



KANSAS CORPORATION COMMISSION 1066716
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 # _____

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: _____



1066716

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
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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
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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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Form	ACO1 - Well Completion
Operator	O'Brien Resources, LLC
Well Name	Jennison 36 1
Doc ID	1066716

All Electric Logs Run

Dual Induction
Micro Log
Triple Combo
Compensated Density/Neutron PE Log

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

December 15, 2011

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

Re: ACO1
API 15-101-22311-00-00
Jennison 36 1
NW/4 Sec.36-16S-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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

O'Brien Resources, LLC

#1 Jennison 36

P.O. Box 6149
Shrievport LA
71136
ATTN: Kim Schumaker

36-16s-30w Lane KS

Job Ticket: 43202 **DST#: 1**

Test Start: 2011.09.11 @ 22:59:15

GENERAL INFORMATION:

Formation: **LKC 35-70 zones**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 01:05:00

Time Test Ended: 06:08:45

Test Type: Conventional Bottom Hole

Tester: Mike Roberts

Unit No: 48

Interval: 3961.00 ft (KB) To 4035.00 ft (KB) (TVD)

Reference Elevations: 2852.00 ft (KB)

Total Depth: 4035.00 ft (KB) (TVD)

2845.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 7.00 ft

Serial #: 6669 Outside

Press @ Run Depth: 68.59 psig @ 4030.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.09.11

End Date:

2011.09.12

Last Calib.: 2011.09.12

Start Time: 22:49:00

End Time:

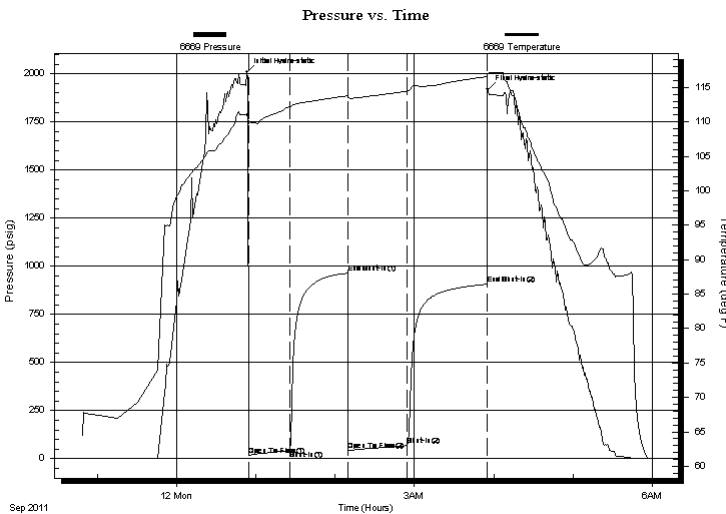
05:58:30

Time On Btm: 2011.09.12 @ 00:53:30

Time Off Btm: 2011.09.12 @ 03:55:30

TEST COMMENT: IF: Built to 4" blow
IS: No return blow
FF: Built to 4" blow
FS: No return blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2007.14	111.11	Initial Hydro-static
2	17.52	109.79	Open To Flow (1)
33	42.39	112.20	Shut-In(1)
77	964.07	113.79	End Shut-In(1)
77	43.67	113.49	Open To Flow (2)
122	68.59	114.49	Shut-In(2)
182	907.15	116.53	End Shut-In(2)
182	1918.09	116.94	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
124.00	m 100% m	1.74

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

O'Brien Resources, LLC

#1 Jennison 36

P.O. Box 6149
Shrievport LA
71136

36-16s-30w Lane KS

Job Ticket: 43202

DST#: 1

ATTN: Kim Schumaker

Test Start: 2011.09.11 @ 22:59:15

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 44.00 sec/qt

Cushion Volume:

bbl

Water Loss: 10.39 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 2000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
124.00	m 100% m	1.739

Total Length: 124.00 ft Total Volume: 1.739 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

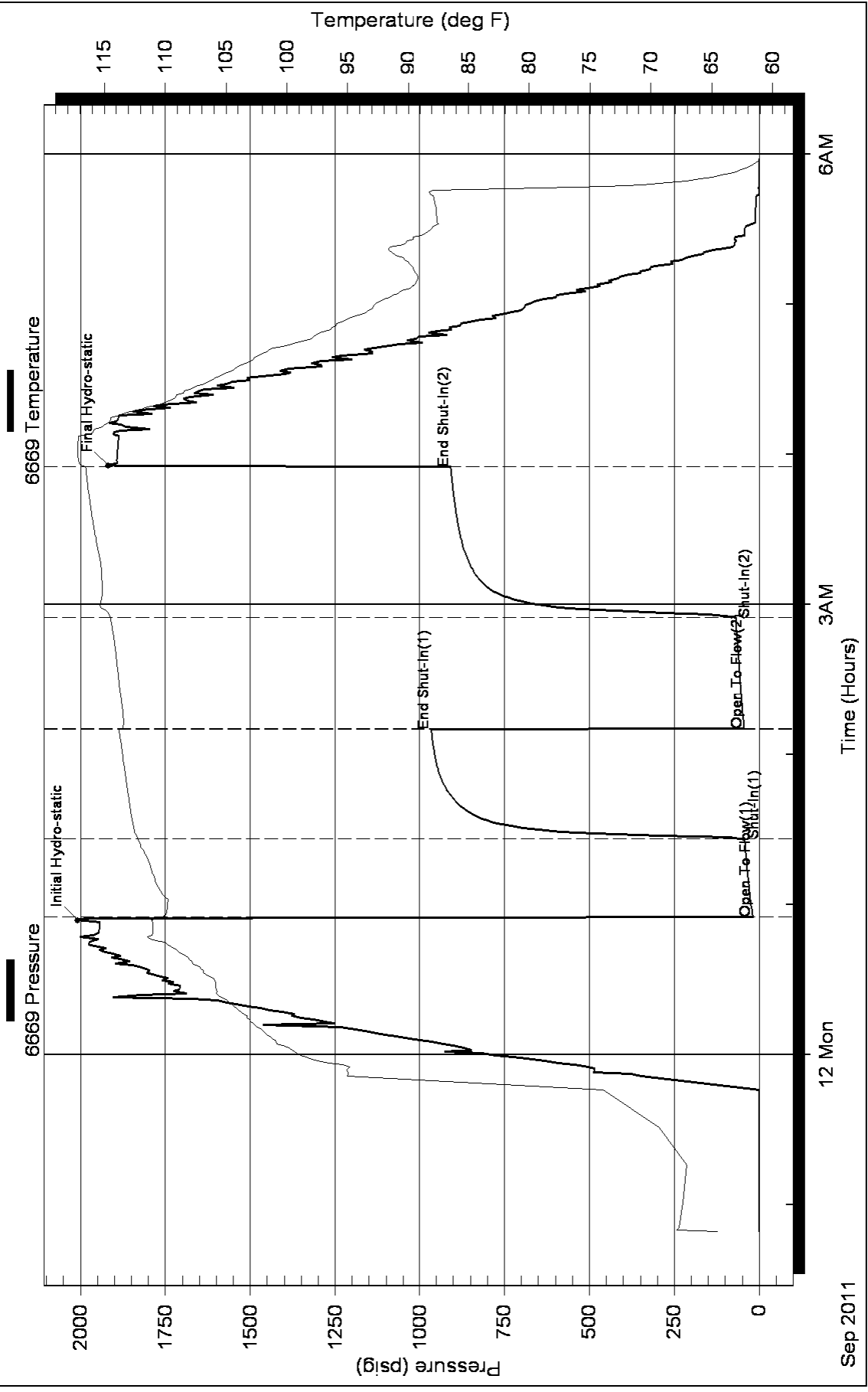
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

