

Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1089689

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 #			API No. 15		
Name:			Spot Description:		
Address 1:			Sec.	TwpS. R	East West
Address 2:			Fe	eet from North /	South Line of Section
City: S	state: Zi	D:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	V □SE □SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	W	ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushing:	
☐ Gas ☐ D&A	☐ ENHR	☐ SIGW☐ Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:
CM (Coal Bed Methane)	G3VV	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
Cathodic Other (Cor	re. Expl., etc.);		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well In			If yes, show depth set:		Feet
Operator:			If Alternate II completion, of	cement circulated from:	
Well Name:			, ,	w/	
Original Comp. Date:					
Deepening Re-perf.	_	NHR Conv. to SWD	Drilling Fluid Manageme	nt Dian	
☐ Plug Back	Conv. to GS		(Data must be collected from t		
			Chloride content:	ppm Fluid volume	:bbls
Commingled					
☐ Dual Completion					
SWD			Location of fluid disposal if	hauled offsite:	
☐ ENHR ☐ GSW			Operator Name:		
☐ G3W	F6111111 #		Lease Name:	License #:	
Spud Date or Date Re	ached TD	Completion Date or	QuarterSec	TwpS. R	East West
Recompletion Date	acheu ID	Recompletion Date	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:					

Page Two



Operator Name:				_ Lease N	lame: _			Well #:		
Sec Twp	S. R	East	West	County:						
<b>INSTRUCTIONS:</b> Shopen and closed, flow and flow rates if gas to	ing and shut-in pressu	ires, whe	ther shut-in pre	ssure reach	ned stati	c level, hydrostat	tic pressures, bott			
Final Radioactivity Log files must be submitte						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital el	ectronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No		L		n (Top), Depth an			mple
Samples Sent to Geol	ogical Survey	_ Ye	es No		Nam	е		Тор	Da	tum
Cores Taken Electric Log Run		Y€								
List All E. Logs Run:										
			CASING		Ne					
				onductor, su	rface, inte	rmediate, producti			T	
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
			ADDITIONAL	CEMENTIN	IG / SQL	EEZE RECORD				
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used	Type and Percent Additives				
Perforate Protect Casing	35p 2310111									
Plug Back TD Plug Off Zone										
1 ag on zono										
Did you perform a hydrau	ılic fracturing treatment o	n this well?	•			Yes	No (If No, ski	o questions 2 ar	nd 3)	
	otal base fluid of the hydra		J	,	0		_ , , ,	p question 3)		
Was the hydraulic fractur	ing treatment information	submitted	to the chemical o	disclosure reç	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1	<i>)</i>
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Typ Specify Footage of Each Interval Perforated					Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)  Depth				Depth	
	. ,					,		,		
TUBING RECORD:	Size:	Set At:		Packer At	:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or ENH	IR.	Producing Meth Flowing	od: Pumping	e 🗆	Gas Lift O	ther <i>(Explain)</i>			
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er Bt	ols. G	as-Oil Ratio		Gravity
DISDOSITIO	ON OF GAS:			1ETHOD OF	COMPLE	TION		PRODUCTIO	N INTEDVA	
Vented Sold			Open Hole	Perf.	Dually	Comp. Com	nmingled	THODOGHC	ZIA IIA I ELIAN	
(If vented, Sub			Other (Specify)		(Submit )	ACO-5) (Subr	mit ACO-4)			

Form	ACO1 - Well Completion
Operator	OSAGE Resources, LLC
Well Name	Osage No. 44
Doc ID	1089689

# All Electric Logs Run

Induction	
Density	
Microlog	
Sonic	

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 Thomas E. Wright, Commissioner Sam Brownback, Governor

August 07, 2012

Brooke Walter OSAGE Resources, LLC 6209 N K61 HWY HUTCHINSON, KS 67502-8608

Re: ACO1 API 15-031-23275-00-00 Osage No. 44 SW/4 Sec.01-21S-13E Coffey 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, Brooke Walter





34719 TICKET NUMBER LOCATION EUCKA FOREMAN RICK Ledford

PO Box 884, Chanute, KS 66720

### FIELD TICKET & TREATMENT REPORT

API # 15-031-23275 620-431-9210 or 800-467-8676 CEMENT TOWNSHIP RANGE COUNTY SECTION CUSTOMER# WELL NAME & NUMBER Osage # 44 offer 215 136 6-11-12 CUSTOMER Skyy DRIVER TRUCK# DRIVER TRUCK # Dris MAILING ADDRES 445 Dave 6209 N. KGI HUY ISTATE Calin 515 ZIP CODE Chris B 1.67 452/763 67502 CASING SIZE & WEIGHT 51/2" 14 H REU JOB TYPE\_ **HOLE SIZE** HOLE DEPTH /883 OTHER DRILL PIPE TUBING CASING DEPTH 1894 WATER gal/sk 8.0-9.6 CEMENT LEFT in CASING 42' SLURRY WEIGHT /3 675.64 SLURRY VOL 84 66 DISPLACEMENT 451 DISPLACEMENT PSI 700 MEK PSI 1200 Burg play RATE 5 SIM Ris of to 51/2" casing. Break circulation of 10 Bbl water. Poznix cerest u/870 gel +/ " phenosed /sk @ 13.0 "/gol. Tail in w/75 sxs thickset comest w/5" Kol-sad/sx@ 13.6"/gol. shut down, washed own t lines, release latch down plug. Displace L/ 45'14 Rh) fresh water Final pump pressure 700 PSI. Bure alug to 1200 PSI. wait 2 minutes release pressure flort + plus held

### Thank You"

Good cement returns to surface = 18 Bb1 slurry to pit. Job complete Rig

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5466	40	MILEAGE	4.60	160.00
1131	200 343	60/40 Poznir cement	12.55	2510.00
11183	/375*	8% gel	.21	288.75
11024	200 *	1 th phenoson) /sx	1.29	258.00
1/26A	75 sxs	thickset conet	19.20	1440.00
IIIeA	375 H	5th Kol-seal/sk	, 46	172.50
SYMA	12.7	ton mileage bulk toks	1.34	680.72
5501C	4 45	water transport	112.06	448.00
//23	6000 gals	City water	16.50/1000	99,00
4164	2	5/2" cement baskets	227.00	458.0
4130	6	51/2" x 72/2" centralizes	49.00	289.00
4159	1	572" AFU float shee	344.00	344.00
4454	,	51/2" latch down plug	254.00	254.00
		• •	Subtata)	8430.9
	4 0	(.3)		385.0
in 3737		050501	ESTIMATED TOTAL	8816.0
ITHORIZTION	/ V •	TITLE	DATE	

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