

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1077903
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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
 Plug Back Conv. to GSW Conv. to Producer

 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

Confidentiality Requested

Date: _____

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____



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

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

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: Yes 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. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____				PRODUCTION INTERVAL: <hr/> <hr/>	
---	--	--	--	--	-------------------------------------	--

Hurricane Services, Inc.
3613 A Y Road
Madison, KS 66860
620-437-2661

Ticket Number 5035
Location _____
Foreman Jeff H #390

Acid
Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
<u>3/2/12</u>		<u>MAKIE #3</u>		<u>MDM</u>
Customer <u>CENTRAL STATES</u>		Mailing Address	City	State Zip <u>KS</u>

Well Data			Truck #	Driver	Truck #	Driver
Casing Size <u>4 1/2</u>		Total Depth	<u>303/320</u>	<u>RODGER</u>		
Casing Weight <u>9.5</u>		Plug Depth	<u>144/152</u>	<u>DEBBIE</u>		
Tubing Size		Packer Depth	<u>251</u>	<u>JUSTIN</u>		
Tubing Weight		Open Hole	<u>102</u>	<u>DAWNY</u>		
Perfs <u>295-305</u>	<u>21 Holes</u>					
Break PSI <u>1800</u>		Max PSI <u>3000</u>				
Treat PSI <u>750</u>		ISIP				
Quantity	Acid	Additives Used	Charge			
<u>1</u>	<u>303</u>	Pump Charge	<u>975.00</u>			
<u>500 GAL</u>	<u>7 1/2 %</u>	Acid with inhibitor	<u>620.00</u>			
		Mud Acid				
<u>1 1/2</u>		NE-320	<u>35.85</u>			
<u>1</u>		FSW-4100	<u>22.80</u>			
		Iron Stay				
		Bachcide				
		Clay Stay				
<u>7</u>		KCL	<u>184.10</u>			
<u>3</u>		Biocide	<u>114.00</u>			
<u>10</u>	<u>Q-GEL</u>	Gel	<u>278.00</u>			
<u>1/2 GAL</u>		Breaker	<u>81.00</u>			
<u>40</u>	<u>7/8 1.3</u>	Ball Sealers	<u>70.00</u>			
		Ball Gun				
<u>100</u>	<u>303</u>	Pump truck Mileage	<u>325.00</u>			
<u>1</u>	<u>320</u>	Acid Transport	<u>150.00</u>			
		Acid Spotter				
<u>100</u>	<u>390</u>	Pickup Mileage	<u>150.00</u>			
<u>1</u>	<u>251</u>	<u>SAND 82Z</u>	<u>200.00</u>			
<u>5</u>	<u>144/152</u>	Transport	<u>500.00</u>			
<u>10 SKS</u>		<u>20/40 SAND</u>	<u>300.00</u>			
<u>15 SKS</u>		<u>12/20 SAND</u>	<u>480.00</u>			
<u>LIVE TEST 3000</u>						<u>Total 4485.25</u>

Remarks: ON LOCATION PUMP UP, LOAD HOLE AND BREAK

PUMP 500 GAL HZ AND 32 BALLS PST UP 3000 SURGE AND FLUSH TO PERFS
PUMP 10 BBL SPACER 10 BPM @ 750 PST. PUMP 5 SKS 20/40 AND 10 SKS 12/20
PST UP 800 AND BACK TO 700. DROF 5 BALLS PST UP 2400 TRY TO SURGE
PUMP 5 MORE SKS 20/40 FLUSH & SURGE. 10 BPM @ 750 PUMP 5 SKS
12/20 AND FLUSH 5 OVER. 100 BBL TOTAL

