



KANSAS CORPORATION COMMISSION 1096550
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>08/06/2012</u>	<u>08/09/2012</u>	<u>08/28/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28153-00-00

Spot Description: _____

NE NE SW SW Sec. 33 Twp. 23 S. R. 16 East West
1155 Feet from North / South Line of Section
1155 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Woodson

Lease Name: Tannahill Well #: 29

Field Name: _____

Producing Formation: Squirrel

Elevation: Ground: 1065 Kelly Bushing: 0

Total Depth: 1116 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: 1116 w/ 150 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 Gerrico Date: 10/12/2012



1096550

Operator Name: Owens Petroleum LLC Lease Name: Tannahill Well #: 29
 Sec. 33 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 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	1107	Pozmix	150	

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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 (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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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Invoice#	Page
36714	001
Invoice Date	
08-06-2012 12:21:12	



True Enterprise
 1326 North Main Street
 LeRoy, KS 66857

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

(620) 964-2514

620-625-3607

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

Terms	P.O.#	Order#	Type	Sld By	Cust#	Slm.
10th Next Month	ta 28	36714	House	DWT	036070	Store
Quantity	UM	Item #	Description	Price	Extended Price	
20.000	EA	CL203	PORTLAND_CEMENT	10.25	205.00	
				Taxable:	205.00	
				Tax:	14.97	
				Non-Tax:	0.00	
				Total:	219.97	

Duplicate Duplicate Duplicate Duplicate

Recd

Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765

Ticket Number 100134
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
8-2-12		Tannahill # 28		Woodson
Customer	Mailing Address	City	State	Zip
Owens Petroleum				

Job Type:	Longstring	Truck #	Driver
Hole Size:	5 7/8"	201	Kelly
Hole Depth:	1116'	202	Jerry
Bridge Plug:		106	Cody
Packer:	PBTD: 1103'		
Casing Size:		Displacement:	6.4 Bbls
Casing Weight:		Displacement PSI:	500
Tubing:	2 7/8"	Cement Left in Casing:	0'

Quantity Or Units	Description of Services or Product	Pump charge	
35	Mileage	\$3.25/Mile	790.00 113.75
152 sacks	70/30 Pozmix cement	11.40	1,732.80
268 lbs.	Gel 2%	.30	80.40
50 lbs.	Flocete	1.85	92.50
200 lbs.	Gel > Flush Ahead	.30	60.00
3 Hrs.	water Truck	84.00	252.00
35 miles	Truck # 270	1.50	52.50
7 Tons	Bulk Truck > minimum charge	\$1.15/Mile	250.00
2	PLUGS 2 7/8" Top Rubber	25.00	50.00
		Subtotal	3473.95
		Sales Tax	147.15
	(As Bid)	Estimated Total	3621.10

Remarks: Rig up to 2 7/8" Tubing, Break circulation with 15 Bbls water, Pumped 10 Bbls Gel Flush, circulate Gel around to condition hole, Pumped 2 Bbl. Dry water Ahead, Mixed 152 sacks 70/30 Pozmix cement w/chemicals. Shut down - wash out Pump lines - Release 2 Top Rubber Plugs - Displaced Plugs with 6 1/2 Bbls water. Final Pumping 500 PSI - Pumped Plugs to 1000 PSI - close Tubing in w/ 1000 PSI Good cement returns to surface with 4 Bbl. slurry

"Thank you"

Called by SCOTT
 Customer Signature