



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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: _____ Date: _____



1055951

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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 |
|---|---|

| CASING RECORD <input 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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| 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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|--|--|---|
| 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: _____ _____ |
|--|--|---|

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | O'Brien Resources, LLC |
| Well Name | Kob 13 1 |
| Doc ID | 1055951 |

All Electric Logs Run

| |
|---------------------|
| |
| Compensated Density |
| Sonic |
| Micro |
| Dual Induction |

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



phone: 316-337-6200
fax: 316-337-6211
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

May 17, 2011

Heather Haynes
O'Brien Resources, LLC
PO BOX 6149
SHREVEPORT, LA 71136

Re: ACO1
API 15-193-20783-00-00
Kob 13 1
NE/4 Sec.13-10S-33W
Thomas County, Kansas

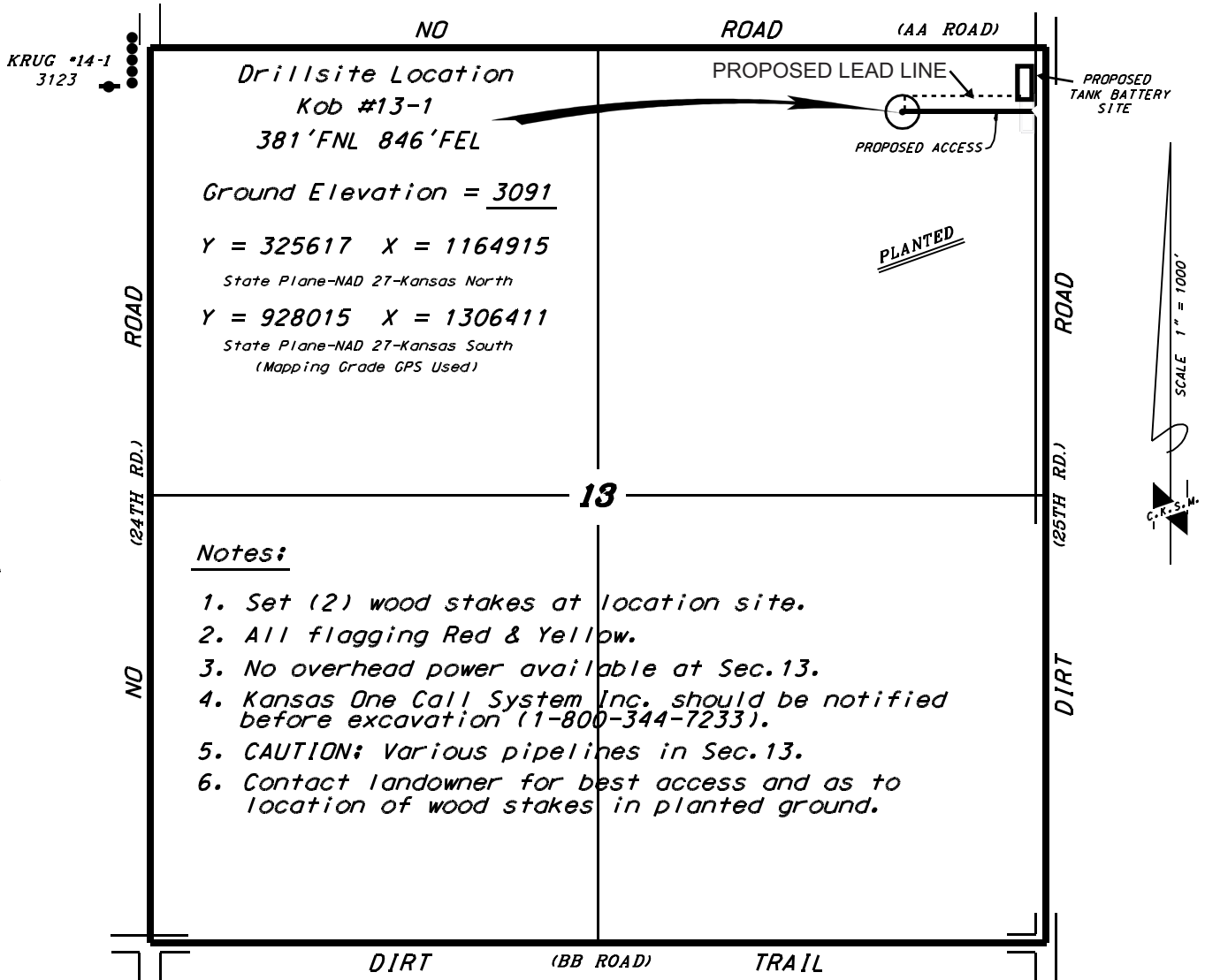
Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Heather Haynes

O'BRIEN RESOURCES, LLC
KOB LEASE
NE.1/4, SECTION 13, T10S, R33W
THOMAS COUNTY, KANSAS



Notes:

1. Set (2) wood stakes at location site.
2. All flagging Red & Yellow.
3. No overhead power available at Sec.13.
4. Kansas One Call System Inc. should be notified before excavation (1-800-344-7233).
5. CAUTION: Various pipelines in Sec.13.
6. Contact landowner for best access and as to location of wood stakes in planted ground.

*Ingress and egress to location as shown on this plat is for usage only and may not be legally opened for public use. Contact landowner, tenant and county road department for access.

*Controlling data is based upon the best maps and photographs available to us and upon a regular section of land containing 640 acres.

*Approximate section lines were determined using the normal standard of care of oilfield surveyors practicing in the state of Kansas. The section corners, which establish the precise section lines, were not necessarily located, and the exact location of the drillsite location in the section is not guaranteed. Therefore, the operator securing this service and accepting this plat and all other parties relying thereon agree to hold Central Kansas Oilfield Services, Inc., its officers and employees harmless from all losses, costs and expenses and said entities released from any liability from incidental or consequential damages.

*Elevations derived from National Geodetic Vertical Datum.

Date September 2, 2010

GENERAL INFORMATION

Client Information:

Company: O'BRIEN RESOURCES LLC.

Contact: JIM ROBBINS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: 1-13 KOB

Operator: O'BRIEN RESOURCES LLC.