* CHECK WAS FOR WRONG AMOUNT. WILL MAIL ON 3/3/12

* BLD PRICE IF PAID 3/3/12

WITNESSED BY: JEFF TAYLOR

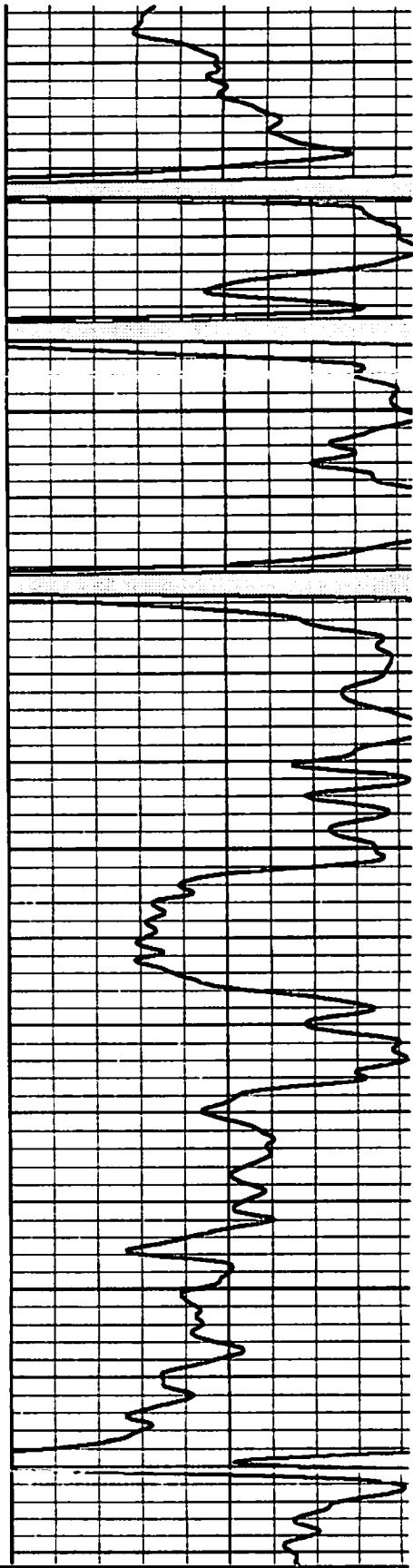
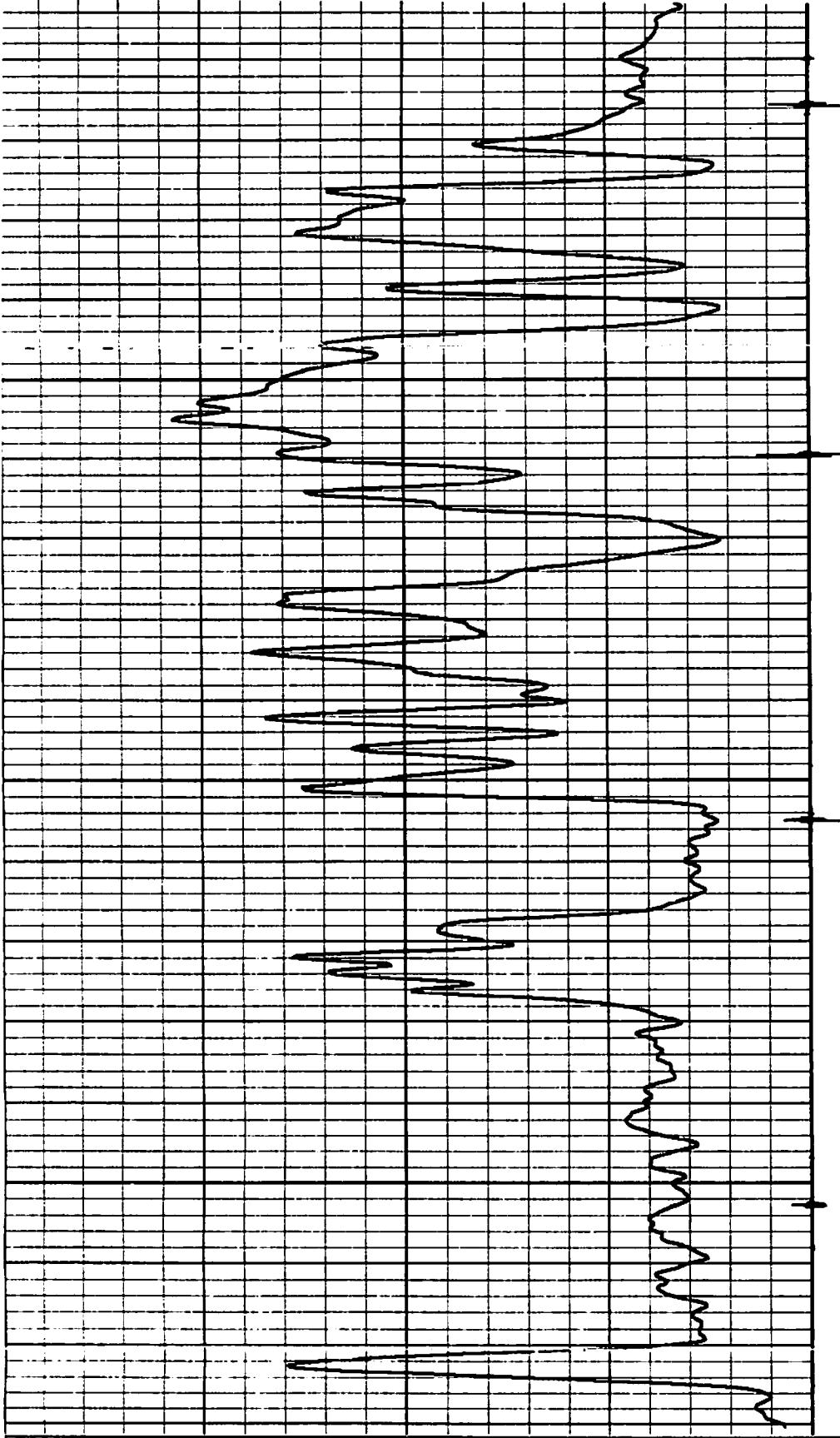


