

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

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

11/3/12

OPERATOR: License # 32294
Name: Osborn Energy, L.L.C.
Address 1: 24850 Farley
Address 2: _____
City: Bucyrus State: KS Zip: 66013
Contact Person: Curstin Hamblin
Phone: (913) 533-9900
CONTRACTOR: License # 5885
Name: Glaze Drilling
Wellsite Geologist: Meredith Pearce
Purchaser: Riverdale Pipeline

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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: Osborn Energy, L.L.C.

Well Name: Stock
Original Comp. Date: 6/21/2006 Original Total Depth: 650
 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 #: _____

9/10/2010 9/21/2010
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 121-28207-00001
Spot Description: _____
SE NW NW Sec. 10 Twp. 16 S. R. 25 East West
990 Feet from North / South Line of Section
990 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Miami
Lease Name: Stock Well #: 2
Field Name: Louisburg
Producing Formation: Marmaton / Cherokee
Elevation: Ground: 1070 Kelly Bushing: _____
Total Depth: 650 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: 646
feet depth to: surface w/ 72 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 #: _____

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: Curstin Hamblin
Title: Geologist Date: 11-3-10

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: 11/3/10 - 11/3/12
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: [Signature] Date: 11-15-10

Operator Name: Osborn Energy, L.L.C. Lease Name: Stock **CONFIDENTIAL** Well #: 2
 Sec. 10 Twp. 16 S. R. 25 East West County: Miami

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 Wireline 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: GRN	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input checked="" 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	13	10 1/2		20'	portland	6 sacks	water
Production	9 1/2	7"		469	50/50 poz	106	
Production	9 1/2"	4 1/2"		647	owc	72	gel

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 <i>(Amount and Kind of Material Used)</i>	Depth
4 shots/foot	590-600	1000 gal 7.5% acid, 350 sx sand	590-600

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TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. 10/16/2010		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
Estimated Production Per 24 Hours	Oil Bbbs. _____ Gas Mcf _____ Water Bbbs. _____	Gas-Oil Ratio _____ Gravity _____

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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: Cherokee _____
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CONSOLIDATED
Oil Well Services, LLC

KCC
NOV 03 2010
CONFIDENTIAL

TICKET NUMBER 27150
LOCATION Ottawa KS
FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/21/10	6073	Stack # 2	NW 10	16	25	M1
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Osborn Energy LLC			506	Fred	Safety Mfg	
MAILING ADDRESS			368	Ken	AH	
24850 Farley			548	Derek	DM	
CITY	STATE	ZIP CODE				
Bucyrus	KS	66013				

JOB TYPE Long string HOLE SIZE 7" 9/8 HOLE DEPTH 194' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 6470' DRILL PIPE 456' TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2' Plug
 DISPLACEMENT 10.27 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Circulate well w/ Gel. 4 1/2 casing Jacked up. Pulled casing 20-20' + wash back down. Mix + Pump 500# Premium Gel. Flush. Mix + Pump 5BBL Telltale dye. Mix + Pump 72 sks OWC Cement. Flush pumps lines clean. Displace 4 1/2" rubber plug to casing TD w/ 10.27 BBL Fresh water pressure to 800# PSI. Release pressure to set float valve. Thin Cement to surface. Customer supplied 500# Gel. Customer supplied H2O.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump		925 ⁰⁰
5406	40 mi	MILEAGE		146 ⁰⁰
5402	647'	Casing footage		NK
5407	Minimum	Ton Miles		315 ⁰⁰
1126	72 sks	OWC Cement		1224 ⁰⁰
1118B	300#	Premium Gel		60 ⁰⁰
4404	1	4 1/2" Rubber Plug		45 ⁰⁰
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WD # 236737				
7.55%				
			SALES TAX ESTIMATED	100 ⁰⁰
			TOTAL	2815 ³⁴

Revin 3737

AUTHORIZATION [Signature]

TITLE _____

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.