Location-Downhole:

Location-Surface: S13/10S/33W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: COVENTIONAL Job Number: D852

Test Unit:

Start Date: 2010/11/17 Start Time: 14:30:00

End Date: 2010/11/17 End Time: 21:10:00

Report Date: Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 80' GAS CUT OIL
370' WATER



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

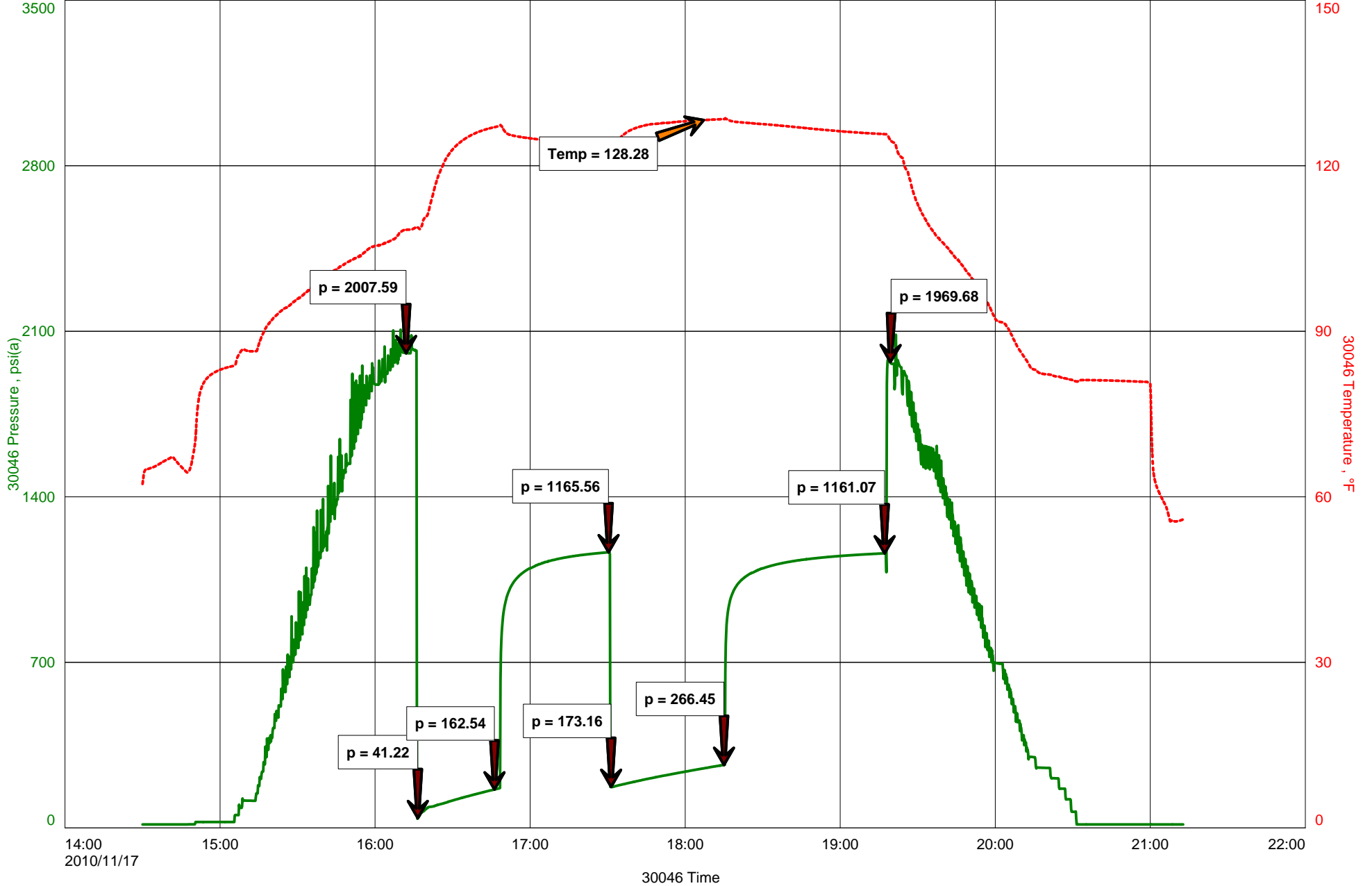
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

| | |
|----------------------------------|---------------|
| Remarks: _____ _____ _____ | Price Job |
| | Other Charges |
| | Insurance |
| | Total |

| | | | | |
|------------------------------------|--------------|-------------------------------|--------------|----------------------------|
| Time Set Packer(s) _____ | A.M. P.M. | Time Started Off Bottom _____ | A.M. P.M. | Maximum Temperature _____ |
| Initial Hydrostatic Pressure _____ | (A) | _____ | P.S.I. | |
| Initial Flow Period _____ | Minutes | (B) | _____ | P.S.I. to (C) _____ P.S.I. |
| Initial Closed In Period _____ | Minutes | (D) | _____ | P.S.I. |
| Final Flow Period _____ | Minutes | (E) | _____ | P.S.I. to (F) _____ P.S.I. |
| Final Closed In Period _____ | Minutes | (G) | _____ | P.S.I. |
| Final Hydrostatic Pressure _____ | (H) | _____ | P.S.I. | |

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

1-13 KOB



GENERAL INFORMATION

Client Information:

Company: O'BRIEN RESOURCES LLC.

Contact: JIM ROBBINS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: 1-13 KOB

Operator: O'BRIEN RESOURCES LLC.

Location-Downhole:

Location-Surface: S13/10S/33W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D853

Test Unit:

Start Date: 2010/11/18 Start Time: 12:40:00

End Date: 2010/11/18 End Time: 18:45:00

Report Date: 2010/11/18 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 50' GAS CUT OIL, 60' OIL+MUD CUT WATER
180' WATER



