

CONFIDENTIAL

ORIGINAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

8/22/09

Operator: License # 32811  
Name: Osage Resources, LLC  
Address: 6209 N. Hwy. K61  
City/State/Zip: Hutchinson, KS 67502  
Purchaser: OneOK  
Operator Contact Person: Benjamin W. Crouch  
Phone: (620) 664-9622  
Contractor: Name: Warren Energy, LLC  
License: 33724  
Wellsite Geologist: Jeff Dale

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SIOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows AUG 22 2008

Operator: \_\_\_\_\_  
Well Name: KCC

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
 Deepening  Re-perf.  Conv. to Enhr./SWD  
 Plug Back  Plug Back Total Depth  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?)  Docket No. \_\_\_\_\_

05/05/2008 05/17/2008 5/18/2008  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 007-23288-00-00  
County: Barber  
SE NW NE SW Sec. 25 Twp. 32 S. R. 15  East  West  
2046 feet from S N (circle one) Line of Section  
1792 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Osage Well #: No. 122  
Field Name: D&A

Producing Formation: D&A  
Elevation: Ground: 1972 Kelly Bushing: 1980  
Total Depth: 5508 Plug Back Total Depth: 5508  
Amount of Surface Pipe Set and Cemented at 208 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 PANH 10-9-08  
(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 No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

Per telecon  
w/ oper.  
on  
9/02/08.  
KCC  
JMN

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: *Benjamin W. Crouch*  
Title: Vice President Date: 08/22/2008

Subscribed and sworn to before me this 22nd day of August

2008 Notary Public: *Shaina Clark*

Date Commission Expires: \_\_\_\_\_



**KCC Office Use ONLY**  
 Letter of Confidentiality Received  
 If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

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CONSERVATION DIVISION  
WICHITA, KS

Operator Name: Osage Resources, LLC Lease Name: Osage Well #: No. 122  
 Sec. 25 Twp. 32 S. R. 15  East  West County: Barber

**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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:  <b>Neuron, Array Sonic, Array Compensated Resistivity, Microlog</b>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table border="0"> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Lansing</td> <td>-2264</td> <td>MSL</td> </tr> <tr> <td>BKC</td> <td>-2688</td> <td>MSL</td> </tr> <tr> <td>Marmaton</td> <td>-2718</td> <td>MSL</td> </tr> <tr> <td>Mississippian</td> <td>-2812</td> <td>MSL</td> </tr> <tr> <td>Kinderhooken</td> <td>-2816</td> <td>MSL</td> </tr> <tr> <td>Viola</td> <td>-2996</td> <td>MSL</td> </tr> </table>	Name	Top	Datum	Lansing	-2264	MSL	BKC	-2688	MSL	Marmaton	-2718	MSL	Mississippian	-2812	MSL	Kinderhooken	-2816	MSL	Viola	-2996	MSL
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Viola	-2996	MSL																				

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
Surface	12 1/4" <i>Aug 17 2008</i>	8 5/8"	23#	209'	60/40 Poz	210	2% gel, 3% CaCl, 1/4# sx cello

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

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TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain)										
Estimated Production Per 24 Hours	<table border="0" style="width:100%"> <tr> <td>Oil Bbls.</td> <td>Gas Mcf</td> <td>Water Bbls.</td> <td>Gas-Oil Ratio</td> <td>Gravity</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>NA</td> <td>NA</td> </tr> </table>	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity				NA	NA
Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity							
			NA	NA							

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input checked="" type="checkbox"/> Other (Specify) <u>D&amp;A</u>	

160/UPGRADING LN 411 S E INTO

# BASIC

energy services, L.P.

*Wm*  
*8/26/08*

## TREATMENT REPORT

Customer <i>OSHRE Reg. LLC</i>		Lease No.		Date	
Lease <i>OSHRE North</i>		Well # <i>No. 122</i>		<i>5-18-08</i>	
Field Order # <i>17821</i>	Station <i>PK111</i>	Casing	Depth	County <i>BALBER</i>	State <i>KS</i>
Type Job <i>CNW P.T.A.</i>			Formation	Legal Description <i>28-2-15</i>	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	Max		5 Min.
Volume	Volume	From	To	Pad	Min		10 Min.
Max Press	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative \_\_\_\_\_ Station Manager *DAVE SCOTT* Treater *Robert Sullivan*

Service Units	<i>19867</i>	<i>19800</i>	<i>19960</i>	<i>19918</i>					
Driver Names	<i>Sullivan</i>	<i>Melton</i>	<i>Phye</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0100</i>	<i>pm</i>				<i>on the Sully meeting</i>
					<i>P.T.A.</i>
					<i>900' w/ 50 sk 1/4" per</i>
<i>0125</i>			<i>10</i>	<i>45</i>	<i>11" spacer</i>
			<i>13</i>	<i>5</i>	<i>mix 50 sk cont 1/4" per</i>
<i>0135</i>			<i>6</i>		<i>D. ann shut down</i>
					<i>300' w/ 50 sk</i>
<i>0207</i>			<i>10</i>	<i>5</i>	<i>11" spacer</i>
			<i>13</i>		<i>mix cont 50 sk 1/4" per</i>
<i>0213</i>			<i>1</i>		<i>D. ann shut down</i>
<i>0220</i>			<i>5</i>	<i>4</i>	<i>TOP 60' w/ 20 sk 1/4" per</i>
<i>0230</i>			<i>4</i>		<i>Plug R.H.</i>
<i>0230</i>					<i>job complete</i>
					<i>Thank you</i>

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WICHITA, KS

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## TREATMENT REPORT

Customer: *[Handwritten]* Lease No.: *[Handwritten]* Date: *[Handwritten]*  
 Lease: *[Handwritten]* Well # No.: *N 122*  
 Field Order #: *[Handwritten]* Station: *[Handwritten]* Casing: *[Handwritten]* Depth: *[Handwritten]* County: *LANCASHIRE* State: *KS*  
 Type Job: *[Handwritten]* Formation: *[Handwritten]* Legal Description: *[Handwritten]*

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
		From	To	Pre Pad	Max		5 Min.
Depth	Depth	From	To	Pad	Min		10 Min.
Volume	Volume	From	To	Frac	Avg		15 Min.
Max Press	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To		Gas Volume		Total Load
Plug Depth	Packer Depth	From	To	Flush			

Customer Representative: *[Handwritten]* Station Manager: *[Handwritten]* Treater: *[Handwritten]*

Service Units: *[Handwritten]*  
 Driver Names: *[Handwritten]*

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>
		<i>Ann. 2 + 2008</i>			
		<i>KCC</i>			
<i>1:14</i>					<i>[Handwritten]</i>
<i>1:20</i>					<i>[Handwritten]</i>
<i>1:20</i>			<i>5</i>	<i>1</i>	<i>[Handwritten]</i>
<i>1:20</i>			<i>4</i>	<i>4</i>	<i>[Handwritten]</i>
<i>1:20</i>					<i>[Handwritten]</i>
<i>1:20</i>				<i>4</i>	<i>[Handwritten]</i>
<i>1:30</i>	<i>110</i>		<i>10.5</i>		<i>[Handwritten]</i>
					<i>[Handwritten]</i>
					<i>[Handwritten]</i>

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