O'Brien Resources, LLC

#1 Jennison 36

P.O. Box 6149
Shrivport LA
71136
ATTN: Kim Schumaker

36-16s-30w Lane KS

Job Ticket: 43203 **DST#: 2**

Test Start: 2011.09.12 @ 23:20:15

GENERAL INFORMATION:

Formation: **L/KC 140-200'**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 01:09:30

Time Test Ended: 06:20:30

Test Type: Conventional Bottom Hole

Tester: Mike Roberts

Unit No: 48

Interval: 4107.00 ft (KB) To 4229.00 ft (KB) (TVD)

Reference Elevations: 2852.00 ft (KB)

Total Depth: 4229.00 ft (KB) (TVD)

2845.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 7.00 ft

Serial #: 6669 Outside

Press @ Run Depth: 276.20 psig @ 4224.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.09.12

End Date:

2011.09.13

Last Calib.: 2011.09.13

Start Time: 23:20:15

End Time:

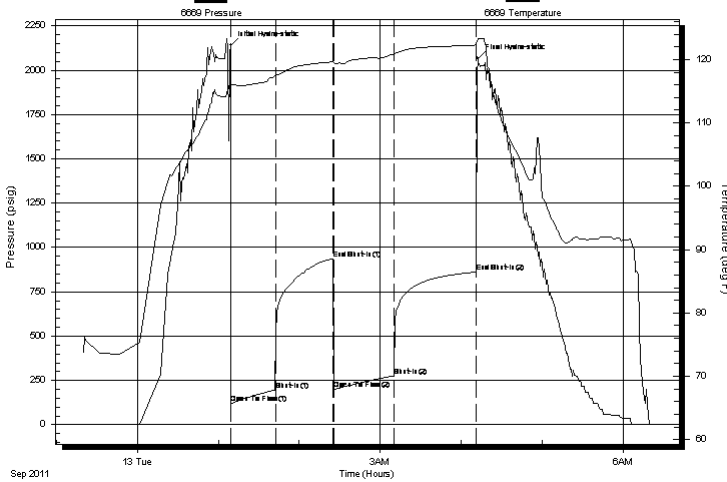
06:20:30

Time On Btm: 2011.09.13 @ 01:09:15

Time Off Btm: 2011.09.13 @ 04:12:15

TEST COMMENT: IF:BOB in 19 min.
IS:No return blow
FF:BOB in 26 min.
FS:No return blow

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2140.86	116.48	Initial Hydro-static
1	119.47	115.83	Open To Flow (1)
33	195.49	117.42	Shut-In(1)
76	936.24	119.63	End Shut-In(1)
77	200.61	119.47	Open To Flow (2)
122	276.20	120.86	Shut-In(2)
182	861.33	122.29	End Shut-In(2)
183	2068.20	123.10	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
432.00	m 100% m	6.06

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
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DRILL STEM TEST REPORT

FLUID SUMMARY

O'Brien Resources, LLC

#1 Jennison 36

P.O. Box 6149
Shrievport LA
71136

36-16s-30w Lane KS

Job Ticket: 43203

DST#: 2

ATTN: Kim Schumaker

Test Start: 2011.09.12 @ 23:20:15

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 47.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.60 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 2100.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
432.00	m 100%m	6.060

Total Length: 432.00 ft Total Volume: 6.060 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

