



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: _____



1058281

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	Snider 35 1
Doc ID	1058281

All Electric Logs Run

Dual Receiver Cement Bond
Micro
Sonic
Dual Induction
Compensated Neutron/Density PE
Triple Combo Composite

Form	ACO1 - Well Completion
Operator	O'Brien Resources, LLC
Well Name	Snider 35 1
Doc ID	1058281

Tops

Name	Top	Datum
Anhydrite	2,228	+631
B/ Anhydrite	2,257	+600
Wab, Stotler	3,510	-653
Heebner	3,896	-1,039
Lansing	3,930	-1,073
Stark	4,195	-1,338
Marmaton	4,309	-1,452
Ft Scott	4,446	-1,589
Cherokee	4,470	-1,613
Mississippi	4,540	-1,683



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

TICKET NUMBER 28071
LOCATION On 24th
FOREMAN Fuzzy

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-12-11	5960	Snider 35 #1	35	16	30 W	Lane KS
CUSTOMER O'Brien Res LLC			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE 2-stage HOLE SIZE 7 7/8 HOLE DEPTH 4650' CASING SIZE & WEIGHT 4 1/2 10 1/2 56
CASING DEPTH 4652' DRILL PIPE _____ TUBING _____ OTHER DV Tool @ 2195
SLURRY WEIGHT 14.7-11.8 SLURRY VOL 1.45-2.3 WATER gal/wk 6.9-12.3 CEMENT LEFT IN CASING 42 LB
DISPLACEMENT 73.29 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on LD #1 - rig up to circulate. Pump 500gal mud flush, 20 bbls KCL water mix 175 sks cement. Washout pump + lines. Drop plug + displace to hatchdown with 40 bbls water 3 1/2 bbls mud high press 700* land press 1800* float held. Drop DV Bomb with 10 min open DV Tool @ 1100* Circ 3 hrs. Pump 500gal mud flush, 20 bbls KCL water mix 30 sks cement in RH mix 425 sks cement down 4 1/2 casing. Washout pump + lines. Drop plug + displace 34 3/4 bbl high press 800* land plug + close Tool @ 1800*. Cement did circulate approx 35 bbls.

Thanks Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401c	1	PUMP CHARGE	2850 ⁰⁰	2850 ⁰⁰
5406	50	MILEAGE	5 ⁰⁰	250 ⁰⁰
5407A	27.8	Ton mileage Delivery	158	2196 ³⁰
1126	175 sks	OWC	2148	3759 ⁰⁰
1131	455	60/40 pos	1435	6529 ³⁵
1118 B	3130 #	Bentonite	.24	751 ²⁰
1110 A	875 #	1201-seal	.53	463 ⁷⁵
1107	114 #	Clo-seal	266	303 ²⁴
11446	1000 gal	mud flush	1 ⁰⁰	1000 ⁰⁰
4156	1	4 1/2 ATF float shoe	287 ⁰⁰	287 ⁰⁰
4129	10	4 1/2 Cent	46 ⁰⁰	460 ⁰⁰
4103	3	4 1/2 Baskets	261 ⁰⁰	783 ⁰⁰
4276	1	4 1/2 DV Tool / w hatchdown		2760 ⁰⁰
		Salary 6.3%		1077 ⁹²
		subtotal		23469 ³²
		less 15%		3520 ⁴⁵
		241409		
		SALES TAX		
		ESTIMATED TOTAL		19949 ³⁶

Ravin 3737

AUTHORIZATION [Signature] TITLE Co. Man DATE 5-12-11

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

2019

ALLIED CEMENTING CO., LLC. 037199

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Great Bend KS

DATE <u>4-29-2011</u>	SEC. <u>35</u>	TWP. <u>16</u>	RANGE <u>30</u>	CALLED OUT	ON LOCATION	JOB START <u>10:30 AM</u>	JOB FINISH <u>11:00 PM</u>
LEASE <u>Snider</u> WELL # <u>35-1</u>				LOCATION <u>Healy KS, 1 1/4 N, E 1/4</u>	COUNTY <u>LANE</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR L.D OWNER O'Brien Resources