MIDWEST SURVEYS

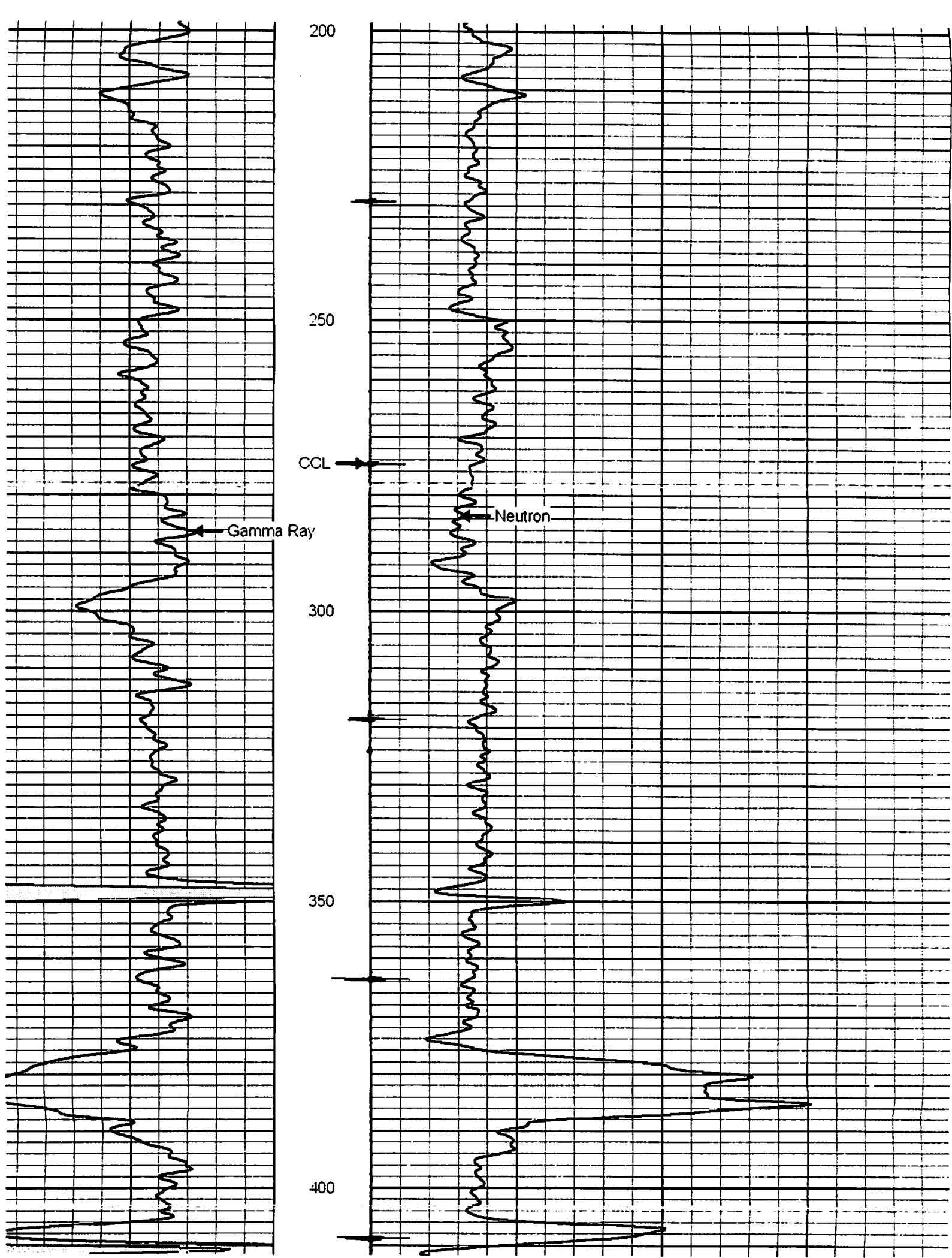
LOGGING - PERFORATING - CONSULTING SERVICES
P.O. Box 68, Osawatomie, KS 66064
913 / 755 - 2128