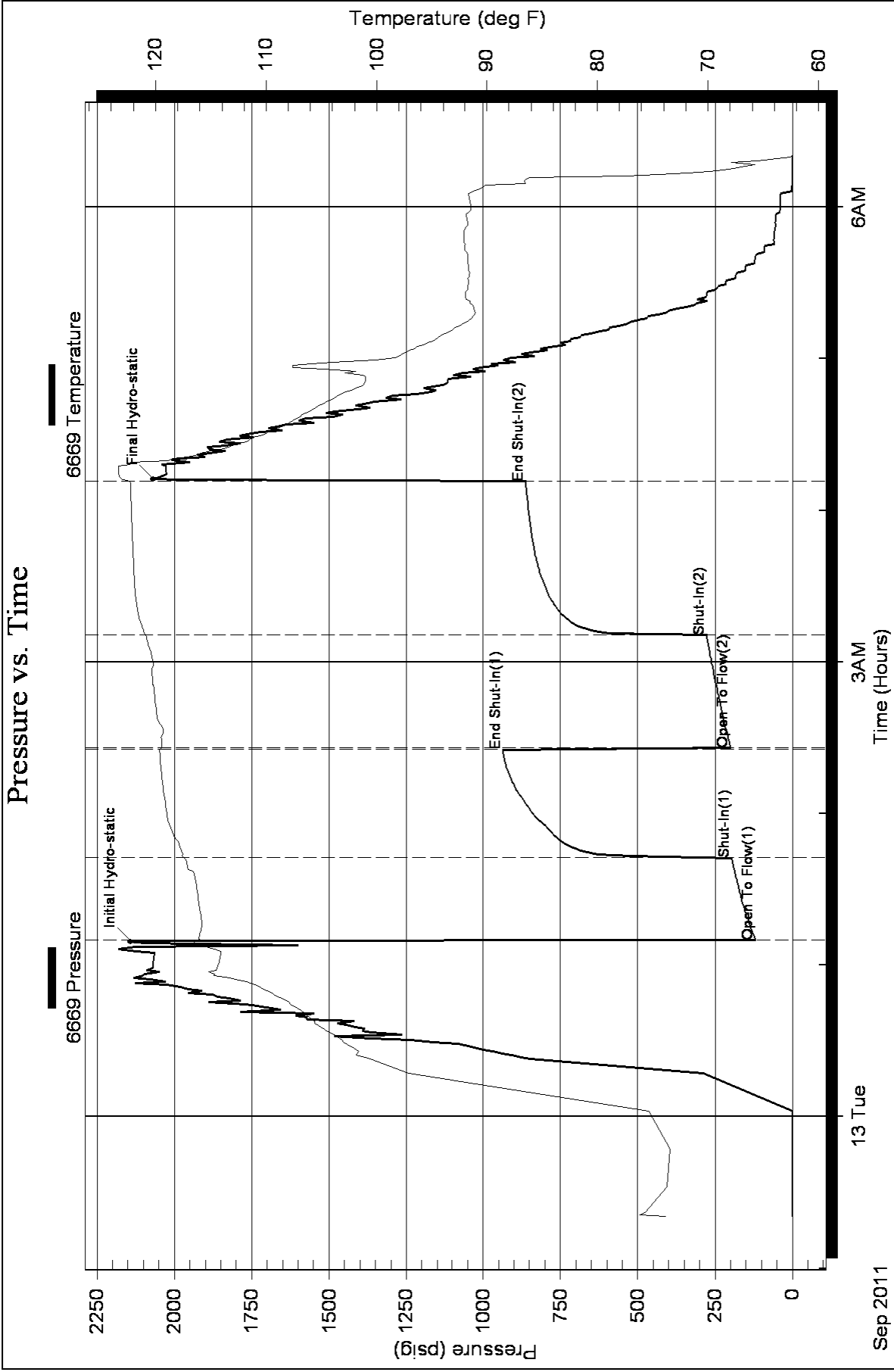
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

O'Brien Resources, LLC

#1 Jennison 36

P.O. Box 6149
Shrievport LA
71136
ATTN: Kim Schumaker

36-16s-30w Lane KS

Job Ticket: 43204 **DST#: 3**
Test Start: 2011.09.14 @ 05:42:15

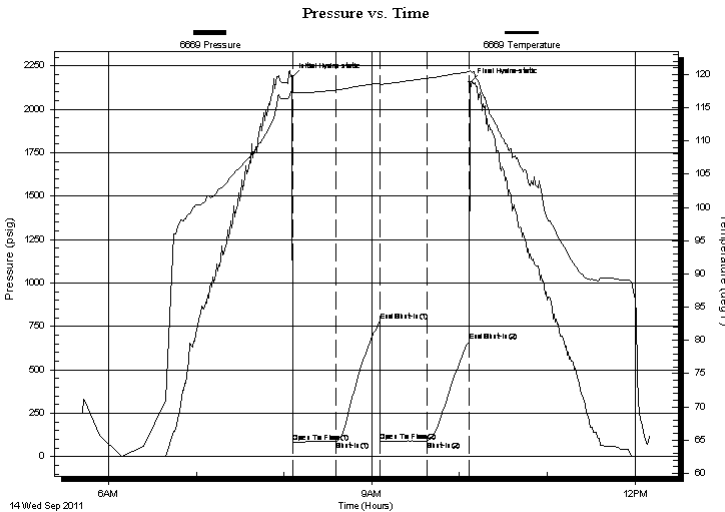
GENERAL INFORMATION:

Formation: **Marm/Myric St.**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 08:05:45
 Time Test Ended: 12:10:30
 Interval: **4273.00 ft (KB) To 4440.00 ft (KB) (TVD)**
 Total Depth: 4440.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole
 Tester: Mike Roberts
 Unit No: 48
 Reference Elevations: 2852.00 ft (KB)
 2845.00 ft (CF)
 KB to GR/CF: 7.00 ft

Serial #: 6669 Outside
 Press @ Run Depth: 91.05 psig @ 4435.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2011.09.14 End Date: 2011.09.14 Last Calib.: 2011.09.14
 Start Time: 05:42:15 End Time: 12:10:30 Time On Btm: 2011.09.14 @ 08:05:30
 Time Off Btm: 2011.09.14 @ 10:07:00

TEST COMMENT: IF: Built to 1" blow
 IS: No return blow
 FF: No blow
 FS: No return blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2184.18	117.56	Initial Hydro-static
1	85.02	117.27	Open To Flow (1)
31	87.38	117.66	Shut-In(1)
60	780.51	118.71	End Shut-In(1)
61	88.63	118.33	Open To Flow (2)
93	91.05	119.41	Shut-In(2)
121	666.75	120.39	End Shut-In(2)
122	2155.39	120.60	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	m 100% m	0.28