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 259 FT

CASING SIZE 8 5/8 DEPTH 256 FT

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 259 FT

TOOL _____ DEPTH _____

PRES. MAX 250 PSI MINIMUM _____

MEAS. LINE _____ SHOE JOINT 1.5 FT

CEMENT LEFT IN CSG. 1.5 FT

PERFS. _____

DISPLACEMENT Fresh Water 15 1/4 BBLs

EQUIPMENT	COMMON	POZMIX	GEL	CHLORIDE	ASC	HANDLING	MILEAGE	TOTAL
	<u>165</u>		<u>3</u>	<u>6</u>		<u>174</u>	<u>174 x 55 x .11</u>	<u>4538.44</u>
	@ <u>16.25</u>	@	@ <u>21.25</u>	@ <u>58.24</u>	@	@ <u>2.25</u>		
								<u>391.69</u>
								<u>1052.70</u>

REMARKS:

Pip on bottom Break d.p.c
Pump 5 BBLs Fresh Water Mix
165x AT 3% Gel + 2% Gel shot
Down Release Plug Displace with
15 1/4 BBLs Fresh Water Shut in
Cement did Circ

CHARGE TO: O'Brien Resources

STREET _____

CITY _____ STATE _____ ZIP _____

DEPTH OF JOB 256 FT

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____

MILEAGE 110 @ 7.00 770.00

MANIFOLD _____

TOTAL 1895.99

PLUG & FLOAT EQUIPMENT

Wooden Plug @ 64.00 64.00

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____

TOTAL 64.00

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment
 and furnish cement 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 Reston L. DeJoy

