



KANSAS CORPORATION COMMISSION 1092479
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33498
Name: Osage Energy, LLC
Address 1: 2100 W VIRGINIA RD
Address 2: _____
City: COLONY State: KS Zip: 66015 + 4012
Contact Person: Leland Jackson
Phone: (620) 363-0492
CONTRACTOR: License # 31519
Name: Jackson, Leland dba Lone Jack Oil Co.
Wellsite Geologist: N/A
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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
04/06/2012 04/09/2012 04/12/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-001-30331-00-00
Spot Description: _____
SE NW SE NE Sec. 21 Twp. 24 S. R. 21 East West
3465 Feet from North / South Line of Section
825 Feet from East / West Line of Section.
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: West Dawson Well #: 14-OE
Field Name: _____
Producing Formation: Battlesville
Elevation: Ground: 1068 Kelly Bushing: 0
Total Depth: 722 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 715
feet depth to: 0 w/ 90 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

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garriso Date: 09/06/2012



1092479

Operator Name: Osage Energy, LLC Lease Name: West Dawson Well #: 14-OE
 Sec. 21 Twp. 24 S. R. 21 East West County: Allen

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Barlesville</td> <td>662</td> <td>679</td> </tr> </table>	Name	Top	Datum	Barlesville	662	679
Name	Top	Datum					
Barlesville	662	679					

CASING RECORD <input type="checkbox"/> New <input checked="" 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	9.875	7	18	20	Type II	5	N/A
Long String	5.625	2.875	6.5	715	Type II	90	N/A

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD	-			
___ Plug Off Zone	-			

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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) (Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Lone Jack Oil Company
509 East Walnut
Blue Mound, KS 66010

Invoice

Date	Invoice #
4/14/2012	1425

Bill To
Osage Energy LLC 2100 West Virginia Road Colony, KS 66015

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	West Dawson 14-OE		
20	Set Surface 20 feet	15.00	300.00T
702	Well Drilling 702 feet	7.00	4,914.00T
2	Running long String 2 7/8	150.00	300.00T
1	Core Charge	1,000.00	1,000.00T
1	Drill Pit	400.00	400.00T
	Sales Tax	7.55%	522.01
Thank you for your business.		Total	\$7,436.01

Lone Jack Oil Company
Blue Mound, KS

1-913-756-2307 1-620-363-0492

Lease: West Dawson Operator: Osage Energy LLC API # 15-001-30331-00-00
 Contractor: Lone Jack Oil Company Date Started: 4/6/12 Date Completed: 4/12/12
 Total Depth: 722 feet Well #: 14-OE Hole Size: 5 5/8
 Surface Pipe: 20' 6" 1/4 Surface Bit: 9 7/8 Sacks of Cement: 5
 Depth of Seat Nipple: _____ Rag Packer At: _____
 Length and Size of Casing: 715' - 2 7/8 Sacks of Cement: 90
 Legal Description: SE NW SE NE Sec: 21 Twp: 24S Range: 21E County: Allen

Thickness	Depth	Type of Formation	Core Thickness	Depth	Time
2	2	Top Soil	1	666-667	:05 Oil Sand
5	7	Clay	2	667-668	2:25 Oil Sand
36	43	Lime	3	668-669	4:41 Black Sand
7	50	Sandy Lime	4	669-670	3:06 Black Sand
12	62	Lime	5	670-671	3:16 Black Sand
5	67	Shale	6	671-672	2:25 Black Sand
28	95	Lime	7	672-673	2:47 Black Sand
3	98	Shale	8	673-674	2:47 Black Sand
6	104	Lime	9	674-675	2:40 Black Sand
5	109	Shale	10	675-676	3:17 Black Sand
5	114	Lime	11	676-677	6:59 Shale
2	116	Shale	12	677-678	5:02 Shale
19	135	Lime	13	678-679	2:00 Oil Sand Heavy
152	287	Shale	14	679-680	2:10 Oil Sand Heavy
13	300	Lime w/Shale Streaks	15	680-681	2:38 Black Sand
5	305	Shale	16	681-682	2:05 Black Sand
8	313	Lime	17	682-683	3:02 Black Sand
74	387	Shale	18	683-684	2:51 Black Sand
29	416	Lime	19	684-685	2:57 Black Sand
43	459	Shale			
17	476	Lime			
8	484	Shale			
6	490	Lime			
95	585	Shale			
3	588	Lime			
74	662	Shale			
4	666	Oil Sand (Good Bleed)			
19	685	Ran Core			
1	686	Black Sand			
5	691	Oil Sand (Good Bleed)			
2	693	Shale			
3	696	Coal			
26	722	Shale			
	722	TD			

