



KANSAS CORPORATION COMMISSION 1057421
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 SIOW
 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 #: _____
04/29/2011 05/02/2011 06/02/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-207-27814-00-00
Spot Description: _____
NW NE SW SW Sec. 27 Twp. 23 S. R. 16 East West
1026 Feet from North / South Line of Section
4486 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Garberson Well #: 36
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 1066 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/ 137 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 Gantner Date: 06/09/2011



1057421

Operator Name: Owens Petroleum LLC Lease Name: Garberson Well #: 36
 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>1045</td> <td>-21</td> </tr> </table>	Name	Top	Datum	Squirrel	1045	-21
Name	Top	Datum					
Squirrel	1045	-21					

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	Portland	20	
Production	5.625	2.875	6.7	1102	OWC	137	

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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23246	001
Invoice Date	
04-29-2011	


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

Term	P O #	Order #	Type	Sld By	Cust #	Stat.
10th Next Month	garberson 36	23246	House	DWT	036070	Store
Quantity	UoM	Item #	Description	Price	Extended Price	
20.000	EA	CL203	PORTLAND CEMENT	10.00	200.00	
Comment:					Taxable:	200.00
					Tax:	14.60
					Non-Tax:	0.00
Received by: 					Total:	214.60
					bryson	

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date	Invoice #
5/3/2011	45429

Cement Treatment Report

Owens Petroleum Company
1274 202 Road
Yates Center, KS 66783

(x) Landed Plug on Bottom at 700 PSI
() Shut in Pressure
(x) Good Cement Returns
() Topped off well with _____ sacks
(x) Shut In

TYPE OF TREATMENT: Production Casing
HOLE SIZE: 5 5/8"
TOTAL DEPTH: 1116

Well Name	Terms	Due Date		
	Net 15 days	5/3/2011		
Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount	
Run and cement 2 7/8"	1,102	2.20	2,424.40	
Sales Tax		7.30%	0.00	
<div data-bbox="244 1017 712 1251" data-label="Text" style="border: 2px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;"> Garberson #36 Woodson County Section: 27 Township: 23 Range: 16 </div>				

Hooked onto 2 7/8" casing. Established circulation with 7 barrels of water, 2 GEL, METSO, COTTONSEED ahead, blended 137 sacks of OWC, dropped 2 rubber plugs, and pumped 6 barrels of water

Total	\$2,424.40
Payments/Credits	\$0.00
Balance Due	\$2,424.40