



KANSAS CORPORATION COMMISSION 1132291  
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: \_\_\_\_\_



1132291

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Lone Jack Oil Company  
Blue Mound, KS

1-913-756-2307 1-620-363-0492

Lease: RE Camp Operator: Evans Oil API # 15-011-24230-0000

Contractor: Lone Jack Oil Company Date Started: 3/8/13 Date Completed: 3/13/13

Total Depth: 670 feet Well # 14-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: 660- 2 7/8 Sacks of Cement: 85

Legal Description: SE NW NE NE Sec. 36 Twp: 23S Range: 21E County: Bourbon

Thickness	Depth	Type of Formation	Core Thickness	Depth	Time
1	1	Top Soil	1	632-633	0:54 Broken Sand
1	2	Loose Rock	2	633-634	1:50 Broken Sand
44	46	Lime	3	634-635	2:21 Broken Sand
5	51	Shale	4	635-636	3:19 Broken Sand
3	54	Lime	5	636-637	2:52 Broken Sand
3	57	Shale	6	637-638	2:06 Broken Sand
24	81	Lime	7	638-639	3:20 Lime
2	83	Shale	8	639-640	3:03 Lime
4	87	Lime	9	640-641	0:35 Oil Sand
7	94	Shale	10	641-642	1:22 Oil Sand
4	98	Lime	11	642-643	1:20 Oil Sand
2	100	Shale	12	643-644	1:04 Oil Sand
12	112	Lime	13	644-645	1:16 Oil Sand
114	226	Shale	14	645-646	0:57 Oil Sand
4	230	Lime	15	646-647	0:59 Black Sand
47	277	Shale	16	647-648	1:13 Black Sand
3	280	Lime			
10	290	Shale w/ Lime Streaks			
9	299	Lime			
71	370	Shale			
14	384	Lime			
5	389	Shale			
6	395	Lime			
43	438	Shale			
14	452	Lime			
2	454	Shale			
1	455	Lime			
7	462	Shale			
6	468	Lime			
161	629	Shale			
1	630	Sand (odor)			
2	632	Oil Sand (Good Bleed)			
16	648	Ran Core			
2	650	Black Sand (Some Oil)			
2	652	Black Sand (No Oil)			
2	654	Oil Sand (Some Oil)			
6	670	Black Sand			
	670	TD			

**DIEBOLT LUMBER AND SUPPLY INC.**

2661 Nebraska Road  
 La Harpe, Kansas 66751  
 FAX: (620) 496-2226  
 PHONE: (620) 496-2222

CUST NO: 354    JOB NO: 000    PURCHASE ORDER: CAMP 12-0E    REFERENCE: PO # CAMP 12-0E *14-0E*    TERMS: NET 28    CLERK: PS    DATE / TIME: 2/13/13 1:28

TERMINAL: 555

SOLD TO:  
 OSAGE ENERGY LLC  
 2100 W. VIRGINIA ROAD

SHIP TO:

COLONY    KS 66015  
 620-852-3501

SALESPERSON: PS JERRY SMITH  
 TAX: 001 KANSAS TAX

**INVOICE: 302018**

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE/ PER	EXTENSION
1	5	5	BG	94PC	94# TYPE I PORTLAND CEMENT	2	5	10.45 /BG	52.25

TAXABLE 52.25  
 NON-TAXABLE 0.00  
 SUBTOTAL 52.25

(MATT BOWEN)  
 \*\* AMOUNT CHARGED TO STORE ACCOUNT \*\* 56.19

TAX AMOUNT 3.94

**TOTAL 56.19**



TOT WT: 470.00

*x Matt Bowen*  
 Received By

802 N. Industrial Rd.  
 P.O. Box 664  
 Iola, Kansas 66749  
 Phone: (320) 365-5588

Payless Concrete Products, Inc.



**CONDITIONS**  
 Concrete to be delivered to the nearest accessible point over passable road, under truck's own power, due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damages in any manner to sidewalks, roadways, driveways, bridges, trees, structures, etc., which are at customer's expense. If customer's truck is not equipped with a concrete mixer, the concrete will be delivered in straight trucks. If customer's truck is equipped with a concrete mixer, the concrete will be delivered in straight trucks. The concrete contains water content for strength or mix indicated. We do not assume responsibility for concrete placed in a manner other than that specified in the contract. The concrete will be delivered in the form of a manufacturer's sign on the property which is the subject of this contract.