Lone Jack Oil Company
509 East Walnut
Blue Mound, KS 66010

Invoice

Date	Invoice #
4/14/2012	1426

Bill To
Osage Energy LLC 2100 West Virginia Road Colony, KS 66015

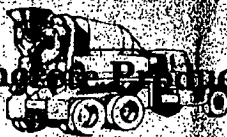
P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	West Dawson 14-OE		
1	4/12/12, Well #14-OE, circulated 90 sacks of cement to surface, pumped plug and set float shoe.	700.00	700.00T
1	Water Truck	100.00	100.00T
	Sales Tax	7.55%	60.40

Thank you for your business.	Total	\$860.40
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302 N. Industrial Rd.
 P.O. Box 684
 Iola, Kansas 66749
 Phone (620) 365-5588

Payless Concrete Products, Inc.



CONDITIONS:
 Concrete to be delivered to the nearest accessible point over passable road under truck's own power. Due to delivery alternatives or intermediary's direction, seller assumes no responsibility for damage in any manner to structures, machinery, driveways, buildings, trees, shrubbery, etc. which are at customer's risk. This material is delivered from the manufacturer's trucks at 6 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water content for a normal mix. However, we do not assume responsibility for strength loss when water is added at customer's request.

NOTICE TO OWNER:
 Failure of this concrete to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

SOLD TO:
 CASH CUSTOMER

098/82
 USAGE ENERGY 1000
 DEL TO 154 E 100 0500 N 250 W
 (ORESON RD) IOLA KS
 66749

SHIP TO:

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% CAL	DRIVER/TRUCK	% AIR	PLANT TRANSACTION #
07:53:02a	WELL	9.00 yd	9.00 yd	0.00	WK 35	0.00	
DATE	LOAD #	YARDS DEL	BATCH #	WATER/TRM	SUMP	TICKET NUMBER	
04-12-12	o Date oday	2 1	18.00 yd 9.00 yd	20175	6/yd / 0.0	4.00 in	21336

WARNING
IRRITATING TO THE SKIN AND EYES
 Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water. If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

PROPERTY DAMAGE RELEASE
 (TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)
 Dear Customer-The driver of this truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of his truck may possibly cause damage to the premises and/or adjacent property if it places the material in this load where you desire. It is our wish to help you in every way that we can, but in order to do this the driver is requesting that you sign this RELEASE releasing him and the supplier from any responsibility for any damage that may occur to the premises and/or adjacent property, buildings, sidewalks, driveways, curbs, etc. upon the delivery of this material, and that you also agree to help him remove mud from the wheels of his vehicle so that he will not litter the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of this truck and this supplier from and all damage to the premises and/or adjacent property which may be claimed by anyone for harm done at or after delivery of this material.

X *[Signature]*

Excessive Water Is Detrimental to Concrete Performance
 H₂O Added By Request/Authorized By
 GAL X *[Signature]*

WEIGHMASTER
 NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.
 LOAD RECEIVED BY:
 X *[Signature]*

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
9.00	WELL	WELL (10 SACKS PER UNIT)	9.00	51.00
1.50	TRUCKING	TRUCKING CHARGE	1.50	50.00
9.00	MIX&HAUL	MIXING & HAULING	9.00	25.00

West Dawson 44-0E

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION / CYLINDER TEST TAKEN	TIME ALLOWED
		8:50	1. JOB NOT READY 2. SLOW FOUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER 6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER	
LEFT PLANT	ARRIVED JOB	START UNLOADING		TIME DUE
8:06	8:35			
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME

SubTotal \$ 759.00
 Tax % 7.550 57.30
 Total \$ 816.30
 Order \$ 816.30
 ADDITIONAL CHARGE 1 _____
 ADDITIONAL CHARGE 2 _____
GRAND TOTAL ▶