



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1172882  
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
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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: \_\_\_\_\_

1172882

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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802 N. Industrial Rd.  
 P.O. Box 664  
 Iola, Kansas 66749  
 Phone: (620) 365-5588

**Payless Concrete Products, Inc.**



**CONDITIONS**  
 Concrete 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, buildings, trees, shrubbery, etc., which are at customer's risk. The maximum allowed time for unloading trucks is 5 minutes per yard. A charge will be made for loading trucks longer than concrete contains correct 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.

OS/RE CAMP  
 D5ADE ENERGY/2100W. VIRGINIA RD  
 DEL TO: 54 E TO HWY#3 N TO  
 65HWY E 1MI TO 35TH N 1MI WSD  
 DOUBLE GATES /  
 PD# RE CAMP WELL#13-DE

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% CAL	BATCH#	DRIVER/TRUCK	% AIR	PLANT/TRANSACTION #
12:19:14p	WELL	8.50 yd	8.50 yd	0.00		32	0.00	BOUCD
10-15-13	Today	LOAD # 1	YARDS DEL. 8.50 yd	25389		WATER TRIM 6/yd	4.00 in	TICKET NUMBER 35268

**WARNING**  
 IRRITATING TO THE SKIN AND EYES

Contains Portland Cement, Water, Rubber Seeds and Colors. 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 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 1/2% 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 F 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 this truck may possibly cause damage to the premises and/or adjacent property if you wish to help your neighbor every way that we can, but in order to do this the driver is requesting that you sign this RELEASE, advising him and the 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 understand that the undersigned agrees to indemnify and hold harmless the driver of this truck and the 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.

**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: \_\_\_\_\_

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
8.50	WELL	WELL (10 SACKS PER UNIT)	55.00	467.50
8.50	MIX&HAUL	MIXING & HAULING	25.00	212.50
2.50	TRUCKING	TRUCKING CHARGE	55.00	137.50

*Camp 13-0E*

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED
	1:33	1:30		94

LEFT PLANT	ARRIVED JOB	START UNLOADING	TIME DUE
12:31	1:00	1:05	Order

TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME	DELTOTAL \$	TAX %	TOTAL \$	ORDER \$
			817.50	7.150	875.95	875.95
			ADDITIONAL CHARGE 1			
			ADDITIONAL CHARGE 2			
			<b>GRAND TOTAL</b>			



**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    REFERENCE: PO # CAMP    TERMS: NET 28    CLERK: AR    DATE / TIME: 10/4/13 1:49

TERMINAL: 552

SOLD TO:  
OSAGE ENERGY LLC  
2100 W. VIRGINIA ROAD

SHIP TO:

COLONY            KS 66015  
620-852-3501

SALESPERSON: AR AMY RUSH  
TAX: 001 KANSAS TAX

**INVOICE: 311145**

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE/ PER	EXTENSION
1	10	10	BG	94PC	94# TYPE I PORTLAND CEMENT	2	10	10.45 /BG	104.50
2	1	1	EA	4084182	65601 150' GLO RED FLAG TAPE	5B	1	1.99 /EA	1.99
					CAMP 13-OE CAMP 15-OE				

TAXABLE            106.49  
NON-TAXABLE       0.00  
SUBTOTAL           106.49

(MATT BOWEN)  
\*\* AMOUNT CHARGED TO STORE ACCOUNT \*\*    114.37

TAX AMOUNT       7.88

**TOTAL            114.37**



TOT WT: 940.24

X Matt Bowen  
Received By