



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1172885
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: _____

1172885

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> _____	PRODUCTION INTERVAL: _____ _____
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PAYLESS CONCRETE PRODUCTS, INC.

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

INVOICE

Invoice Number: 35484
 Invoice Date: Nov 13, 2013
 Page: 1

Duplicate

Voice: 620-365-5588
 Fax:

Bill To: CASH FOR C.O.D.'S 802 N. INDUSTRIAL RD. IOLA, KS 66749	Ship to: OSAGE ENERGY LLC 2100 W. VIRGINIA RD COLONY, KS 66015
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Customer ID	Customer PO	Payment Terms	
CASH/C.O.D.	OSAGE ENFY/CAMP180E	C.O.D.	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	TRUCK		11/13/13

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
Subtotal				790.00
Sales Tax				56.49
Total Invoice Amount				846.49
Payment/Credit Applied				846.49
TOTAL				0.00

Check/Credit Memo No: 1628(#35484)

THE NEW KLEIN LUMBER COMPANY
 201 W. MADISON
 P.O. BOX 805
 IOLA, KS 66749
 PHONE: (620) 365-2201

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK	DATE	TIME
45			CASH/CHECK/DRAWCARD	SE		11/7/13	2:27

**** CASH ****
 S H I P
 CAMP 18-DE
Suffa Conert
 T O

DNCH C84581

 * INVOICE *

TERM# 1

TAX : 001 IOLAL IOLA

SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUCC	UNITS	PRICE/PER	EXTENSION
5		EA PC		PORTLAND CEMENT		5	9.45 /EA	47.25

51.22 TAXABLE 47.25
 NON-TAXABLE 0.00
 SUBTOTAL 47.25
 51.22 TAX AMOUNT 3.97
 TOTAL AMOUNT 51.22

** PAYMENT RECEIVED **
 ** PAID IN FULL **

CHECK PAYMENT
 CK# 1624 ABA#

RECEIVED BY



Lone Jack Oil Company

Blue Mound, KS

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

Lease: RE Camp Operator: Evans Oil API # 15-011-24374-0000

Contractor: Lone Jack Oil Company Date Started: 11/9/13 Date Completed: 11/13/13

Total Depth: 670 feet Well # 18-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

Thickness	Depth	Type of Formation	Core Thickness	Depth	Time
2	2	Top Soil	1	633-634	0:53 Broken Sand
2	4	Lime & Clay	2	634-635	2:05 Broken Sand
40	44	Lime	3	635-636	1:54 Broken Sand
6	50	Shale	4	636-637	0:56 Broken Sand
3	53	Lime	5	637-638	1:14 Broken Sand
3	56	Shale	6	638-639	0:50 Broken Sand
24	80	Lime	7	639-640	1:38 639 1/2 Lime
3	83	Shale	8	640-641	3:39 Lime
4	87	Lime	9	641-642	1:54 Oil Sand
6	93	Shale	10	642-643	0:58 Oil Sand
6	99	Lime	11	643-644	0:59 Oil Sand
1	100	Shale	12	644-645	0:49 Oil Sand
12	112	Lime	13	645-646	0:55 Oil Sand
114	226	Shale	14	646-647	2:53 Shale
4	230	Lime	15	647-648	2:55 Shale
47	277	Shale	16	648-649	3:55 Black Sand
3	280	Lime	17	649-650	1:29 Black Sand
10	290	Shale w/ Lime Streaks	18	650-651	2:37 Black Sand
9	299	Lime			
64	363	Shale			
16	379	Lime			
7	386	Shale			
6	392	Lime			
42	434	Shale			
5	439	Lime			
2	441	Shale			
8	449	Lime			
11	460	Shale			
5	465	Lime			
6	631	Shale			
1	632	Slight Odor (Sandy Shale)			
1	633	Oil Sand (Good Bleed)			
18	651	Ran Core			
19	670	Black Sand			
	670	TD			