Camp 14-0E

OS/RE CAMP  
 OSAGE ENERGY/STONEL VIRGINIA RD  
 DEL TOS 54 E TO HWY#3 N TO  
 GSHAW C IM 110 SOUTH N IM 100  
 DOUBLE GATES /  
 PO# RE CAMP HELL #12-DE

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% CHG	DRIVER/TRUCK	PLANT/TRANSACT #
11:37:22	HELL	8.50 YD	4.00 YD	0.00	11	
DATE	0 Delta	LOAD #	YARDS DEL.	BATCH#	WATER TRM	TICKET NUMBER
03-13-15	today	1	4.00 YD	0.00	SLUMP	007735

**WARNING**

**IRRITATING TO THE SKIN AND EYES**  
 Contains Portland Cement, Water, Rubber, Sand and Gravel. 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. **NEVER 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 attorney's fees, incurred in collecting any sums owed.

All accounts not paid within 30 days of delivery will bear interest at the rate of 2% per annum.

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

A 5% Service Charge and Loss of the Cash Receipt will be collected on all Returned Checks.

Excess Delivery: Jim O'Connell @ 800/811

**PROPERTY DAMAGE RELEASE**  
 I (OR BE SIGNED BY) HEREBY RELEASE, DEFEND, INDEMNIFY AND HOLD HARMLESS THE PAYLESS CONCRETE PRODUCTS, INC. FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES, THAT MAY BE ASSERTED AGAINST OR INCURRED BY THE PAYLESS CONCRETE PRODUCTS, INC. OR ITS EMPLOYEES, AGENTS, CONTRACTORS, OFFICERS, DIRECTORS, OR REPRESENTATIVES, IN CONNECTION WITH THE DELIVERY OF THE CONCRETE TO THE ABOVE DESCRIBED LOCATION. I AGREE TO WAIVE ANY RIGHTS I MAY HAVE TO RECOVER FROM THE PAYLESS CONCRETE PRODUCTS, INC. OR ITS EMPLOYEES, AGENTS, CONTRACTORS, OFFICERS, DIRECTORS, OR REPRESENTATIVES, FOR ANY SUCH CLAIMS, DAMAGES, LOSSES AND EXPENSES. THIS RELEASE IS VALID IN ALL STATES AND JURISDICTIONS. I AGREE TO SIGN AND RETURN THIS RELEASE TO THE PAYLESS CONCRETE PRODUCTS, INC. WITHIN 30 DAYS OF THE DATE OF DELIVERY OF THE CONCRETE TO THE ABOVE DESCRIBED LOCATION. I AGREE TO SIGN AND RETURN THIS RELEASE TO THE PAYLESS CONCRETE PRODUCTS, INC. WITHIN 30 DAYS OF THE DATE OF DELIVERY OF THE CONCRETE TO THE ABOVE DESCRIBED LOCATION.

**Excessive Water is Detrimental to Concrete Performance**  
 H-10 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: *[Signature]*

855X

14-0E

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
9.50	HELL	HELL 410 SAVING PER UNIT	51.00	483.50
0.50	RTK8840H	RTK8840H	251.00	125.50
2.00	TRUCKING	TRUCKING CHARGE	50.00	100.00
				709.00
RETURNED TO PLANT				
LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED	
LEFT PLANT	ARRIVED JOB	1. JOB NOT READY 2. SLOW POUR ON PUMP 3. TRUCK AHEAD ON JOB 4. CONNECTION BROKE DOWN 5. ADDITIONAL WATER	54.46	
11:52	12:31		54.46	
TOTAL POUND TRIP	TOTAL AT JOB	UNLOADING TIME	DELAY TIME	
				54.46
				800.46
				ADDITIONAL CHARGE 1
				ADDITIONAL CHARGE 2
				<b>GRAND TOTAL</b>

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

**Invoice**

Date	Invoice #
3/13/2013	1606

<b>Bill To</b>
Osage Energy LLC 2100 West Virginia Road Colony, KS 66015

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	<b>Camp 14-OE</b>		
1	3/13/13, Well #14-OE, circulated 85 sacks of cement to surface, pumped plug and set float shoe.	700.00	700.00T
1	Water Truck	100.00	100.00T
	Sales Tax	7.55%	60.40
<b>Thank you for your business.</b>		<b>Total</b>	<b>\$860.40</b>