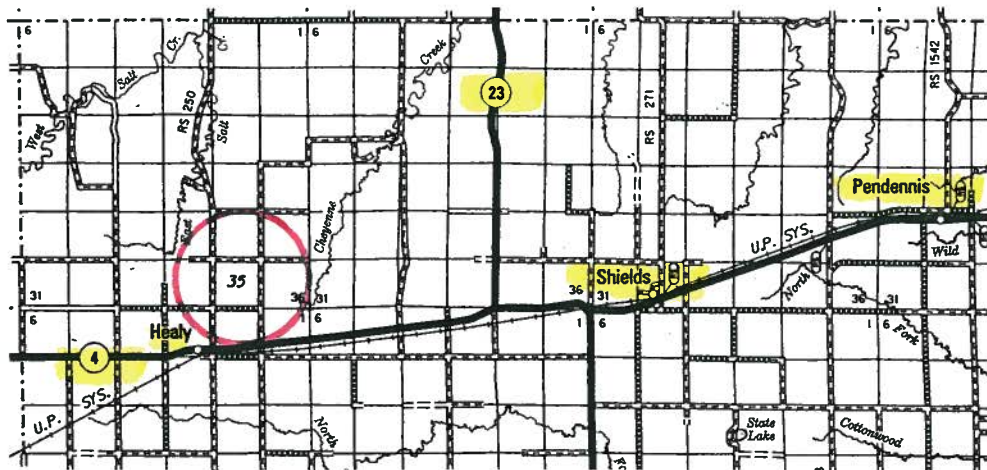
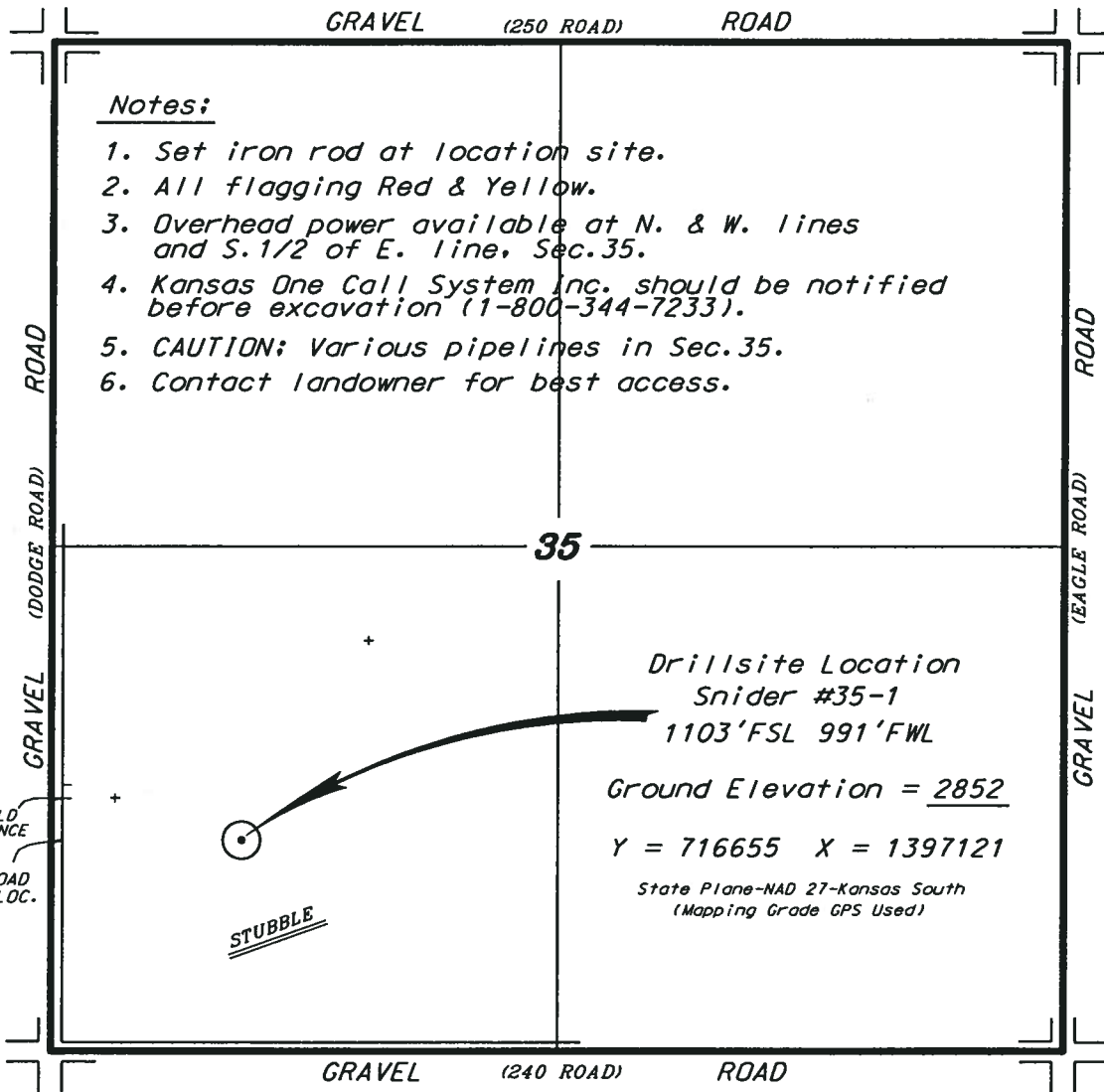
SIGNATURE [Signature]