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

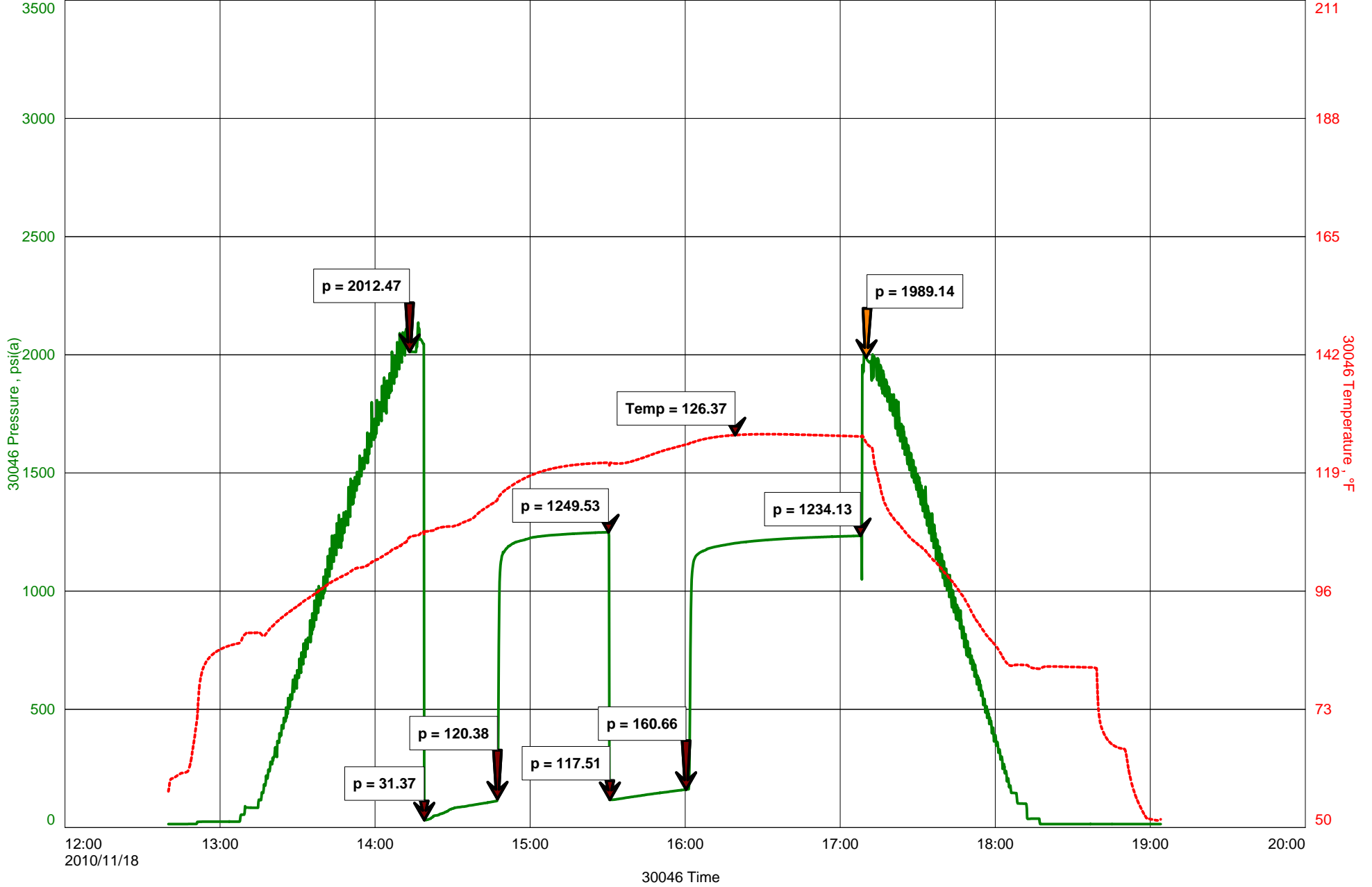
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

| | |
|----------------------------------|---------------|
| Remarks: _____ _____ _____ | Price Job |
| | Other Charges |
| | Insurance |
| | Total |

| Time Set Packer(s) | A.M. P.M. | Time Started Off Bottom | A.M. P.M. | Maximum Temperature |
|------------------------------|--------------|-------------------------|---------------|---------------------|
| Initial Hydrostatic Pressure | | (A) | P.S.I. | |
| Initial Flow Period | | Minutes (B) | P.S.I. to (C) | P.S.I. |
| Initial Closed In Period | | Minutes (D) | P.S.I. | |
| Final Flow Period | | Minutes (E) | P.S.I. to (F) | P.S.I. |
| Final Closed In Period | | Minutes (G) | P.S.I. | |
| Final Hydrostatic Pressure | | (H) | P.S.I. | |

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

1-13 KOB



GENERAL INFORMATION

Client Information:

Company: O'BRIEN RESOURCES LLC.

Contact: JIM ROBBINS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: 1-13 KOB

Operator: O'BRIEN RESOURCES LLC.

Location-Downhole:

Location-Surface: S13/10S/33W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D854

Test Unit:

Start Date: 2010/11/19 Start Time: 01:30:00

End Date: 2010/11/19 End Time: 08:10:00

Report Date: 2010/11/19 Prepared By: JOHN RIEDL

Qualified By: KIM SHOEMAKER

Remarks:

