

Amended

4/4/12

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32811
Name: Osage Resources, L.L.C.
Address 1: 6209 N. State Rd 61
Address 2: _____
City: Hutchinson State: KS Zip: 67502 + 8608
Contact Person: Brooke C. Walter
Phone: (620) 860-2224
CONTRACTOR: License # 33132
Name: Dan D Drilling
Wellsite Geologist: Curtis Covey
Purchaser: High Sierra

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 (Coro, 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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>2/18/2012</u>	<u>3/7/2012</u>	<u>4/11/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15: 007-23789-0100
Spot Description: _____
SE NE SW Sec. 13 Twp. 33 S. R. 15 East West
1,830 Feet from North / South Line of Section
2,538 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Osage No. Well #: HC3
Field Name: Aetna Gas Area
Producing Formation: Mississippian
Elevation: Ground: 1831 Kelly Bushing: 1846
Total Depth: 9653 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 200 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: 38000 ppm Fluid volume: 1800 bbls
Dewatering method used: evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: Osage Resources, L.L.C.
Lease Name: Osage No. 115 SWD License #: 32811
Quarter NE Sec. 25 Twp. 33 S. R. 15 East West
County: Barber Permit #: D-3000

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.

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.
Signature: [Signature]
Title: Geological Technician Date: 6/5/2012

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: 4/4/12 to 4/4/12
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NJ Date: 6-2-12

CONFIDENTIAL
RECEIVED
APR 04 2012
JUN 06 2012
KCC
KCC WICHITA