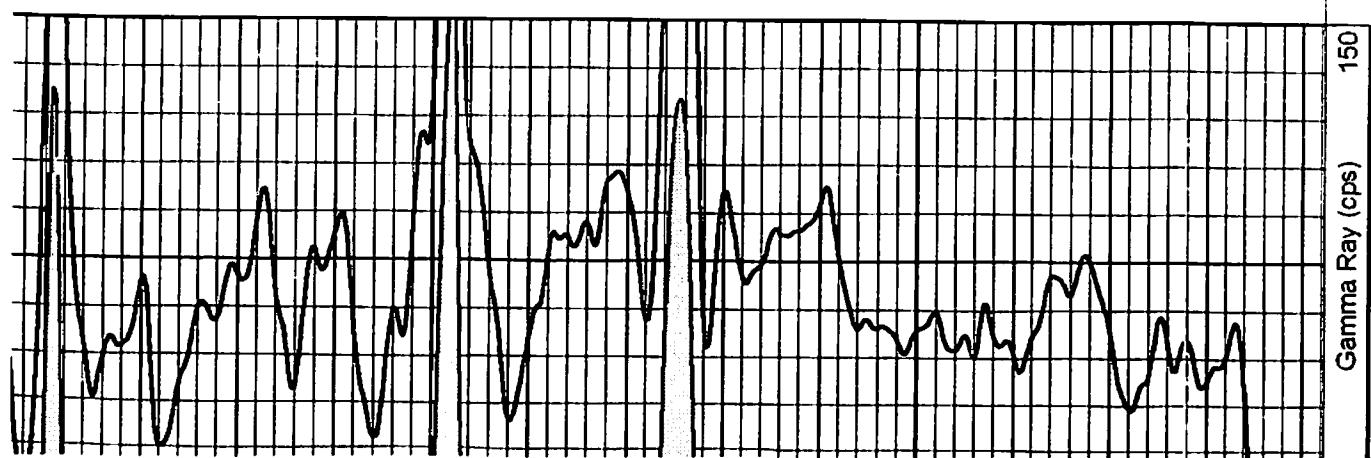
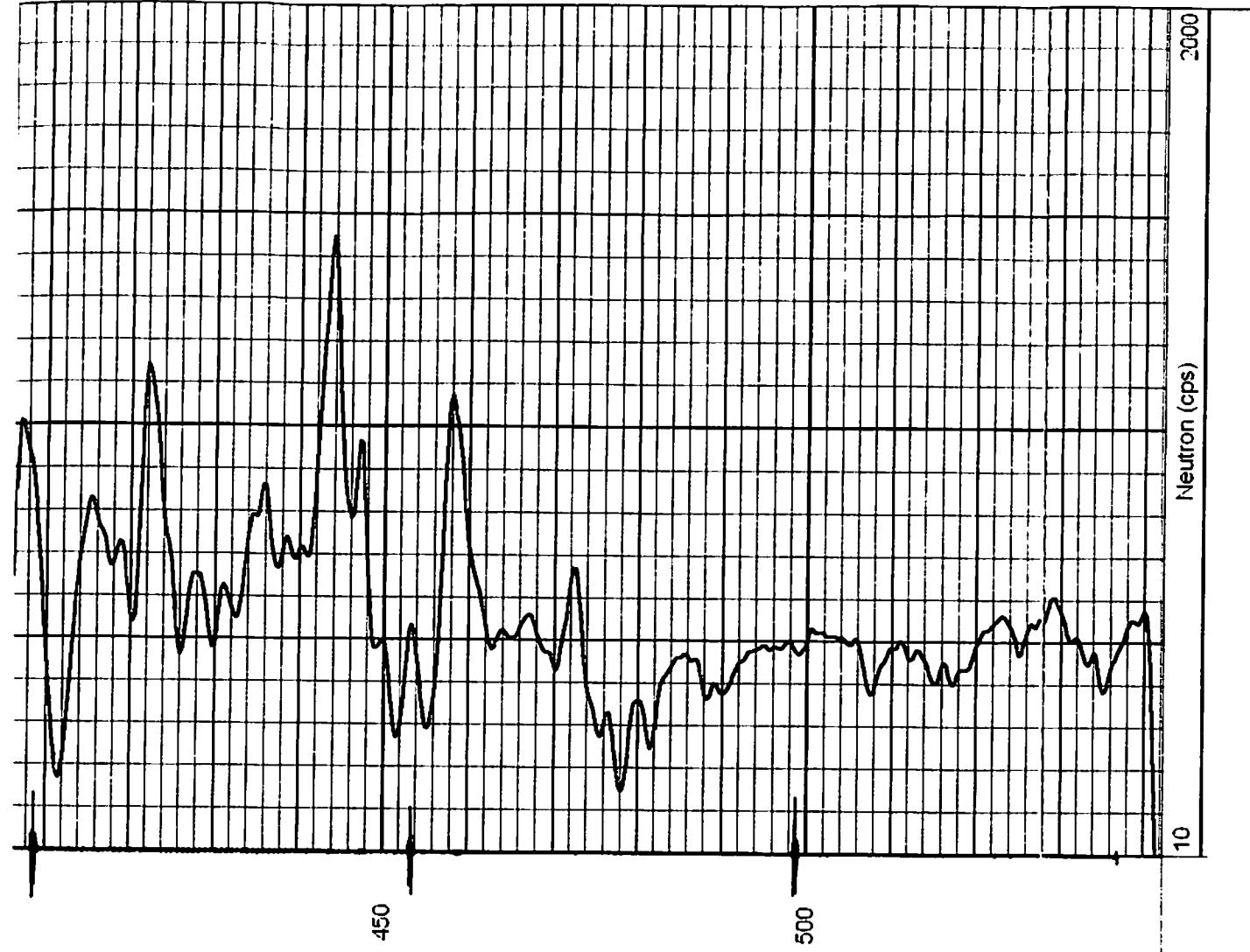
GAMMA RAY / NEUTRON / CCL