RECOVERY: 150' GAS IN PIPE
150' VERY SLIGHTLY MUD CUT GASSY OIL



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

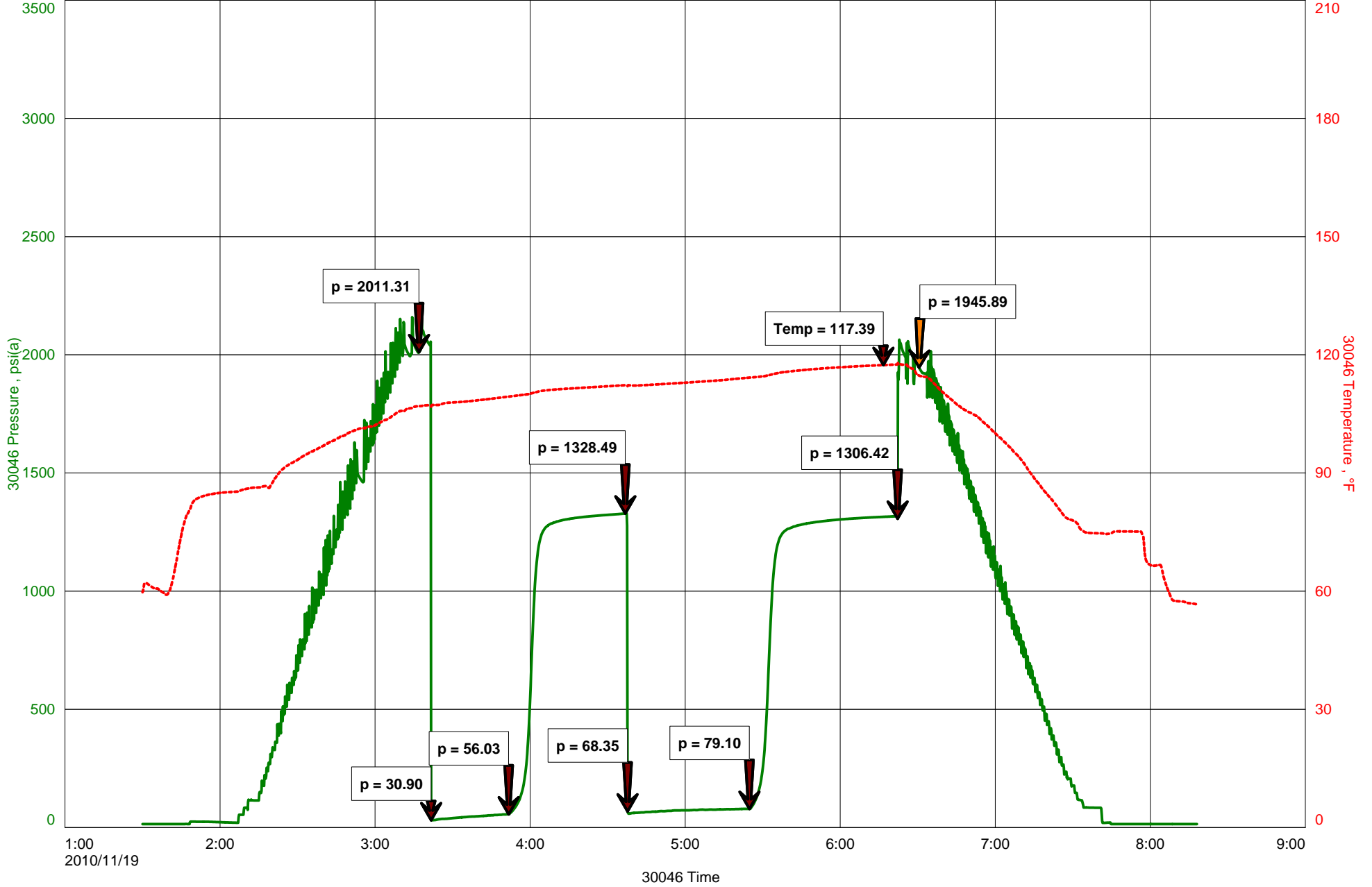
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

| | |
|----------------------------------|---------------|
| Remarks: _____ _____ _____ | Price Job |
| | Other Charges |
| | Insurance |
| | Total |

| | | | | |
|------------------------------------|--------------|-------------------------------|--------------|----------------------------|
| Time Set Packer(s) _____ | A.M. P.M. | Time Started Off Bottom _____ | A.M. P.M. | Maximum Temperature _____ |
| Initial Hydrostatic Pressure _____ | (A) | _____ | P.S.I. | |
| Initial Flow Period _____ | Minutes | (B) | _____ | P.S.I. to (C) _____ P.S.I. |
| Initial Closed In Period _____ | Minutes | (D) | _____ | P.S.I. |
| Final Flow Period _____ | Minutes | (E) | _____ | P.S.I. to (F) _____ P.S.I. |
| Final Closed In Period _____ | Minutes | (G) | _____ | P.S.I. |
| Final Hydrostatic Pressure _____ | (H) | _____ | P.S.I. | |

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

1-13 KOB



GENERAL INFORMATION

Client Information:

Company: O'BRIEN RESOURCES LLC.

Contact: JIM ROBBIMS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: 13-1 ROBBINS

Operator: O'BRIEN RESOURCES LLC.

Location-Downhole:

Location-Surface: S13/10S/33W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D855

Test Unit:

Start Date: 2010/11/19 Start Time: 14:30:00

End Date: 2010/11/19 End Time: 20:05:00

Report Date: 2010/11/19 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 10' VERY SLIGHTLY OIL CUT MUD



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

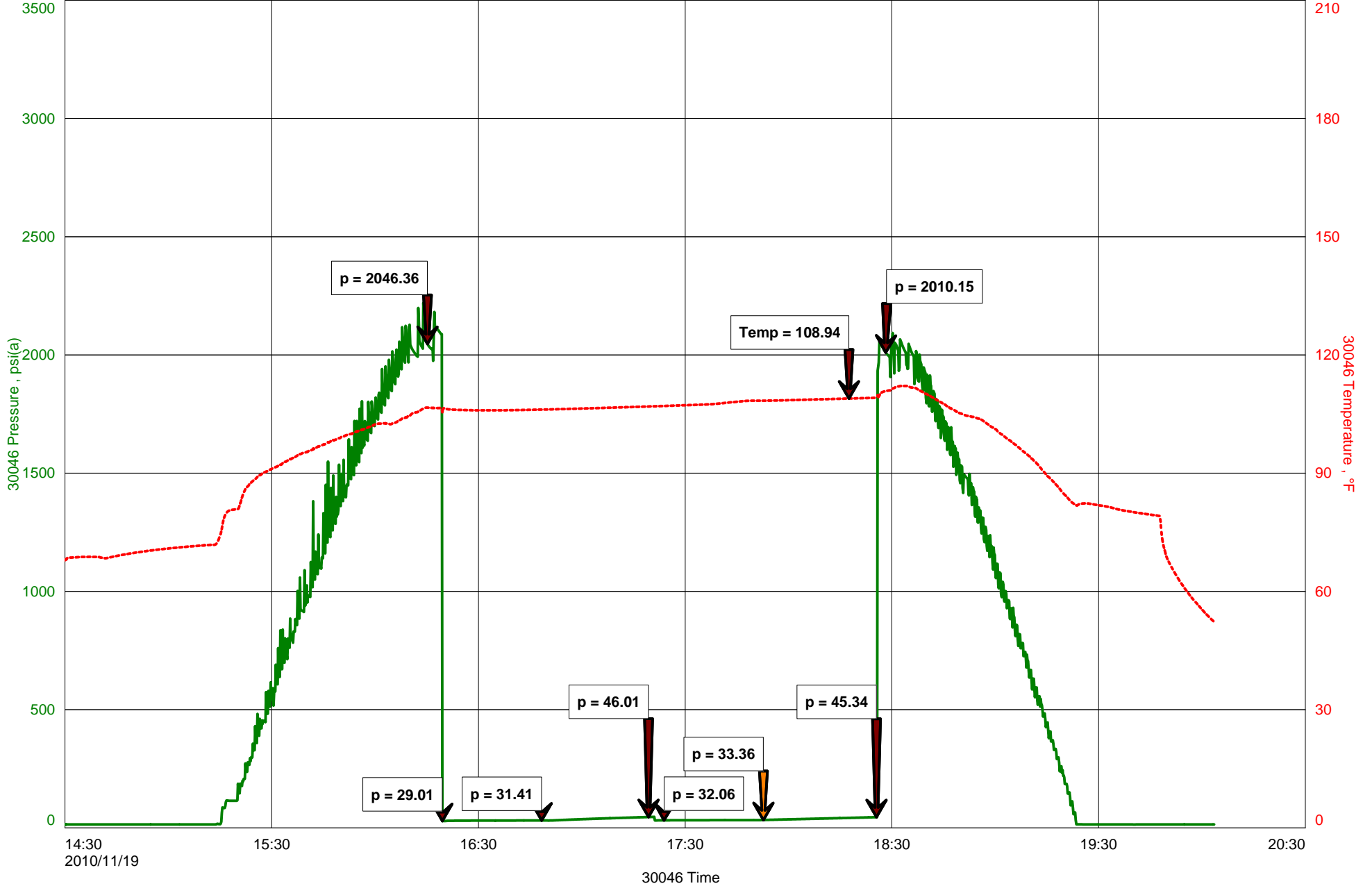
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

