



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1092472

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      Date Reached TD      Completion Date or  
Recompletion Date           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: \_\_\_\_\_



1092472

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 ☐ Yes ☐ No  
 (Attach Additional Sheets)

 Samples Sent to Geological Survey ☐ Yes ☐ No

 Cores Taken ☐ Yes ☐ No

 Electric Log Run ☐ Yes ☐ No

 Electric Log Submitted Electronically ☐ Yes ☐ No  
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample  
 Name Top Datum
CASING RECORD ☐ New ☐ 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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> 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 (If vented, Submit ACO-18.)	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: _____ _____
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# DIEBOLT LUMBER AND SUPPLY INC.

PAGE NO 1

2661 Nebraska Road  
La Harpe, Kansas 66751

FAX: (620) 496-2226  
PHONE: (620) 496-2222



CUST NO: 5	JOB NO: 000	PURCHASE ORDER:	REFERENCE:	TERMS: CASH/CHECK/BANKCARD	CLERK: PME	DATE / TIME: 6/4/12 9:03
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TERMINAL: 552

SOLD TO:  
\*\*\*\* CASH \*\*\*\*

SHIP TO:  
JACKSON

SALESPERSON: PM PHIL EBERT  
TAX: 001 KANSAS TAX

## INVOICE: J31225

\*\* OFFLINE \*\*

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE / PER	EXTENSION
1	5	5	BG	94PC	94# TYPE I PORTLAND CEMENT	2	5	9.65 /BG	48.25 *
<p><i>well #</i> <i>9-0E</i></p>									

\*\* PAID IN FULL \*\*

51.89

TAXABLE	48.25
NON-TAXABLE	0.00
SUBTOTAL	48.25

CHECK PAYMENT  
CK# 4608

51.89

TAX AMOUNT	3.64
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<b>TOTAL</b>	<b>51.89</b>
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TOT WT: 470.00

X

Received By

Lone Jack Oil Company  
Blue Mound, KS  
1-913-756-2307 1-620-363-0492

Lease: Camp Operator: Evans Oil API # 15-011-23941-0000  
Contractor: Lone Jack Oil Company Date Started: 6/04/12 Date Completed: 6/7/12  
Total Depth: 680 feet Well # 9-OE Hole Size: 5 5/8  
Surface Pipe: 20' 6 1/4 Surface Bit: 9 7/8 Sacks of Cement: 5  
Depth of Seat Nipple: \_\_\_\_\_ Rag Packer At: \_\_\_\_\_  
Length and Size of Casing: 662- 2 7/8 Sacks of Cement: 85  
Legal Description: SW SW NE NE Sec: 36 Twp: 23S Range: 21E County: Bourbon

Thickness	Depth	Type of Formation	Core Thickness	Depth	Time
2	2	Top Soil	1	640-641	0:43 Oil Sand
2	4	Clay	2	641-642	0:49 Oil Sand
44	48	Lime	3	642-643	0:45 Oil Sand
4	52	Shale	4	643-644	0:51 Shaley Sand
3	55	Lime	5	644-645	1:15 Shaley Sand
2	57	Shale	6	645-646	1:07 Shaley Sand
24	81	Lime	7	646-647	0:57 Oil Sand
2	83	Shale	8	647-648	0:57 Oil Sand
6	89	Lime	9	648-649	0:58 Oil Sand
4	93	Shale	10	649-650	2:23 Lime
19	112	Lime	11	650-651	3:08 Lime
14	226	Shale	12	651-652	1:45 Lime
2	228	Lime	13	652-653	1:05 Black Sand
48	276	Shale	14	653-654	1:04 Black Sand
3	279	Lime	15	654-655	1:05 Black Sand
10	289	Shale w/Lime Streaks	16	655-656	2:01 Black Sand
7	296	Lime			
75	371	Shale			
16	387	Lime			
5	392	Shale			
6	398	Lime			
42	440	Shale			
5	445	Lime			
2	447	Shale			
11	458	Lime			
7	465	Shale			
5	470	Lime			
68	638	Shale			
2	640	Show of Oil (Good Bleed)			
16	656	Ran Core			
14	670	Black Sand			
10	680	Shale			
	680	TD			

