



KANSAS CORPORATION COMMISSION 1063925
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>05/15/2011</u>	<u>05/17/2011</u>	<u>05/18/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-27851-00-00
Spot Description: _____
NW NW SW NW Sec. 13 Twp. 24 S. R. 15 East West
3798 Feet from North / South Line of Section
5175 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Eagle Well #: 35
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 1136 Kelly Bushing: 0
Total Depth: 1199 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: 1199 w/ 140 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 Gerrard Date: 09/27/2011



1063925

Operator Name: Owens Petroleum LLC Lease Name: Eagle Well #: 35
 Sec. 13 Twp. 24 S. R. 15 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 Name Top Datum squirrel
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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	1183	Pozmix cement	140	

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: 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
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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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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201 W. MADISON
 P.O. BOX 005
 TOLA, KS 66749
 PHONE: (620) 365-2201

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK	DATE	TIME
253687			<i>Eagle 3's</i>	NET 10TH OF MONTH		5/9/11	8:44

SCOTT OWENS
 1274 202 RD
 YATES CENTER KS 66783

SHIP TO

DUCH 129345
 TERM 1

 * INVOICE *

TAX : 091 TOLA TOLA

SHIPPED	ORDERED	UM	SKU	DESCRIPTION	STAGG	UNITS	PRICE/PER	EXTENSION
60		EA	PC	PORTLAND CEMENT		60	9.45 /EA	567.00
2		EA	F	WOLFFS		2	48.00 /EA	96.00
1		EA	DELIVERY	DELIVERY CHARGE		1	25.00 /EA	25.00

AMOUNT CHARGED TO STORE ACCOUNT	686.04	TAXABLE	632.00
		NON-TAXABLE	0.00
		SUBTOTAL	632.00

X
 RECEIVED BY _____

TAX AMOUNT	54.04
TOTAL AMOUNT	686.04

FED ID# 48-1214033
 MC ID # 165290
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 318 685-5908
 Office Fax # 318-685-5926
 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
 4474

DATE 5-18-11

COUNTY Woodson CITY _____
 CHARGE TO Owens Petroleum
 ADDRESS _____ CITY _____ ST _____ ZIP _____
 LEASE & WELL NO. Eagle #35 CONTRACTOR _____
 KIND OF JOB LongString SEC. _____ TWP. _____ RNG. _____
 DIR. TO LOC. _____

Quantity	MATERIAL USED	Serv. Charge	OLD <input type="checkbox"/> NEW <input checked="" type="checkbox"/>
140 sks	70/30 Pozmix cement	750.00	
247 lbs	Gel 2%	1526.00	
35 lbs	Flocake	61.75	
		64.75	
200 lbs	Gel & Flush Ahead	50.00	
3 lbs	water Truck 105	240.00	
	BULK CHARGE		
6.4 Trk	BULK TRK. MILES	246.40	
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	
		127.64	
		TOTAL	3270.04

T.D. 1199' CSG. SET AT _____ VOLUME _____
 SIZE HOLE 5 5/8" TBG SET AT 1183' VOLUME 6.85 Bbls.
 MAX. PRESS. _____ SIZE PIPE 2 7/8"
 PLUG DEPTH _____ PKER DEPTH _____
 PLUG USED _____ TIME FINISHED _____

REMARKS: Rig up to 2 7/8" Tubing, Break circulation with fresh water, 10 Bbl Gel Flush, Circulate Gel around to condition Hbk. Mixed 140 sks 70/30 Pozmix cement w/ 2% Gel + Flocake. Shut down & wash out Pump lines - Release 2 Plugs - Displace Plugs with 6 3/4 Bbls water. Final Pumping at 500 PSI - Bumped Plugs to 1100 PSI - close Tubing down 1100 PSI. Good cement returns w/ 3 Bbl. slurry "Thank you"

EQUIPMENT USED

NAME	UNIT NO.	NAME	UNIT NO.
<u>Kelly Kimberlin</u>	<u>201</u>	<u>Jerry #203, Delbert #105</u>	
<u>Bread Butler</u>		<u>Witnessed by Kyle</u>	