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

O'Brien Resources, LLC

#1 Jennison 36

P.O. Box 6149
Shrievport LA
71136

36-16s-30w Lane KS

Job Ticket: 43204

DST#: 3

ATTN: Kim Schumaker

Test Start: 2011.09.14 @ 05:42:15

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 55.00 sec/qt

Cushion Volume:

bbf

Water Loss: 8.00 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 1800.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
20.00	m 100% m	0.281

Total Length: 20.00 ft Total Volume: 0.281 bbf

Num Fluid Samples: 0

Num Gas Bombs: 0

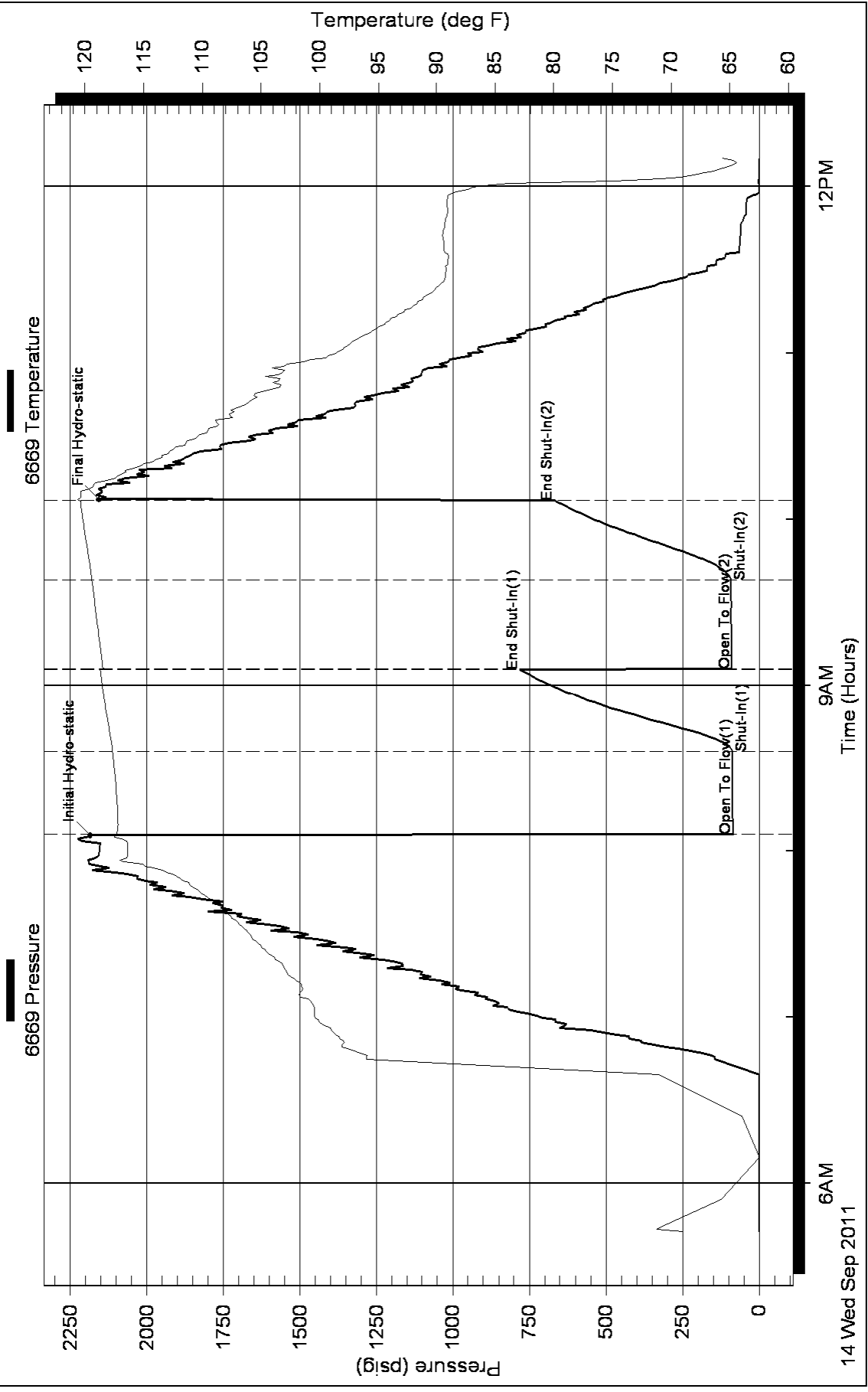
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

O'Brien Resources, LLC

#1 Jennison 36

P.O. Box 6149

36-16s-30w Lane KS

Shrievport LA

Job Ticket: 43205

DST#: 4

71136

ATTN: Kim Schumaker

Test Start: 2011.09.14 @ 22:25:15

GENERAL INFORMATION:

Formation: **Ft. Scott/ Cherokee**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 00:25:15

Time Test Ended: 06:04:15

Test Type: Conventional Bottom Hole

Tester: Mike Roberts

Unit No: 48

Interval: 4434.00 ft (KB) To 4494.00 ft (KB) (TVD)

Reference Elevations: 2852.00 ft (KB)

Total Depth: 4434.00 ft (KB) (TVD)

2845.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 7.00 ft

Serial #: 6669 Outside

Press @ Run Depth: 130.20 psig @ 4489.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.09.14

