



KANSAS CORPORATION COMMISSION 1062877
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 #: _____

<u>07/22/2011</u>	<u>07/24/2011</u>	<u>08/02/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-27881-00-00

Spot Description: _____
NW SE NW SE Sec. 12 Twp. 24 S. R. 15 East West
1970 Feet from North / South Line of Section
1815 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Woodson
Lease Name: Holloway-2 Well #: 2

Field Name: _____
Producing Formation: Squirrel

Elevation: Ground: 1076 Kelly Bushing: 0

Total Depth: 1157 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: _____

feet depth to: _____ w/ _____ 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 Gantner Date: 09/08/2011



1062877

Operator Name: Owens Petroleum LLC Lease Name: Holloway-2 Well #: 2
Sec. 12 Twp. 24 S. R. 15 [X] 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 [] Yes [X] No
Samples Sent to Geological Survey [] Yes [X] No
Cores Taken [] Yes [X] No
Electric Log Run [] Yes [X] No
Electric Log Submitted Electronically [] Yes [] No
List All E. Logs Run:
[] Log Formation (Top), Depth and Datum [] Sample
Name Top Datum

CASING RECORD [X] New [] Used
Report all strings set-conductor, surface, intermediate, production, etc.
Table with columns: 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

ADDITIONAL CEMENTING / SQUEEZE RECORD
Table with columns: Purpose, Depth Top Bottom, Type of Cement, # Sacks Used, Type and Percent Additives

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated
Table with columns: Shots Per Foot, PERFORATION RECORD, Acid, Fracture, Shot, Cement Squeeze Record, Depth

TUBING RECORD: Size: Set At: Packer At: Liner Run: [] Yes [] No

Date of First, Resumed Production, SWD or ENHR. Producing Method: [] Flowing [] Pumping [] Gas Lift [] Other (Explain)
Estimated Production Per 24 Hours: Oil Bbls., Gas Mcf, Water Bbls., Gas-Oil Ratio, Gravity

DISPOSITION OF GAS: [] Vented [] Sold [] Used on Lease
METHOD OF COMPLETION: [] Open Hole [] Perf. [] Dually Comp. [] Commingled
PRODUCTION INTERVAL:

Invoice #	Page
49022	001
Invoice Date	
07-05-2011 12:16:35	

Superior Building Supply, Inc.
 215 West Rutledge
 Yates Center, KS 66783
 620-625-2447

SOLD TO: Owens Scott
 1274 202nd Rd.
 Yates Center, KS 66783

620-625-3607

Please Remit To: Superior Building Supply, Inc., 215 West Rutledge, Yates Center, KS 66783

Terms	P.O.#	Order #	Type	Sld By	Cust.#	Slm.
Net 10th		49022	House	MED	036070	AEO
Quantity	UM	Item #	Description	Price	Extended Price	
20.000	EA	MA1235	MA Portland Cement 94#	11.60	232.00	

112-2

Comment: WE CAN E-MAIL YOUR INVOICES & STATEMENTS LET US KNOW YOUR E-MAIL ADDRESS	Taxable:	232.00
	Tax:	21.00
	Non-Tax:	0.00
	Total:	253.00

Received by: _____