| | |
|----------------------------------|---------------|
| Remarks: _____ _____ _____ | Price Job |
| | Other Charges |
| | Insurance |
| | Total |

| | | | | |
|------------------------------------|--------------|-------------------------------|--------------|----------------------------|
| Time Set Packer(s) _____ | A.M. P.M. | Time Started Off Bottom _____ | A.M. P.M. | Maximum Temperature _____ |
| Initial Hydrostatic Pressure _____ | (A) | _____ | P.S.I. | |
| Initial Flow Period _____ | Minutes | (B) | _____ | P.S.I. to (C) _____ P.S.I. |
| Initial Closed In Period _____ | Minutes | (D) | _____ | P.S.I. |
| Final Flow Period _____ | Minutes | (E) | _____ | P.S.I. to (F) _____ P.S.I. |
| Final Closed In Period _____ | Minutes | (G) | _____ | P.S.I. |
| Final Hydrostatic Pressure _____ | (H) | _____ | P.S.I. | |

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

13-1 ROBBINS



GENERAL INFORMATION

Client Information:

Company: O'BRIEN RESOURCES LLC.

Contact: JIM ROBBINS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: 13-1 KOB

Operator: O'BRIEN RESOURCES LLC.

Location-Downhole:

Location-Surface: S13/10S/33W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D856

Test Unit:

Start Date: 2010/11/20 Start Time: 06:25:00

End Date: 2010/11/20 End Time: 13:45:00

Report Date: 2010/11/20 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 150' GIP, 60'GASSY OIL
60 GAS+OIL CUT WATERY MUD, 250' WATER



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

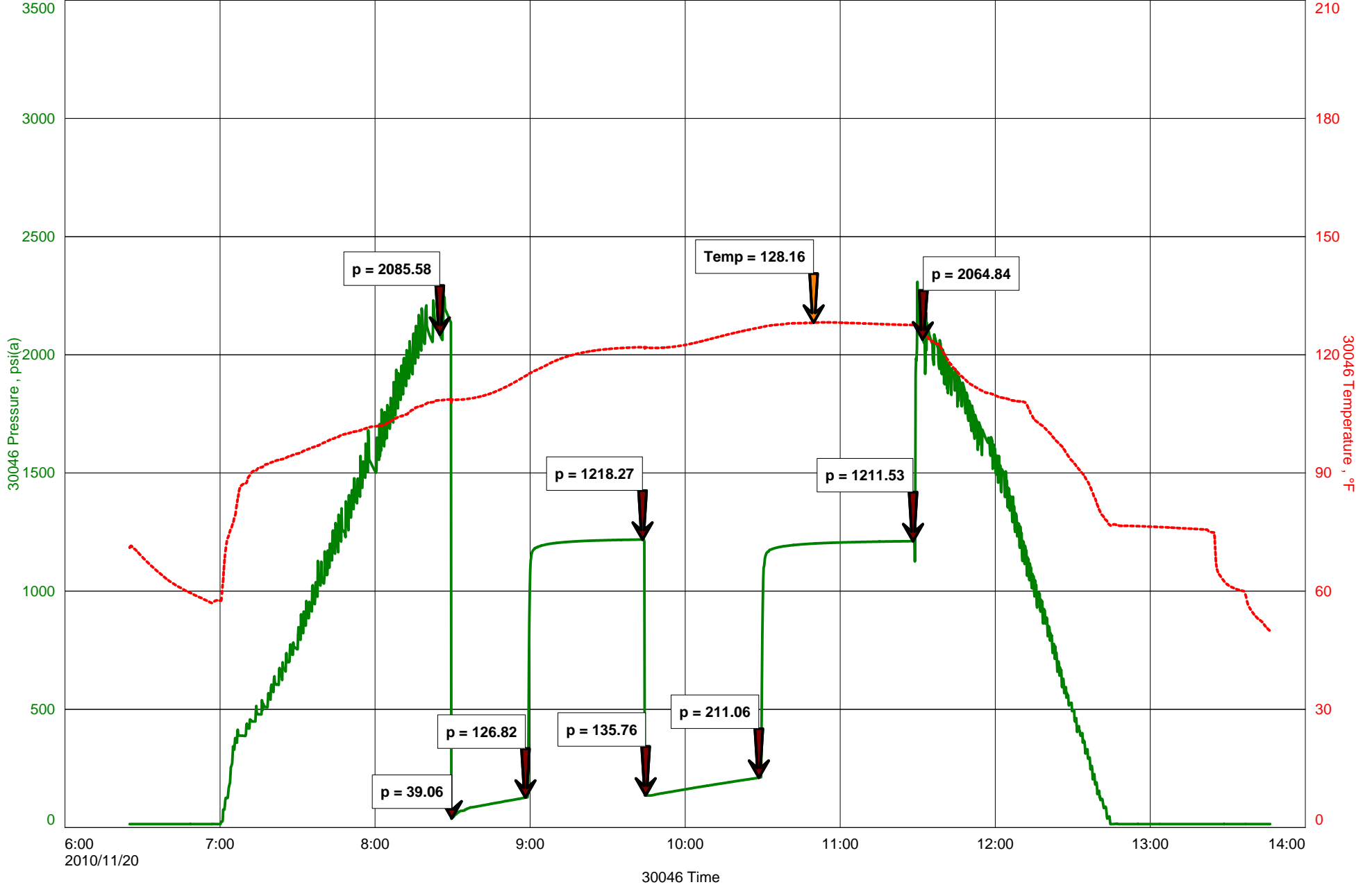
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