End Date: 2011.09.15

Last Calib.: 2011.09.15

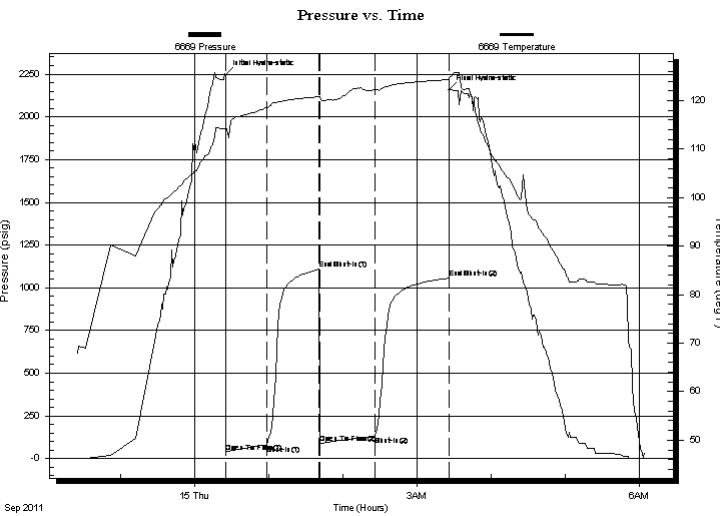
Start Time: 22:25:15

End Time: 06:04:15

Time On Btm: 2011.09.15 @ 00:25:00

Time Off Btm: 2011.09.15 @ 03:26:00

TEST COMMENT: IF:BOB in 7 min.
IS:No return blow
FF:BOB in 5 min.
FS:No return blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2245.25	114.11	Initial Hydro-static
1	38.46	113.42	Open To Flow (1)
33	80.50	118.69	Shut-In(1)
76	1108.08	120.79	End Shut-In(1)
77	87.73	120.78	Open To Flow (2)
121	130.20	122.19	Shut-In(2)
181	1057.03	124.33	End Shut-In(2)
181	2159.72	124.55	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	GIP= 124'	0.00
62.00	gcom 5%g 35%o 60%m	0.87
124.00	omcg 30%o 30% m 40%g	1.74
62.00	omcg 30%o 30%m 40%g	0.87

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

O'Brien Resources, LLC

#1 Jennison 36

P.O. Box 6149
Shrievport LA
71136

36-16s-30w Lane KS

Job Ticket: 43205

DST#: 4

ATTN: Kim Schumaker

Test Start: 2011.09.14 @ 22:25:15

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	0 deg API
Mud Weight: 10.00 lb/gal	Cushion Length: ft	Water Salinity:	0 ppm
Viscosity: 51.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.00 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 1800.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	GIP= 124'	0.000
62.00	gcom 5%g 35%o 60%m	0.870
124.00	omcg 30%o 30% m 40%g	1.739
62.00	omcg 30%o 30%m 40%g	0.870

Total Length: 248.00 ft Total Volume: 3.479 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

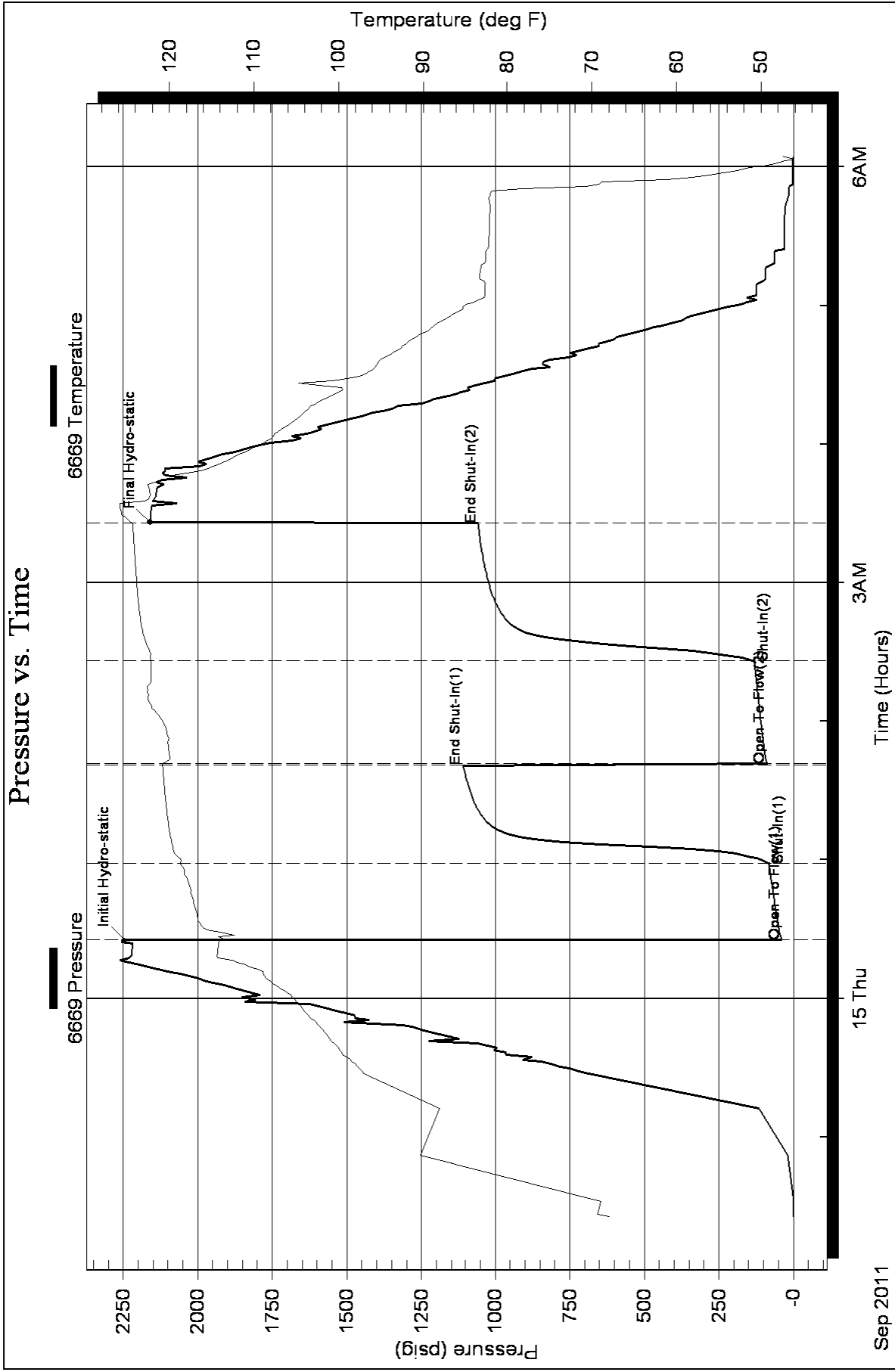
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