File No. API # 15-121-28,714	Company Osborn Energy, LCC						
	Well	Markle No. 3-21					
	Field	Louisburg					
	County	Miami	State	Kansas			
	Location 1430' FSL & 920' FEL SE-SW-NE-SE				Other Services		
	Sec. 21	Twp. 16s	Rge. 25e	Elevation K.B. NA D.F. NA G.L. 1001'			
	Permanent Datum	GL	Elevation				
	Log Measured From	GL					
	Drilling Measured From	GL					
	Date	8-03-2009					
Run Number	One						
Depth Driller	559.0						
Depth Logger	542.3						
Bottom Logged Interval	541.3						
Top Log Interval	20.0						
Fluid Level	Full						
Type Fluid	Water						
Density / Viscosity	NA						
Salinity - PPM Cl	NA						
Max Recorded Temp	NA						
Estimated Cement Top	0.0						
Equipment No.	Location	107	Osawatomie				
Recorded By	Steve Windisch						
Vitnessed By	Jeff Taylor						
RUN	BORE-HOLE RECORD			CASING RECORD			
	No.	BIT	FROM	TO	SIZE	WGT.	FROM
One	12.25"	0.0	20.0	8.625"		0.0	20.0
Two	6.75"	20.0	559.0	4.50"		0.0	544.0



Database File:	markle3.db	Tableset Pathname:	Pass1	Presentational Format:	gr-n-ccl	Tableset Creation:	Mon Aug 03 10:32:12 2009 by Log Std Casedhole 07122	Shared by:	Depth in Feet scaled 1:240
----------------	------------	--------------------	-------	------------------------	----------	--------------------	---	------------	----------------------------





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



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

Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Sam Brownback, Governor

April 03, 2012

Curstin Hamblin
Central States Energy LLC
PO BOX 454
STILLWELL, KS 66085

Re: ACO1

API 15-121-28714-00-00
Markle 3-21
SE/4 Sec.21-16S-25E
Miami 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,
Curstin Hamblin