



KANSAS CORPORATION COMMISSION 1084417  
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>05/02/2012</u>	<u>05/05/2012</u>	<u>06/12/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28127-00-00

Spot Description:  
NW NE SW SE Sec. 12 Twp. 24 S. R. 15  East  West  
1190 Feet from  North /  South Line of Section  
1816 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 #: 4

Field Name: \_\_\_\_\_

Producing Formation: Squirrel

Elevation: Ground: 1063 Kelly Bushing: 0

Total Depth: 1136 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: 1136 w/ 153 sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 30 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 Garrison Date: 06/14/2012



1084417

Operator Name: Owens Petroleum LLC Lease Name: Holloway-2 Well #: 4  
 Sec. 12 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 na
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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	5.875	2.875	6.5	1123	Pozmix	153	

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Hurricane Services, Inc.  
 3613 A Y Road  
 Madison, KS 66860  
 Office # 620-437-2661  
 Brad Cell # 620-437-6765

Ticket Number 100083  
 Location Madison  
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5-10-12		H2 #4		Woodson
Customer		Mailing Address	City	State Zip
Owens Petroleum				

Job Type: <u>Longstring</u>	Truck #	Driver
Hole Size: <u>5 7/8"</u>	<u>201</u>	<u>Kelly</u>
Hole Depth: <u>1136'</u>	<u>203</u>	<u>Jerry</u>
Bridge Plug:	<u>105</u>	<u>Cody</u>
Packer:		
Casing Size:	Displacement: <u>6 1/2 Bbls.</u>	
Casing Weight:	Displacement PSI: <u>500</u>	
Tubing: <u>2 7/8" x 11.3'</u>	Cement Left in Casing:	
PBTD:		

Quantity Or Units	Description of Services or Product	Pump charge	
			790.00
<u>35</u>	Mileage	\$3.25/Mile	<u>113.75</u>
<u>153 SACKS</u>	<u>70/30 Pozmix cement</u>	<u>11.40</u>	<u>1744.20</u>
<u>265 lbs.</u>	<u>Gel 2%</u>	<u>.30</u>	<u>79.50</u>
<u>50 lbs.</u>	<u>Flocalc</u>	<u>1.85</u>	<u>92.50</u>
<u>200 lbs.</u>	<u>Gel &gt; Flush Ahead</u>	<u>.30</u>	<u>60.00</u>
<u>3 1/2 Hrs.</u>	<u>water Truck</u>	<u>84.00</u>	<u>294.00</u>
<u>35 miles</u>	<u>TRK #290</u>	<u>1.50</u>	<u>52.50</u>
<u>7 Tons</u>	<u>Bulk Truck</u>	\$1.15/Mile	<u>281.75</u>
<u>2</u>	<u>Plugs 2 7/8" Top Rubber</u>	<u>25.00</u>	<u>50.00</u>
	Subtotal		<u>3558.20</u>
	Sales Tax		<u>147.91</u>
	Estimated Total		<u>3706.11</u>

Remarks: Rig up to 2 7/8" tubing, Break circulation with fresh water, 10 Bbl Gel Flush, circulated Gel around to condition hole. Mixed 153 Sks 70/30 Pozmix cement w/ 2% Gel + Flocalc. During cementing procedure - well Bridge off Pressure went from 300 PSI to 1200 PSI, shut down - Grab 2 Low gears - get circulation back - Resume mixing cement at 1300 PSI w/ 250 PSI. Shut down with cement returns - washout pump slides - Release 2 Plugs Displace Plugs with 6 1/2 Bbls water. Final Pumping @ 500 PSI Bumped Plugs to 1100 PSI. Close Tubing w/ 1100 PSI. Good cement returns w/ 6 1/2 Bbl slurry. Thank you

Witnessed by Scott  
 Customer Signature

Invoice #	Page
24934	001
Invoice Date	
05/02/2012	

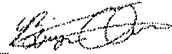


True Enterprise  
 1326 North Main Street  
 LeRoy, KS 66857

(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	Sld.By	Cust.#	Slm.
10th Next Month	Ho2 #4	24934	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		