



KANSAS CORPORATION COMMISSION 1055170
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 + 5411
Contact Person: Scott Owens
Phone: (620) 496-7048
CONTRACTOR: License # 33986
Name: Owens Petroleum Services, LLC
Wellsite Geologist: none
Purchaser: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 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 ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
03/21/2011	03/24/2011	04/12/2011

API No. 15 - 15-207-27793-00-00
Spot Description: _____
SE NW SE SW Sec. 33 Twp. 23 S. R. 16 East West
735 Feet from North / South Line of Section
3,465 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Tannahill Well #: 23
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 1064 Kelly Bushing: 0
Total Depth: 1116 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: 0
feet depth to: 1116 w/ 145 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 300 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: Owens Petroleum, LLC
Lease Name: Roberts License #: 34008
Quarter SE Sec. 4 Twp. 24 S. R. 16 East West
County: Woodson Permit #: D20591

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

Letter of Confidentiality Received
Date: _____

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: Deanna Garrison Date: 05/10/2011



1055170

Operator Name: Owens Petroleum LLC Lease Name: Tannahill Well #: 23
 Sec. 33 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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, Submit Copy) List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Squirrel</td> <td>1006</td> <td>-58</td> </tr> <tr> <td>Squirrel</td> <td>1048</td> <td>-16</td> </tr> </table>	Name	Top	Datum	Squirrel	1006	-58	Squirrel	1048	-16
Name	Top	Datum								
Squirrel	1006	-58								
Squirrel	1048	-16								

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	11.6250	7	17	40	Monarch	20	
Production	5.625	2.875	6.7	1105	Pozmix	145	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Invoice #	Page
21932	001
Invoice Date	
03-21-2011	



True Enterprise
 1326 North Main Street
 LeRoy, KS 66857

(620) 964-2514 620-625-3607

SOLD TO: Scott Owens
 Scott Owens
 1274 202 Road
 Yates Center, KS 66783

Please Remit To: True Enterprise, 1326 North Main, LeRoy, KS 66857

Terms	P.O.#	Order #	Type	Sld.By	Cust.#	Slm.
10th Next Month	tanihill 23	21932	House	DWT	036070	Store
Quantity	UM	Item #	Description	Price	Extended Price	
20.000	EA	CL203	PORTLAND CEMENT	10.00	200.00	
Comment: *** THIS IS A DUPLICATE INVOICE ***				Taxable:	200.00	
				Tax:	14.60	
				Non-Tax:	0.00	
Received by: bryson				Total:	214.60	

FED ID#
 MC ID # 165290
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3613A Y Road
 Madison, KS 66860

Hurricane Services, Inc.
 P.O. Box 782228
 Wichita, KS 67278-2228

Cement, Acid or Tools
 Service Ticket
 4356

DATE 3-25-11

COUNTY Woodson CITY _____

CHARGE TO Owens Petroleum

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Tannahill # 23 CONTRACTOR Scott Owens

KIND OF JOB LongString SEC. _____ TWP. _____ RNG. _____

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
		750.00	
145 sks	70/30 Pozmix cement	1580.50	
250 lbs	Gel 2%	62.50	
25 lbs	Floccle	46.25	
200 lbs	Gel > Flush Ahead	50.00	
2 1/2	Hrs water Truck	200.00	
	BULK CHARGE		
6.6 Tow	BULK TRK. MILES	254.10	
35	PUMP TRK. MILES	105.00	
	Mileage Trk #290	52.50	
2	PLUGS 2 7/8" Top Rubber	46.00	
		7.3% SALES TAX	130.32
		TOTAL	3277.17

T.D. 1116

SIZE HOLE 5 7/8"

MAX. PRESS. _____

PLUG DEPTH _____

PLUG USED _____

CSG. SET AT _____ VOLUME _____

TBG SET AT 1105 VOLUME 6³⁹ Bbls

SIZE PIPE 2 7/8"

PKER DEPTH _____

TIME FINISHED _____

REMARKS: Big up to 2 7/8" Tubing, Pumped 10 Bbls water Ahead, 10 Bbls Gel Flush, followed with 15 Bbls water. Mixed 145 sks, 70/30 Pozmix cement w/ 2% Gel and Floccle. Shutdown - washout Pump Lines - Release 2 Plugs - Displace Plugs with 6 1/4 Bbls water. Final Pumping @ 450 PSI Bumped Plugs to 1100 PSI - close Tubing w/ 1100 PSI Good cement returns To Surface w/ 4 Bbls slurry

EQUIPMENT USED

NAME Kelly Kimberlin UNIT NO. 201
Brad Butler
LOG DEB

NAME Jerry #202, Mark #105 UNIT NO. _____
Witnessed by Scott
 OWNER'S REP.