| | |
|----------------------------------|---------------|
| Remarks: _____ _____ _____ | Price Job |
| | Other Charges |
| | Insurance |
| | Total |

| | | | | |
|------------------------------------|--------------|-------------------------------|--------------|----------------------------|
| Time Set Packer(s) _____ | A.M. P.M. | Time Started Off Bottom _____ | A.M. P.M. | Maximum Temperature _____ |
| Initial Hydrostatic Pressure _____ | (A) | _____ | P.S.I. | |
| Initial Flow Period _____ | Minutes | (B) | _____ | P.S.I. to (C) _____ P.S.I. |
| Initial Closed In Period _____ | Minutes | (D) | _____ | P.S.I. |
| Final Flow Period _____ | Minutes | (E) | _____ | P.S.I. to (F) _____ P.S.I. |
| Final Closed In Period _____ | Minutes | (G) | _____ | P.S.I. |
| Final Hydrostatic Pressure _____ | (H) | _____ | P.S.I. | |

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

13-1 KOB



GENERAL INFORMATION

Client Information:

Company: O'BRIEN RESOURCES LLC.

Contact: JIM ROBBINS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: 13-1 KOB

Operator: O'BRIEN RESOURCES LLC.

Location-Downhole:

Location-Surface: S13/10S/33W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D857

Test Unit:

Start Date: 2010/11/21 Start Time: 10:10:00

End Date: 2010/11/21 End Time: 17:00:00

Report Date: 2010/11/21 Prepared By: JOHN RIEDL

Qualified By: KIM SHOEMAKER

Remarks:

RECOVERY: 370' GAS IN PPE, 45' OIL CUT GASSY MUD
180' MUD CUT GASSY OIL



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

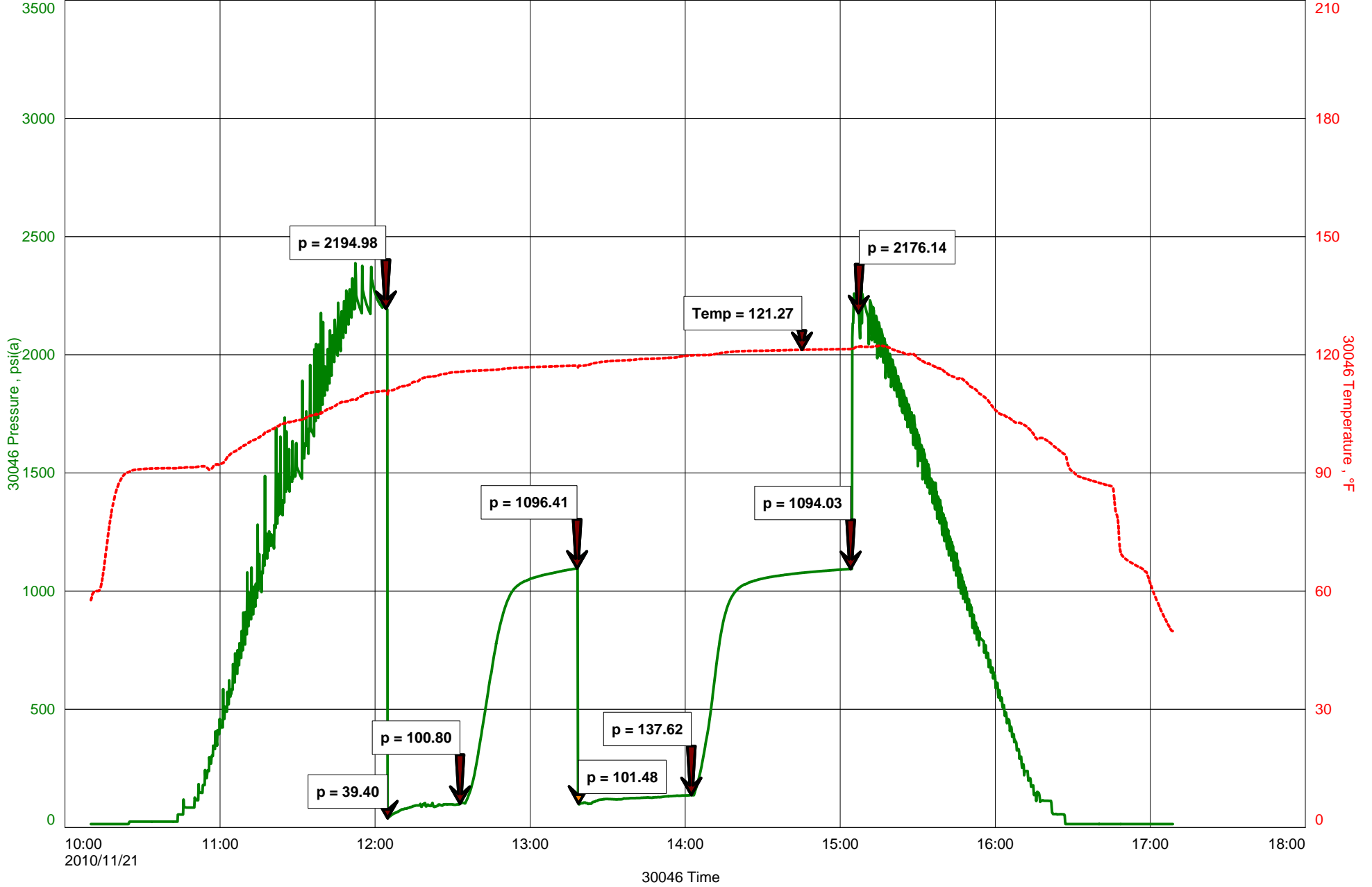
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

| | |
|----------------------------------|---------------|
| Remarks: _____ _____ _____ | Price Job |
| | Other Charges |
| | Insurance |
| | Total |

| | | | | |
|------------------------------------|--------------|-------------------------------|--------------|----------------------------|
| Time Set Packer(s) _____ | A.M. P.M. | Time Started Off Bottom _____ | A.M. P.M. | Maximum Temperature _____ |
| Initial Hydrostatic Pressure _____ | (A) | _____ | P.S.I. | |
| Initial Flow Period _____ | Minutes | (B) | _____ | P.S.I. to (C) _____ P.S.I. |
| Initial Closed In Period _____ | Minutes | (D) | _____ | P.S.I. |
| Final Flow Period _____ | Minutes | (E) | _____ | P.S.I. to (F) _____ P.S.I. |
| Final Closed In Period _____ | Minutes | (G) | _____ | P.S.I. |
| Final Hydrostatic Pressure _____ | (H) | _____ | P.S.I. | |

