



KANSAS CORPORATION COMMISSION 1061552
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 #: _____
06/16/2011 06/21/2011 07/14/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-207-27855-00-00
Spot Description: _____
SW_NW_NE_SW Sec. 33 Twp. 23 S. R. 16 East West
2135 Feet from North / South Line of Section
1485 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Tannahill Well #: 25
Field Name: Vernon
Producing Formation: Squirrel
Elevation: Ground: 1062 Kelly Bushing: 0
Total Depth: 1125 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: 1125 w/ 134 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. 04 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: 08/31/2011



1061552

Operator Name: Owens Petroleum LLC Lease Name: Tannahill Well #: 25
 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 <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 Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray / Neutron / CCL	<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>1014</td> <td>-49</td> </tr> <tr> <td>Squirrel</td> <td>1057</td> <td>-6</td> </tr> </table>	Name	Top	Datum	Squirrel	1014	-49	Squirrel	1057	-6
Name	Top	Datum								
Squirrel	1014	-49								
Squirrel	1057	-6								

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	6.5	1111	Pozmix	134	

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: _____ _____
--	---	---




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	25 tannihi	24935	House	DWT	O36070	Store
Quantity	UM	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		

FED ID # 48-1214033
 Shop # (620) 437-2661
 Cellular # (620) 437-7582
 Office # (316) 685-5908
 Office Fax # (316) 685-5926

HURRICANE SERVICES, INC.
Cementing & Circulating Division
 P.O.Box 782228
 Wichita, KS 67278-2228

MC ID# 165290

Shop Address: 3613A Y Road
 Madison, KS 66860

Customer:
 OWENS PETROLEUM
 1274 202ND ROAD
 YATES CENTER, KS 66783

Invoice Date: 6/27/2011
 Invoice #: 0017656
 Lease Name: TANNAHILL
 Well #: 25
 County: WOODSON

Date/Description	HRS/QTY	Rate	Total
6/22/11 Drove to location, rigged up and cemented the longstring per attached Service ticket #4536, - Pump charge	1.00	750.00	750.00
70/30 Pozmix Cement	134.00	10.90	1,460.60 T
Gel 2%	235.00	0.25	58.75 T
Flocele	30.00	1.85	55.50 T
Water truck #103	3.00	80.00	240.00
Gel Flush Ahead	200.00	0.25	50.00 T
Bulk truck mileage - One way	6.11	38.50	235.23
Pump truck mileage - One way	35.00	3.00	105.00
Mileage on pickup #290 - One way	35.00	1.50	52.50
2 7/8" Top Rubber Plug	2.00	23.00	46.00 T
5% Fuel Surcharge	1.00	152.68	152.68

Net Invoice 3,206.26
 Sales Tax: (7.30%) 121.97
Total 3,328.23

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

WE APPRECIATE YOUR BUSINESS!