



KANSAS CORPORATION COMMISSION 1067495
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>10/10/2011</u>	<u>10/17/2011</u>	<u>10/24/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-27948-00-00

Spot Description: _____
SE SE SW SE Sec. 27 Twp. 23 S. R. 16 East West
165 Feet from North / South Line of Section
1490 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Woodson
Lease Name: Garberson Well #: 43

Field Name: _____
Producing Formation: Squirrel

Elevation: Ground: 1070 Kelly Bushing: 0

Total Depth: 1447 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: 1447 w/ 166 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: 11/15/2011



1067495

Operator Name: Owens Petroleum LLC Lease Name: Garberson Well #: 43
 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 Name _____ Top _____ Datum _____ na
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CASING RECORD <input checked="" type="checkbox"/> New <input 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	8.625	24	40	Portland	20	
Production	6.75	4.5	9.5	1440	Quickset	166	

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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Invoice #	Page
28375	001
Invoice Date	
10-10-2011 13:26:33	



True Enterprise
 1326 North Main Street
 LeRoy, KS 66857

(620) 964-2514

SOLD TO: Scott Owens
 Scott Owens
 1274 202 Road
 Yates Center, KS 66783

620-625-3607

Please Remit To: True Enterprise, 1326 North Main, LeRoy, KS 66857

Terms	P.O.#	Order #	Type	Slid.By	Cust.#	Slm.
10th Next Month	garberson	28375	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: <i>[Signature]</i>				Total:	214.60	

MC ID # 165290
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3613A Y Road
 Madison, KS 66860

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

Cement, Acid or Tools
 Service Ticket
 4815

DATE 10-20-11

COUNTY Woodsen CITY _____

CHARGE TO Owens Petroleum

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Garrison #43 CONTRACTOR Bill Cheever

KIND OF JOB Longstring SEC. _____ TWP. _____ RNG. _____

DIR. TO LOC. _____ OLD **(NEW)**

Quantity	MATERIAL USED	Serv. Charge	
			750.00
166 SKs.	Quick Set cement		2739.00
830 lbs	KOI-SEAL 5"PV/SK.		373.50
5 Hrs.	water Transport		500.00
	BULK CHARGE		
9.77 Tons	BULK TRK. MILES		323.07
0	PUMP TRK. MILES <u>Trk. relocation</u>		N/C
1	PLUGS 4 1/2" Top Rubber		38.00
		7.3% SALES TAX	229.98
		TOTAL	4953.55

T.D. 1447'

CSG. SET AT 1440' VOLUME 22 1/2 Bbls

SIZE HOLE 6 3/4"

TBG SET AT _____ VOLUME _____

MAX. PRESS. _____

SIZE PIPE 4 1/2" - used Pipe

PLUG DEPTH _____

PKER DEPTH _____

PLUG USED _____

TIME FINISHED _____

REMARKS: Rig up cement head, Go over cementing Procedure. Break circulation with 12 Bbl. Dry water. Mixed 166 SKs. Quick Set cement w/ 5" KOI-SEAL. Shut down - wash out Pump & lines - Release Rubber Plug. Displace Plug with 22 1/2 Bbls water. Final Pumping at 900 PSI - Bumped Plug to 1300 PSI, wait few minutes. Release Pressure - Float Hold. Close casing w/ 0 PSI. Good cement returns with 10 Bbl. slurry
Note: during cementing Procedure last circulation due to well Bldg off "Thank you"

EQUIPMENT USED

NAME	UNIT NO.	NAME	UNIT NO.
<u>Kelly Kimberlin</u>	<u>201</u>	<u>Jerry #202, Mark #143 & 151</u>	
<u>D. D. H.</u>		<u>returned to Scott Owen</u>	