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

13-1 KOB



GENERAL INFORMATION

Client Information:

Company: O'BRIEN ENERGY LLC

Contact: JIM ROBBINS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: 13-1 KOB

Operator: O'BRIEN ENERGY LLC

Location-Downhole:

Location-Surface: S13/10S/33W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D858

Test Unit:

Start Date: 2010/11/22 Start Time: 05:20:00

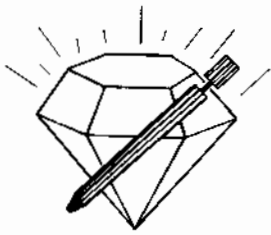
End Date: 2010/11/22 End Time: 12:15:00

Report Date: 2010/11/22 Prepared By: JOHN RIEDL

Qualified By: KIM SHOEMAKER

Remarks:

RECOVERY: 40' GAS IN PIPE
20' GAS CUT MUD



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

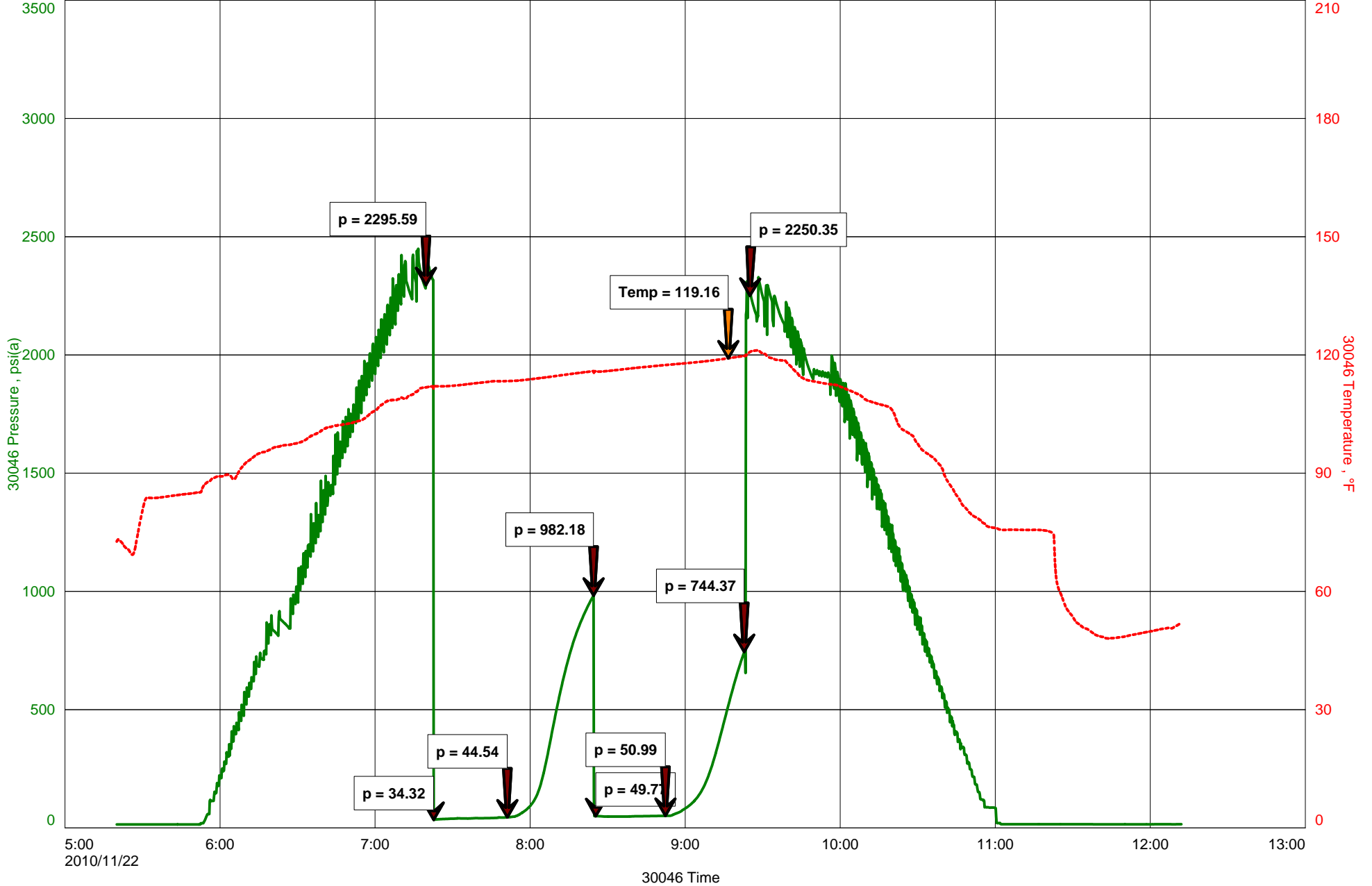
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

| | |
|----------------------------------|---------------|
| Remarks: _____ _____ _____ | Price Job |
| | Other Charges |
| | Insurance |
| | Total |

| | | | | |
|------------------------------------|--------------|-------------------------------|--------------|----------------------------|
| Time Set Packer(s) _____ | A.M. P.M. | Time Started Off Bottom _____ | A.M. P.M. | Maximum Temperature _____ |
| Initial Hydrostatic Pressure _____ | (A) | _____ | P.S.I. | |
| Initial Flow Period _____ | Minutes | (B) | _____ | P.S.I. to (C) _____ P.S.I. |
| Initial Closed In Period _____ | Minutes | (D) | _____ | P.S.I. |
| Final Flow Period _____ | Minutes | (E) | _____ | P.S.I. to (F) _____ P.S.I. |
| Final Closed In Period _____ | Minutes | (G) | _____ | P.S.I. |
| Final Hydrostatic Pressure _____ | (H) | _____ | P.S.I. | |