O'Brien Resources, LLC

#1 Jennison 36

P.O. Box 6149
Shrievport LA
71136
ATTN: Kim Schumaker

36-16s-30w Lane KS

Job Ticket: 43206 **DST#: 5**
Test Start: 2011.09.15 @ 16:52:15

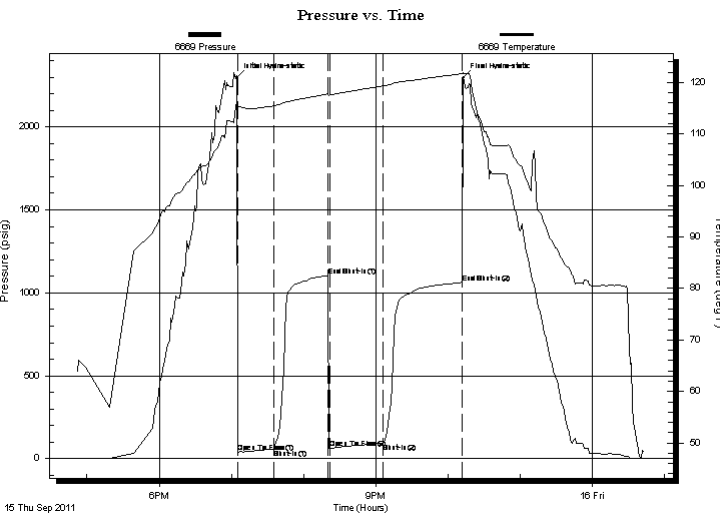
GENERAL INFORMATION:

Formation: **Johnson**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole
 Time Tool Opened: 19:05:00
 Tester: Mike Roberts
 Time Test Ended: 00:43:15
 Unit No: 48
 Interval: **4488.00 ft (KB) To 4538.00 ft (KB) (TVD)**
 Reference Elevations: 2852.00 ft (KB)
 Total Depth: 4538.00 ft (KB) (TVD)
 2845.00 ft (CF)
 Hole Diameter: 7.88 inches
 Hole Condition: Fair
 KB to GR/CF: 7.00 ft

Serial #: 6669 Outside

Press @ Run Depth: 93.41 psig @ 4533.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2011.09.15 End Date: 2011.09.16 Last Calib.: 2011.09.16
 Start Time: 16:52:15 End Time: 00:43:15 Time On Btm: 2011.09.15 @ 19:04:45
 Time Off Btm: 2011.09.15 @ 22:12:45

TEST COMMENT: IF: BOB in 9 min.
 IS: No return blow
 FF: BOB in 8 min.
 FS: No return blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2299.09	115.95	Initial Hydro-static
1	38.03	115.60	Open To Flow (1)
31	58.62	115.48	Shut-In(1)
76	1103.49	117.78	End Shut-In(1)
77	62.54	117.53	Open To Flow (2)
122	93.41	119.33	Shut-In(2)
187	1062.51	121.71	End Shut-In(2)
188	2295.77	121.68	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	GIP= 124	0.00
30.00	mco 40%m 60%o	0.42
62.00	gcmo 20%g 30 m 50%o	0.87
62.00	gcmo 10%g 15%m 75%o	0.87

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

O'Brien Resources, LLC

#1 Jennison 36

P.O. Box 6149
Shrievport LA
71136

36-16s-30w Lane KS

Job Ticket: 43206

DST#: 5

ATTN: Kim Schumaker

Test Start: 2011.09.15 @ 16:52:15

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 44.00 sec/qt

Cushion Volume:

bbf

Water Loss: 10.40 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 2000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
0.00	GIP= 124	0.000
30.00	mco 40%m 60%o	0.421
62.00	gcmo 20%g 30 m 50%o	0.870
62.00	gcmo 10%g 15%m 75%o	0.870

