



KANSAS CORPORATION COMMISSION 1057428
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 #: _____

<u>05/09/2011</u>	<u>05/11/2011</u>	<u>06/01/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-27815-00-00
Spot Description: _____
SW SW SW NW Sec. 27 Twp. 23 S. R. 16 East West
2847 Feet from North / South Line of Section
5103 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Garberson Well #: 37
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 1055 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/ 132 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 Garcia Date: 06/09/2011



1057428

Operator Name: Owens Petroleum LLC Lease Name: Garberson Well #: 37
 Sec. 27 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 <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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>1040</td> <td>-15</td> </tr> </table>	Name	Top	Datum	Squirrel	1040	-15
Name	Top	Datum					
Squirrel	1040	-15					

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	11.625	7	17	40	Portland	20	
Production	5.625	2.875	6.7	1110	Pozmix	132	

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 <i>(Amount and Kind of Material Used)</i>	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 <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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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23599	001
Invoice Date	
05-09-2011	



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	Std. By	Cust.#	Sim.
10th Next Month	garberson 37	23599	House	DWT	O36070	Store
Quantity	UM	Item #	Description	Price	Extended Price	
15.000	EA	CL203	PORTLAND CEMENT + 5 bags from shop	10.00	150.00	
Comment:				Taxable:	150.00	
				Tax:	10.95	
				Non-Tax:	0.00	
Received by: <i>Kyle Owens</i>				Total:	160.95	
				kyle owens		

FED ID#
 MC ID #
 Shop # 163228
 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3813A Y Road
 Madison, KS 66860

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

Cement, Acid or Tools
 Service Ticket
 4458

DATE 5-13-11

COUNTY Woodson CITY _____

CHARGE TO Owens Petroleum
 ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Carlson #37 CONTRACTOR _____

KIND OF JOB Long string SEC. _____ TWP. _____ RNG. _____

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			750.00
132 sks	70/30 Pozmix cement		1438.80
230 lbs	Gel 2%		57.50
25 lbs	Floccs		46.25
			50.00
200 lbs	Gel > Flush Ahead		320.00
4 hrs	Water Truck #105		
	BULK CHARGE		
6.02 Tr	BULK TRK. MILES		231.77
35	PUMP TRK. MILES		105.00
	Mileage on Trk #290		52.50
2	PLUGS 2 7/8" Top Rubber		46.00
		7.3% SALES TAX	119.61
		TOTAL	3217.43

T.D. 1116'
 SIZE HOLE 5 7/8"
 MAX. PRESS. _____
 PLUG DEPTH _____
 PLUG USED _____

CSG. SET AT _____ VOLUME _____
 TBG SET AT 1103' VOLUME 6.98 Bbls
 SIZE PIPE 2 7/8"
 PKER DEPTH _____
 TIME FINISHED _____

REMARKS: Big up to 2 7/8" Tubing, Break circulation with fresh water, 10 Bbl. Gel Flush, circulate gel around to circulation hole. Mixed 132 sks 70/30 Pozmix w/ 2% Gel & Floccs. Shut down washout pump lines - Release 2-Plugs - Displace Plugs with 6 1/4 Bbls water. Final Pumping at 400 PSI - Pumped Plugs to 1000 PSI - Close Tubing w/ 1000 PSI Good cement returns with 3 Bbl slurry

EQUIPMENT USED

NAME UNIT NO.
Kelly Kimberline 201
Brad Butler
 WSI REP

NAME UNIT NO.
Jerry #203, Delbert #105
 OWNER'S REP.