

1089689

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

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 <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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

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



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 34719
LOCATION Euicks
FOREMAN Rick Ledford

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-031-23275

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-11-12	5910	Osage # 44	1	215	136	Coffey
CUSTOMER Osage Resources LLC			Skyy Dr/ls			
MAILING ADDRESS 6209 N. 1461 Hwy			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Hutchison			445	Dave		
STATE KS			515	Calin		
ZIP CODE 67502			1667	Chris B.		
			452/763	Jim		

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 1893' CASING SIZE & WEIGHT 5 1/2" 14# REG
 CASING DEPTH 1894' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.0-13.6# SLURRY VOL 84 Bbl WATER gal/sk 8.0-9.0 CEMENT LEFT in CASING 42'
 DISPLACEMENT 4514 Bbl DISPLACEMENT PSI 700 BUMP PSI 1200 Bump plug RATE 5 BPM

REMARKS: Safety meeting- Rig up to 5 1/2" casing. Break circulation w/ 10 Bbl water. Mixed 200 sacks 60/40 Permox cement w/ 8% gel + 1# phenoseal/sk @ 13.0#/gal. Tail in w/ 75 sacks thickset cement w/ 5# Kal-seal/sk @ 13.6#/gal. shut down, washout pump + lines, release latch down plug. Displace w/ 4514 Bbl fresh water. Final pump pressure 700 PSI. Bump plug to 1200 PSI. wait 2 minutes, release pressure, float + plug held. Good cement returns to surface = 18 Bbl slurry to pit. Job complete. Rig down.

"THANK YOU"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	40	MILEAGE	4.00	160.00
1131	200 sacks	60/40 Permox cement	12.55	2510.00
1188B	1375#	8% gel	.21	288.75
1107A	200#	1# phenoseal/sk	1.29	258.00
1126A	75 sacks	thickset cement	19.20	1440.00
1116A	375#	5# Kal-seal/sk	.46	172.50
5407A	12.7	ton mileage bulk tires	1.34	680.72
5501C	4 hrs	water transport	112.00	448.00
1123	6000 gals	city water	16.50/1000	99.00
4164	2	5 1/2" cement baskets	229.00	458.00
4130	6	5 1/2" x 7 7/8" centralizers	49.00	294.00
4159	1	5 7/8" AFD float shoe	344.00	344.00
4454	1	5 1/2" latch down plug	254.00	254.00
		subtotal		8430.97
		6.3% SALES TAX		385.06
		ESTIMATED TOTAL		8816.03

Ravin 3737

050501

AUTHORIZATION _____ 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