



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1172884  
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: \_\_\_\_\_

1172884

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**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: CAMP17-OE    REFERENCE: PO # CAMP17-OE    TERMS: NET 28    CLERK: RS    DATE / TIME: 10/23/13 9:25

TERMINAL: 552

SOLD TO:  
 OSAGE ENERGY LLC  
 2100 W. VIRGINIA ROAD

SHIP TO:

COLONY    KS 66015  
 620-852-3501

SALESPERSON: RS ROLAND SUTTERBY  
 TAX: 001 KANSAS TAX

**INVOICE: 311831**

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE/ PER	EXTENSION
1	1	1	BD	1456227	2034207 100pk GLO RED STAKE FLAG	5B	1	9.99 /BD	9.99
2	5	5	BG	94PC	94# TYPE I PORTLAND CEMENT	2	5	10.45 /BG	52.25

TAXABLE    62.24  
 NON-TAXABLE    0.00  
 SUBTOTAL    62.24

(MATT BOWEN)

\*\* AMOUNT CHARGED TO STORE ACCOUNT \*\*    66.85

TAX AMOUNT    4.61

**TOTAL    66.85**



TOT WT: 472.50

*X Matt Bowen*

Received By

# PAYLESS CONCRETE PRODUCTS, INC.

P.O. BOX 664  
802 N. INDUSTRIAL RD.  
IOLA, KS 66749

Voice: 620-365-5588  
Fax:

# INVOICE

Invoice Number: 35444  
Invoice Date: Nov 8, 2013  
Page: 1

Duplicate

**Bill To:**  
CASH FOR C.O.D.'S  
802 N. INDUSTRIAL RD.  
IOLA, KS 66749

**Ship to:**  
OSAGE ENERGY  
2100 W VERGINIA RD  
COLONY, KS 66015

<b>Customer ID</b>	<b>Customer PO</b>	<b>Payment Terms</b>
CASH/C.O.D.	OSAGE/CAMP 17-OE	C.O.D.
<b>Sales Rep ID</b>	<b>Shipping Method</b>	<b>Ship Date</b>
	TRUCK	11/8/13

Quantity	Item	Description	Unit Price	Amount
85.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX	5.50	467.50
85.00	MH	MIXING & HAULING	2.50	212.50
2.00	TRUCKING	TRUCKING CHARGE	55.00	110.00

**PAID**

*PO # 11027*  
*11/2/13*

Subtotal	790.00
Sales Tax	56.49
Total Invoice Amount	846.49
Payment/Credit Applied	
<b>TOTAL</b>	<b>846.49</b>

Check/Credit Memo No:

Lone Jack Oil Company  
Blue Mound, KS

1-912-755-23071-620-363-0492

Lease: RE Camp Operator: Evans Oil API # 15-011-24237-0000  
 Contractor: Lone Jack Oil Company Date Started: 11/4/13 Date Completed: 11/8/13  
 Total Depth: 670 feet Well # 17-OE Hole Size: 5 5/8  
 Surface Pipe: 20' 7" 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: NE NW NE NE Sec: 36 Twp: 23S Range: 21E County: Bourbon

Thicknes s	Depth	Type of Formation	Core Thickness	Depth	Time
2	2	Top Soil	1	632-633	2:53 Shale
1	3	Clay	2	633-634	2:18 Broken Sand
43	46	Lime	3	634-635	2:41 Broken Sand
5	51	Shale	4	635-636	1:40 Broken Sand
3	54	Lime	5	636-637	1:24 Broken Sand
3	57	Shale	6	637-638	0:49 Broken Sand
24	81	Lime	7	638-639	1:00 Broken Sand
2	83	Shale	8	639-640	3:11 Lime
4	87	Lime	9	640-641	2:54 Lime
7	94	Shale	10	641-642	1:17 641 1/2 Lime
4	98	Lime	11	642-643	0:46 Oil Sand
2	100	Shale	12	643-644	0:49 Oil Sand
12	112	Lime	13	644-645	0:57 Oil Sand
114	226	Shale	14	645-646	0:45 Oil Sand
4	230	Lime	15	646-647	0:51 Oil Sand
47	277	Shale			
3	280	Lime			
12	292	Shale w/ Lime Streaks			
8	300	Lime			
63	363	Shale			
6	369	Lime w/ Shale Streaks			
16	385	Lime			
1	386	Shale			
6	392	Lime			
42	434	Shale			
5	439	Lime			
2	441	Shale			
8	449	Lime			
12	461	Shale			
5	466	Lime			
164	630	Shale			
2	632	Oil Sand (Shaley) Little Bleed			
15	647	Ran Core			
23	670	Black Sand			
	670	TD			