Thank you

IF PAID IN 30 DAYS

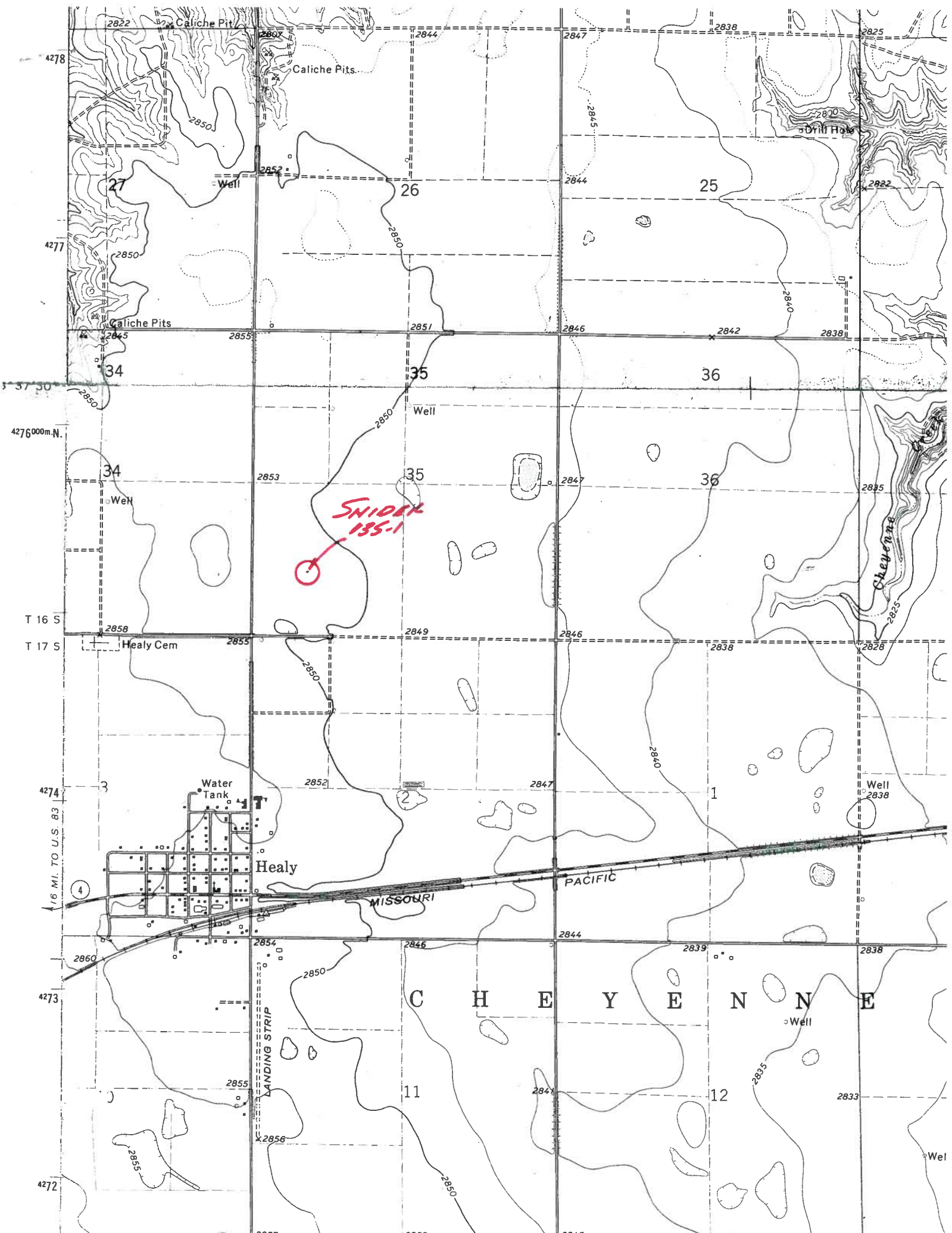
O'BRIEN RESOURCES, LLC
 SNIDER LEASE
 SW. 1/4, SECTION 35, T16S, R30W
 LANE COUNTY, KANSAS

* Ingress and egress to location as shown on this plot is per 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 plot 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 March 28, 2011



SNIDER
135-1

Water Tank

Healy

MISSOURI

PACIFIC

C H E Y E N N E

LANDING STRIP

Well

Well

Well

Healy Cem

Well 2838

Well

Well

Drill Hole

Well

Well

Well

Healy Cem

Well 2838

Well

Well

Drill Hole

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/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 19, 2011

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

Re: ACO1
API 15-101-22289-00-00
Snider 35 1
SW/4 Sec.35-16S-30W
Lane 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

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/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 31, 2011

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

Re: ACO-1
API 15-101-22289-00-00
Snider 35 1
SW/4 Sec.35-16S-30W
Lane 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 04/30/2011 and the ACO-1 was received on August 31, 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