



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1230108
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 |
|-----------------------------------|-----------------|---|

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: _____



1230108

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|

HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE #33734

Rogers #1-OE
 API #15-003-26154-00-00
 SPUD DATE 9-5-14

| Footage | Formation | Thickness | Set 20' of 8 5/8" |
|---------|-----------|-----------|-----------------------------|
| 2 | Topsoil | 2 | TD 795' |
| 25 | lime | 23 | Ran 788' of 4 1/2 on 9-9-14 |
| 38 | shale | 13 | |
| 45 | lime | 7 | |
| 85 | shale | 40 | |
| 86 | lime | 1 | |
| 135 | shale | 49 | |
| 173 | lime | 38 | |
| 184 | shale | 11 | |
| 187 | lime | 3 | |
| 207 | shale | 20 | |
| 223 | lime | 16 | |
| 249 | shale | 26 | |
| 311 | lime | 62 | |
| 316 | shale | 5 | |
| 318 | lime | 2 | |
| 321 | shale | 3 | |
| 336 | lime | 15 | |
| 340 | shale | 4 | |
| 357 | lime | 17 | |
| 362 | shale | 5 | |
| 367 | lime | 5 | |
| 529 | shale | 162 | Hertha |
| 533 | lime | 4 | |
| 538 | shale | 5 | |
| 544 | lime | 6 | |
| 552 | shale | 8 | |
| 573 | lime | 21 | |
| 604 | shale | 31 | |
| 611 | lime | 7 | |
| 634 | shale | 23 | |
| 655 | lime | 21 | |
| 673 | shale | 18 | |
| 707 | lime | 34 | |
| 717 | shale | 10 | |
| 721 | lime | 4 | |
| 731 | shale | 10 | |

Rogers #1-OE
-continued-

| Footage | Formation | Thickness | |
|---------|-------------|-----------|-------------------|
| 740 | mulky shale | 9 | |
| 748 | sandy/shale | 8 | slight odor |
| 761 | sand | 13 | washed sand |
| 765 | sand | 4 | good show on core |
| 767 | sandy/shale | 2 | light show |
| 772 | sand | 5 | good bleed |
| 795 | shale | 23 | |

No. 15884 I



OIL PATCH PUMP & SUPPLY INC.

OIL COUNTRY & INDUSTRIAL SUPPLY HOUSE

P.O. BOX 591 CHANUTE, KANSAS 66720 620-431-1890
CHANUTE: 1-800-279-0116 OSAWATOMIE: 1-800-432-0217
INDEPENDENCE: 1-620-331-4580 IOLA: 1-620-365-5265
MADISON: 1-620-437-2100 WELLSVILLE: 1-785-883-4500

www.oilpatchpump.com

SOLD TO

OSAGE ENERGY LLC
2100 W. VIRGINIA ROAD
COLONY, KS 66015
620-852-3501

| | | | |
|----------------|------|------------------------------|-----------------|
| DATE 9-4-14 | | CUSTOMER P.O. Rogers 1-0E | |
| DELIVERED | | PICK-UP | |
| CHARGE | CASH | RETURN | QUOTE 334150 |

| QUANTITY | DESCRIPTION | PART # | UNIT LIST PRICE | DISC. | AGREED TERMS | AMOUNT |
|------------------------------------|---------------------|---------|-----------------|-------|--------------|--------|
| 6 | 94# Portland cement | CMT-PRT | 11.50 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| RECEIVED BY: <i>[Signature]</i> | | | | | SUBTOTAL | |
| LOCATION: Rogers 1-0E | | | | | SALES TAX | |
| COUNTY: | | | | | TOTAL | |

QUALITY OF USED PRODUCTS ARE BASED ON GOOD FAITH OPINION ONLY WITHOUT WARRANTIES OR GUARANTIES OF ANY KIND.
FORMAL ACCOUNTING WILL BE MADE ON ALL PRICES IN EFFECT AT TIME OF MACHINE BILLING.

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. 1701
 Foreman Shannon Feek
 Camp Eureka

APZ # 15-003-26154

| Date | Cust. ID # | Lease & Well Number | Section | Township | Range | County | State | |
|-------------------------------------|------------|---------------------|---------|----------|--------|---------|---------------|--|
| 9-9-14 | | Rogers 1-0E | 10 | 23 | 19E | Andrson | KS | |
| Customer Osage Energy | | | Unit # | | Driver | | Unit # Driver | |
| Mailing Address 2100 W. Virginia | | | 105 | | Dave G | | | |
| City Colony | | | 141 | | Joey | | | |
| State KS | | | 113 | | John S | | | |
| Zip Code 66015 | | | | | | | | |

Job Type L/S Hole Depth 795' Slurry Vol. 29 Bbl Tubing _____
 Casing Depth 4 1/2" 7# Hole Size 6 3/4 Slurry Wt. 13.7-13.8 # Drill Pipe _____
 Casing Size & Wt. 788.6 Cement Left in Casing 5' Water Gal/SK 90 Other _____
 Displacement 1 3/4 Bbl Displacement PSI 400 Bump Plug to 800 BPM Displace @ 3BPM

Remarks: Safety meeting, rig up to 4 1/2" casing, Drop Ball, mix 300# gel flush, 5 Bbl H2O spacer. Mixed 85 sks Thickset cement with 5# kol-seal/sk & 1# phenoseal/sk @ 13.7-13.8 #/ Shut down wash out pump & lines. Displace w/ 1 3/4 Bbl H2O. Final pumping pressure of 400 psi, bumped plug to 800 psi. Good circulation @ all times, 7 Bbl Slurry to pit. Rig down, Job complete.

'Thank you'
 Shannon & Crew

| Code | Qty or Units | Description of Product or Services | Unit Price | Total |
|-----------------|--------------|------------------------------------|------------|---------|
| C102 | 1 | Pump Charge | 1050.00 | 1050.00 |
| C107 | 50 | Mileage | 3.95 | 197.50 |
| C201 | 85 sks | Thickset Cement | 19.50 | 1657.50 |
| C207 | 425# | Kol-seal @ 5#/SK | .45 | 191.25 |
| C208 | 85# | Phenoseal @ 1#/SK | 1.25 | 106.25 |
| C206 | 300# | gel flush | .20 | 60.00 |
| C108A | 4.67 tons | Ton mileage bulk Trk | M/C | 345.00 |
| C113 | 4 Hrs | 80 Bbl Val Trk | 85.00 | 340.00 |
| C224 | 3000 | city H2O | 10.00/1000 | 30.00 |
| C420 | 1 | 1/2 Latch down plug | 200.00 | 200.00 |
| Total | | | 4349.24 | |
| - 5% 217.47 | | | | |
| = 4131.77 | | | | |
| Sub Total | | | | 4177.50 |
| Sales Tax 7.65% | | | | 171.74 |
| Total | | | | 4349.24 |

Authorization [Signature] Title owner

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.