr.:	Producing Method: <input type="checkbox"/> Flowing <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	--	--

KWS, LLC
 19245 Ford Road
 Chanute, KS 66720

Invoice

Date	Invoice #
11/25/2008	912-937

Bill To
Owens Petro LLC 1274 202 Road Yates Center, KS 66783

Shepard #17
Woodson County

Quantity	Description	Rate	Amount
1	Pump Truck TD 1159, 2 7/8" pipe to 1142', 6" hole.	600.00	600.00T
134	Cement	10.00	1,340.00T
3.5	Vacuum Truck	85.00	297.50T
4	Gel	9.30	37.20T
1	Metso	70.00	70.00T
1	2 7/8" rubber plug	30.00	30.00T
	Sales Tax	6.30%	149.61

KANSAS CORPORATION COMMISSION
 AUG 14 2009
 RECEIVED

Total	\$2,524.31
--------------	-------------------