**Lone Jack Oil Company**  
**509 East Walnut**  
**Blue Mound, KS 66010**

# Invoice

Date	Invoice #
6/9/2012	1465

Bill To
Osage Energy LLC 2100 West Virginia Road Colony, KS 66015

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	<b>Well 9-OE</b>		
1	6/7/12, Well 9-OE, circulated 85 sacks of cement to surface, pumped plug, set float shoe.	700.00	700.00T
1	Water Truck	100.00	100.00T
1	2 7/8 Rubber Plug	16.45	16.45T
	Sales Tax	7.55%	61.64
Thank you for your business.		<b>Total</b>	<b>\$878.09</b>

802 N. Industrial Rd.  
P.O. Box 664  
Iola, Kansas 66749  
Phone: (620) 365-5588

# Payless Concrete Products, Inc.



## CONDITIONS

Concrete to be delivered to the nearest accessible point (COT) under truck's own power. Due to delivery at owner's or contractor's direction, seller assumes no responsibility for damages in any manner to driveways, roadways, buildings, trees, shrubbery, etc. which are at customer's risk. The maximum allotted time for unloading trucks is 5 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water contents for strength or mix indicated. We do not assume responsibility for strength test when water is added at customer's request.

## NOTICE TO OWNER

Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

SHIP TO:

SOLD TO:

CA001

CASH CUSTOMER

057/1

OSAGE ENERGY/2100W. VIRGINIA RD

DEL TO: HWY#3 N. TO 65 HWY, E. 1MI

TO 35TH, N. 3/4-1MI, W. 5D.

(1/2MI. PAST HS.)

COLONY, KS 66015

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% CAL	DRIVER/TRUCK	% AIR	PLANT/TRANSACTION#
07:52:01a	WELL	8.50 yd	8.50 yd	0.00	DM 34	0.00	
DATE	LOAD #	YARDS DEL	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER	
06-07-12	o Date today	1	8.50 yd	20839	6/yd 0.0 4.00 in	31753	

## WARNING

### IRRITATING TO THE SKIN AND EYES

Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water. If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE IS A PERISHABLE COMMODITY AND BECOMES THE PROPERTY OF THE PURCHASER UPON LEAVING THE PLANT. ANY CHANGES OR CANCELLATION OF ORIGINAL INSTRUCTIONS MUST BE TELEPHONED TO THE OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including reasonable attorneys' fees, incurred in collecting any sums owed.

All accounts not paid within 30 days of delivery will bear interest at the rate of 24% per annum.

Not Responsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.

A \$25 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks. Excess Delay Time Charged @ \$50/Hr.

## PROPERTY DAMAGE RELEASE

(TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)  
Dear Customer: The driver of this truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of his truck may possibly cause damage to the premises and/or adjacent property if it places the material in the load where you desire it. It is our wish to help you in every way that we can, but in order to do this the driver is requesting that you sign this RELEASE relieving him and this supplier from any responsibility from any damage that may occur to the premises and/or adjacent property, buildings, sidewalks, driveways, curbs, etc., by the delivery of this material and that you also agree to help him remove mud from the wheels of his vehicle so that he will not litter the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of this truck and this supplier for any and all damage to the premises and/or adjacent property which may be claimed by anyone to have arisen out of delivery of this order.

X

## Excessive Water is Detrimental to Concrete Performance

H<sub>2</sub>O Added By Request/Authorized By

GAL X

WEIGHMASTER

NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.

LOAD RECEIVED BY:

X

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
8.50	WELL	WELL (10 SACKS PER UNIT)	51.00	433.50
2.00	TRUCKING	TRUCKING CHARGE	50.00	100.00
8.50	MIX&HAUL	MIXING & HAULING	25.00	212.50

*cmpl well # 9.0E*

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED
			1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER	6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER
LEFT PLANT	ARRIVED JOB	START UNLOADING		TIME DUE
8:05	8:46			
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME

SubTotal \$ 746.00

Tax % 6.300 47.00

Total \$ 793.00

Order \$ 793.00

ADDITIONAL CHARGE 1

ADDITIONAL CHARGE 2

GRAND TOTAL ▶