



KANSAS CORPORATION COMMISSION 1090179  
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>07/12/2012</u>	<u>07/16/2012</u>	<u>07/26/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28223-00-00

Spot Description: \_\_\_\_\_

NE NE SE NW Sec. 13 Twp. 24 S. R. 15  East  West

3795 Feet from  North /  South Line of Section

2805 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE     NW     SE     SW

County: Woodson

Lease Name: Eagle Well #: 40

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

Producing Formation: Squirrel

Elevation: Ground: 1133 Kelly Bushing: 0

Total Depth: 1177 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. 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 Garrisor Date: 08/15/2012



1090179

Operator Name: Owens Petroleum LLC Lease Name: Eagle Well #: 40  
 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 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	1161	2%	132	

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
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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> _____
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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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Invoice #	Page
24934	001
Invoice Date	
07/12/2012	




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	Slid.By	Cust.#	Slm.
10th Next Month	Ea 40	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		

**Kepley Well Service, LLC**

19245 Ford Road  
Chanute, KS 66720

<b>Date</b>	<b>Invoice #</b>
7/25/2012	46959

# Cement Treatment Report

Owens Petroleum Company  
1274 202 Road  
Yates Center, KS 66783

(x) Landed Plug on Bottom at 900 PSI  
 () Shut in Pressure  
 (x) Good Cement Returns  
 () Topped off well with \_\_\_\_\_ sacks  
 (x) Set Float Shoe

TYPE OF TREATMENT: Production Casing  
 HOLE SIZE: 5 7/8"  
 TOTAL DEPTH: 1177

Well Name	Terms	Due Date		
	Net 15 days	8/9/2012		
Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount	
Run and cement 2 7/8"	1,161	3.00	3,483.00	
Sales Tax		7.30%	0.00	

7-20-12  
 Eagle #40  
 Woodson County  
 Section: 13  
 Township: 24  
 Range: 15

Hooked onto 2 7/8" casing. Established circulation with 7 barrels of water, 2 GEL, METSO, COTTONSEED ahead, blended 132 sacks of 2% cement, dropped 2 rubber plugs, and pumped 6.5 barrels of water

<b>Total</b>	<b>\$3,483.00</b>
<b>Payments/Credits</b>	<b>\$0.00</b>
<b>Balance Due</b>	<b>\$3,483.00</b>