Total Length: 154.00 ft

Total Volume: 2.161 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

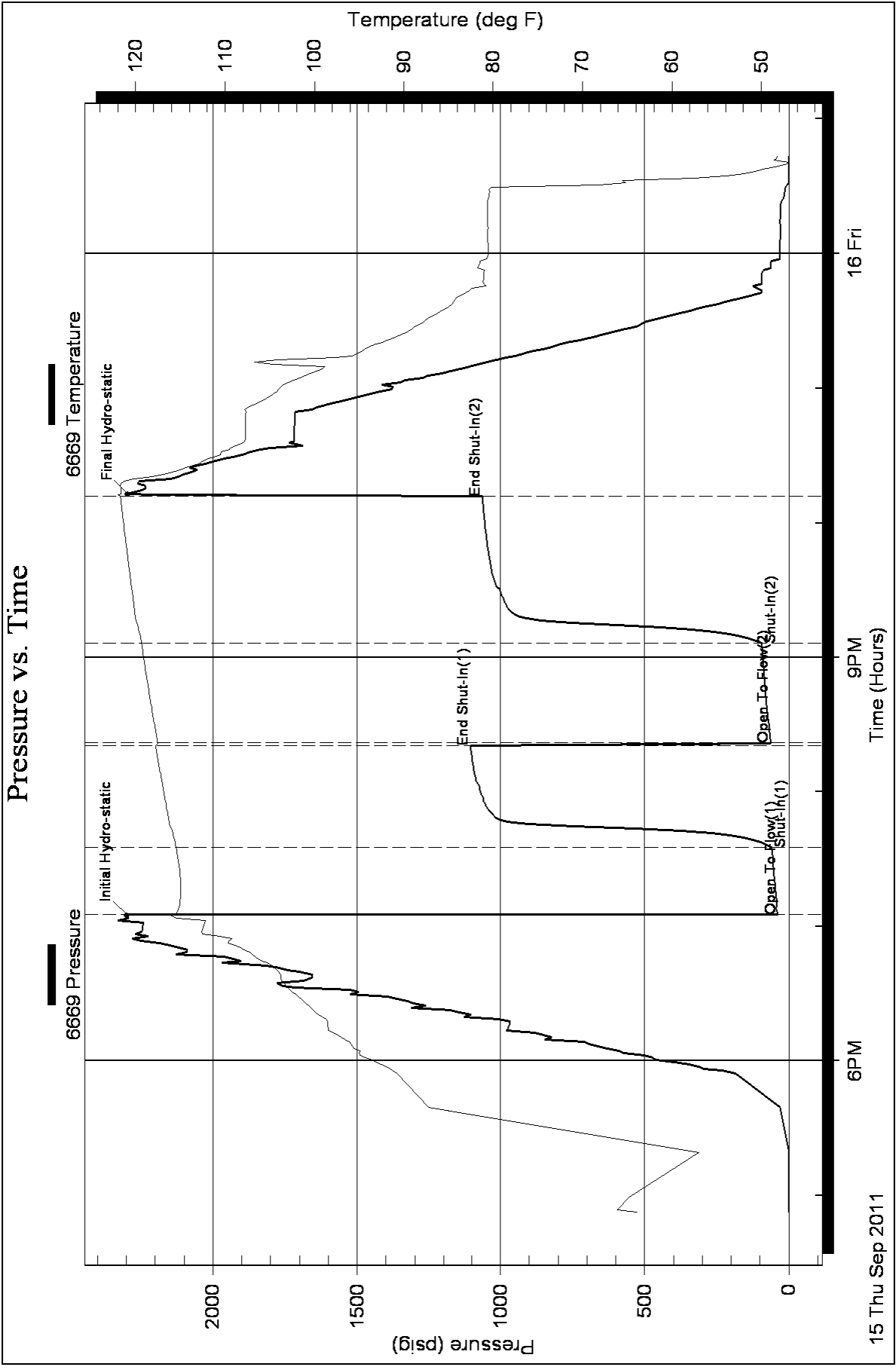
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time



JOB LOG

SWIFT Services, Inc.

DATE 09-17-11 PAGE NO. 1

CUSTOMER O'Brien Resources WELL NO. 1 LEASE JEANISON 36 JOB TYPE 2 STAGE TICKET NO. 20284

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1730							ON LOCATION CMT: SYSTEM 200 SIS STD EA-2 TOP 32550 SMD RTO 4665, SET P.P.C. 4654, SJ 4078, JENSEN 4623 4 1/2 B.S./INCH, DIV. ON TOP # 59, 2254 FT CENT 23, 45, 6, 10, 14, 18, 22, 58 BASINS 23, 59 FROM TOP RECIP SCRAMBLS 3, 4, 5, 6, 7, 8, 9, 10, 11, 5 PEE DIRT 45 TOTAL
	2000							START COL. OPERATOR
	2145							TAE BOTTOM, DROP BALL, WAIT ON LANDING JOINT
	2205							BRAUNING & RECIPACATE P.C.
	2315	6.0	12				300	500 GALS MUD FLUSH
			20					20 GALS WCL FLUSH
			48.5					200 SIS EA-2
		6.0	0				200	DROP L.O. PLUG, WASHOUT PL
			36.0				200	START DISC 1/4 H2O
			60.0				600	" " 1/4 RIL MUD
			65.0				700	
	2350		68.7				1400	LAND PLUG,
								Pressure Drop, WASHUP TRUCK
	0000		38				1200	DROP DIV. OPERATOR DIRT
	0000		30				1200	OPEN DIV. CIRC 2 HRS 1/4 RIL
	0135		7					PLUG PH. 30, 1/4 H2O
	0140	4.5	20.0					20 GALS WCL FLUSH
			165.0					225 SIS SMD
								DROP DIV. CROSSING PLUG
	0225		0				200	START DISC
			12.0				300	
			22.0				500	
	0230		33.5				1400	LAND & CLOSE DIV. <u>200 SIS</u> CIRC CMT TOP IT
								WAIT ON CAT!
	0400							JOB COMPLETE THANK YOU! DAVE, JEFF, ROB, BRAUN



CHARGE TO: O-BREN RESOURCES

ADDRESS
CITY, STATE, ZIP CODE

TICKET
20284

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>AMS</u>	WELL/PROJECT NO. <u>1</u>	LEASE <u>JENNISON 36</u>	COUNTY/PARISH <u>LAW</u>	STATE <u>LA</u>	CITY	DATE <u>09-17-11</u>	OWNER
2. <u>NESS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>OIL</u>	RIG NAME/NO. <u>Picnic 016 #10</u>	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>HEALY</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>Develop</u>	JOB PURPOSE <u>STAGE</u>		WELL PERMIT NO. <u>15-10-22311</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
575		1			50	MI			6.00	300.00
579		1		MILEAGE # 110 Pump Service	1	EA			1850.00	1850.00
580		1		ADDITIONAL HRS	2	HR			200.00	400.00
221		1		LINER HRS	4	HR			25.00	100.00
281		1		MUDFLUSH	500	GAZ			1.25	625.00
290		1		DAIR	3	CAR			35.00	105.00
402		1		CENTRALIZER	10	EA	4 1/2	EA	65.00	650.00
403		1		BASKETS	2	EA			250.00	500.00
407		1		TARGET FEATS/SHR/INTO FALL	1	EA			300.00	300.00
408		1		DIV TOOL-R PLUG	1	EA			2700.00	2700.00
411		1		RECIPRO SCHEM HCR	45	EA			40.00	1800.00
417		1		DIV. CATCHDOWN PLUG & OFFICE	1	EA			800.00	800.00

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X [Signature] DATE SIGNED 09-17-11 TIME SIGNED 1730 A.M. P.M.