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

13-1 KOB



Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



phone: 316-337-6200
fax: 316-337-6211
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

May 18, 2011

Heather Haynes
O'Brien Resources, LLC
PO BOX 6149
SHREVEPORT, LA 71136

Re: ACO-1
API 15-193-20783-00-00
Kob 13 1
NE/4 Sec.13-10S-33W
Thomas County, Kansas

Dear Heather Haynes:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/13/2010 and the ACO-1 was received on May 17, 2011 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. **19319**

DATE **11-23-10** PAGES **2** OF **2**

CUSTOMER **O'Brien Resources** WELL **13-1 Keb**

| PRICE REFERENCE | SECONDARY REFERENCE/PART NUMBER | ACCOUNTING | | TIME | DESCRIPTION | QTY. | UM | QTY. | UM | UNIT PRICE | AMOUNT |
|-----------------|---------------------------------|------------|------|------|-----------------|------|-----|------|----|------------|---------|
| | | LOC | ACCT | | | | | | | | |
| 325 | | 2 | | | Standard Cement | 270 | SKS | | | 12.00 | 3240.00 |
| 330 | | 2 | | | SMP Cement | 365 | SKS | | | 15.00 | 5475.00 |
| 276 | | 2 | | | Floccule | 150 | # | | | 1.50 | 225.00 |
| 283 | | 2 | | | Salt | 1350 | # | | | 15 | 202.50 |
| 284 | | 2 | | | Calscal | 130 | SKS | | | 30.00 | 390.00 |
| 285 | | 2 | | | CFR-1 | 150 | # | | | 4.00 | 600.00 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 581 | | | | | SERVICE CHARGE | | | | | 1.50 | 992.50 |
| 583 | | | | | MILEAGE CHARGE | | | | | 1.00 | 1440.00 |
| | | | | | TOTAL WEIGHT | | | | | | |
| | | | | | 64012 | | | | | | |
| | | | | | LOADING MILES | | | | | | |
| | | | | | 45 | | | | | | |
| | | | | | CUBIC FEET | | | | | | |
| | | | | | 635 SKS | | | | | | |
| | | | | | TON MILES | | | | | | |
| | | | | | 1440 | | | | | | |

CONTINUATION TOTAL **12,525.00**

JOB LOG

SWIFT Services, Inc.

DATE 11-23-10 PAGE NO.

CUSTOMER O'Brien Resources

WELL NO. #13-1

LEASE Kat

JOB TYPE 2-stage

TICKET NO. 19319

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|------|------------|--------------------|-------|---|----------------|--------|--|
| | | | | T | C | TUBING | CASING | |
| | 1630 | | | | | | | on loc w/ FE RTD 4750' 4 1/2" x 105 # x 4756' x 42' Cent 6, 7, 8, 9, 13, 14, 15, 16, 1, 2, 80 Bask 21, 2, 81 DV 2 @ 2630' |
| | 1810 | | | | | | | start FE |
| | 2015 | | | | | | | Break Circ |
| | 2145 | 4.5 | 0 | | | 200 | | start Preflush 500 gal Mud Wash 20 bbl KCL Flush |
| | | 5.5 | 32/0 | | | 250 | | Start Cement 270 skt EA-2 |
| | 2205 | | 64 | | | | | End Cement |
| | | | | | | | | Wash P/L / Drop L/D Plug |
| | 2210 | 6 | 0 | | | 200 | | Start Displacement w/ r |
| | | 5 | 35/ | | | 250 | | Mud |
| | 2230 | | 75 | | | 750/ 1400 | | Land Plug Release Pressure / Float Add Drop Opening Plug washup Trk |
| | 2245 | | | | | 1200 | | Open D.V. Circ |
| | 0245 | 2.5 | 7/5 | | | | | Plug RHYMH 45 skt SMD |
| | 0255 | 4.5 | 00 | | | 200 | | Start KCL Flush |
| | 0300 | 6 | 20/0 | | | 200 | | Start Cement 320 skt SMD |
| | 0335 | | 200 | | | | | End Cement Drop Closing Plug |
| | 0340 | 5.5 | 0 | | | 200 | | Start Displacement |
| | | 4 | 0 | | | 200 | | Circ. Cement |
| | 0350 | | 42 | | | 500 | | Land Plug |
| | | | | | | 1500 | | Close D.V. Release pressure DV closed |
| | | | | | | | | Circ skt to pit |
| | | | | | | | | Thank you Nick, Josh F., Lane, & John |

ALLIET CEMENTING CO., LLC. 035155

Federal Tax I.D.# 20-5975804

REMIT TO PO BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
DAKLEY

| | | | | | | | |
|--------------------------------|-----------------------|--------------------|----------------------|--|-------------------------------|-----------------------------|------------------------------|
| DATE <u>11-13-10</u> | SEC. <u>13</u> | TWP. <u>105</u> | RANGE <u>3300</u> | LOCATION <u>DAKLEY 62-40-15-W22</u> | ON LOCATION <u>6:00 AM</u> | JOB START <u>6:45 AM</u> | JOB FINISH <u>7:15 AM</u> |
| LEASE <u>MBB-Kob</u> | WELL # <u>13-1</u> | | | | COUNTY <u>Thomas</u> | STATE <u>KS</u> | |
| OLD OR <u>NEW</u> (Circle one) | | | | | | | |

CONTRACTOR WTHU DRUG REG # 2 OWNER SPRME

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4" T.D. 305'

CASING SIZE 8 3/4" DEPTH 305'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15

PERFS.

DISPLACEMENT 18 1/2 BBLs

EQUIPMENT

PUMP TRUCK CEMENTER TERRY

422 HELPER WAYNE

BULK TRUCK

404 DRIVER WELL

BULK TRUCK DRIVER

REMARKS:
Cement Del CTRC.

~~NS~~ 15 SKS TO DET.

THANK YOU

CHARGE TO: O'Brien Resources, LLC.

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

| | |
|-------------------|------------------|
| DEPTH OF JOB | <u>305'</u> |
| PUMP TRUCK CHARGE | <u>1018</u> |
| EXTRA FOOTAGE | @ |
| MILEAGE | <u>10 ME @ 7</u> |
| MANIFOLD | @ |
| TOTAL | <u>1088</u> |

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____ DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]