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO
 WE UNDERSTOOD AND MET YOUR NEEDS? YES NO
 OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO
 ARE YOU SATISFIED WITH OUR SERVICE? YES NO
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL #1: 9530.00
 PAGE TOTAL #2: 11620.00
 sub: 21150.00
 TAX: 1021.70
 TOTAL: 22,171.70

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR [Signature] APPROVAL

Thank You!

ALLIED CEMENTING CO., LLC. 037357

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend, KS

DATE <u>9-6-11</u>	SEC <u>36</u>	TWP. <u>16S</u>	RANGE <u>30W</u>	CALLED OUT	ON LOCATION	JOB START <u>4:30pm</u>	JOB FINISH <u>5:00pm</u>
LEASE <u>Jennison</u>	WELL # <u>36-1</u>	LOCATION <u>Healy res 1 East 1 1/2 north</u>				COUNTY <u>Lane</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)		<u>east into</u>					

CONTRACTOR Piercell #10
 TYPE OF JOB surface
 HOLE SIZE 12 1/4 T.D. 267
 CASING SIZE 8 5/8 23# DEPTH 267
 TUBING SIZE DEPTH
 DRILL PIPE 4 1/2 DEPTH 267
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15 ft
 PERFS.
 DISPLACEMENT Freshwater

EQUIPMENT
 PUMP TRUCK CEMENTER Bob G.
 # 366 HELPER Shane
 BULK TRUCK
 # 482-188 DRIVER Kevin W
 BULK TRUCK
 # DRIVER

REMARKS:

Open bottom borehole circulation with reg
 mud, mix 170sa Com 3% ecc 2%
 Displace with 400s water. - shut in.
 Cement did circulate

CHARGE TO: O'Brien
 STREET
 CITY STATE ZIP

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 Mike Kern
 SIGNATURE Mike Kern
Shandboard

OWNER O'Brien
 CEMENT
 AMOUNT ORDERED 170sa Com 3% ecc 2% gel

COMMON	<u>170</u>	@	<u>16.25</u>	<u>2.762</u>	<u>.50</u>
POZMIX		@			
GEL	<u>3</u>	@	<u>21.25</u>	<u>63.75</u>	
CHLORIDE	<u>6</u>	@	<u>58.20</u>	<u>349.20</u>	
ASC		@			
		@			
		@			
		@			
		@			
		@			
		@			
		@			
HANDLING	<u>179</u>	@	<u>2.25</u>	<u>402.75</u>	
MILEAGE	<u>48 179 x 45 x 11</u>			<u>886.05</u>	
				TOTAL	<u>4.464.35</u>

SERVICE

DEPTH OF JOB	<u>267</u>				
PUMP TRUCK CHARGE				<u>1125.00</u>	
EXTRA FOOTAGE		@			
MILEAGE	<u>HVM 90</u>	@	<u>7.00</u>	<u>630.00</u>	
MANIFOLD		@			
	<u>LVM 90</u>	@	<u>4.00</u>	<u>360.00</u>	
		@			
				TOTAL	<u>2115.00</u>

PLUG & FLOAT EQUIPMENT

	@				
	@				
	@				
	@				
	@				
				TOTAL	

SALES TAX (If Any)
 TOTAL CHARGES 6.579.35
 DISCOUNT 70% 2.253.87 IF PAID IN 30 DAYS
4.325.38

ALLIED CEMENTING CO., LLC. 037273

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend, KS

DATE <u>9-7-11</u>	SEC. <u>36</u>	TWP. <u>16S</u>	RANGE <u>30W</u>	CALLED OUT	ON LOCATION	JOB START <u>9:15 AM</u>	JOB FINISH <u>10:15 AM</u>
LEASE <u>Dennisson</u>		WELL # <u>36-1</u>		LOCATION <u>Healey US 2 East</u>		COUNTY <u>Lawrence</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)			<u>1 1/2 North South in To</u>				

CONTRACTOR Pickrell Rig Co
 TYPE OF JOB Surface Patch
 HOLE SIZE 12 1/2 T.D. 335
 CASING SIZE DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

OWNER O'Brien
 CEMENT
 AMOUNT ORDERED 100 SK Class A
4% CC
 COMMON 100 @ 16.25 1625.00
 POZMIX @
 GEL @
 CHLORIDE 5 @ 58.20 291.00
 ASC @
 HANDLING 105 @ 2.25 236.25
 MILEAGE 105 x 45 x .11 519.75
 TOTAL 2,779.75

EQUIPMENT

PUMP TRUCK CEMENTER Wayne
 # 366 HELPER Gen
 BULK TRUCK
 # 341 DRIVER Kevin
 BULK TRUCK
 # DRIVER

REMARKS:

Cement fell 28 feet
1 inch Down outside
Casing. mix 100SK Class A
+4% CC Cement circulated
Washup Rig Down

SERVICE

DEPTH OF JOB 28
 PUMP TRUCK CHARGE 1125.00
 EXTRA FOOTAGE @
 MILEAGE @ HVM 90 @ 7.00 630.00
 MANIFOLD @
HVM 90 @ 4.00 360.00
 TOTAL 2115.00

CHARGE TO: O'Brien
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 TOTAL _____

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 Mike Kern
 SIGNATURE Mike Kern

SALES TAX (If Any) _____
 TOTAL CHARGES 4894.75
 DISCOUNT 70% 20% 1733.82 IF PAID IN 30 DAYS
3,160.93

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

January 18, 2012

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

Re: ACO-1
API 15-101-22311-00-00
Jennison 36 1
NW/4 Sec.36-16S-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 09/06/2011 and the ACO-1 was received on January 16, 2012 (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